

## TRANSCRIPT

### Episode 12 – Sustainability in NHS services



**Paul Parsons** - I'm Paul Parsons.

**Caroline Latta** - And I'm Caroline Latta.

**Paul Parsons** - Welcome to Not A Consultation.

**Caroline Latta** - Our podcast on all things patient and public involvement, and NHS service change.

**Paul Parsons** - Hello everyone, I hope you've all taken time to rest and recharge over the summer. Maybe you've even taken some time to listen to our brilliant series on leadership while you've been on the beach, maybe having a cocktail.

**Caroline Latta** - In this episode we're going to talk about the introduction of the Delivering a Net Zero Health Service report. The report gives NHS England, Provider Trusts, and ICBs a statutory responsibility to contribute to delivering the emission and environmental targets the NHS in England has set itself.

**Paul Parsons** - This is a big one that could bring big changes to the way we think about service change. So we invited colleagues from NHS England, the South East Clinical Senate and Newcastle Upon Tyne Foundation Trust to take us through the work they've been doing to embed sustainability into everything the NHS does.

**Caroline Latta** - So here are those conversations. We started, as we always do, by asking our guests to introduce themselves.

**Rachel Bracegirdle** - Hi, I'm Rachel Bracegirdle. I'm a clinical fellow with the South East Clinical Senate team. I'm currently on a Leadership Fellow Scheme and I've been on that for a year. And as part of that fellowship programme, I've been completing two projects for the Senate teams. One of the projects that I have been working on is embedding sustainability into major service change.

**Charlotte Bawden** - Hello, I'm Charlotte Bawden. I'm a net zero delivery manager in the South West Greener NHS team.

**Manraj Phull** – Hello, I'm Manraj Phull. I'm a senior net zero delivery manager at the Greener NHS team and a urologist by background.

**James Dixon** - Hi there, my name is James Dixon. I am the Associate Director of Sustainability at Newcastle Hospitals.

**Caroline Latta** - Manraj, the Health and Care Act 2022 introduces the Triple Aim, which requires NHS bodies to consider sustainability of their services. What has this looked like across the NHS and what impact do you think this might have on service change proposals?

**Manraj Phull** - It is a great question and I think thinking through what impact it's had now, it's almost good to look back as to how we got to this point. I think thinking through the journey that the NHS has been through to get to where we are with the Health and Care Act is really quite amazing, actually. So you look back to 2008, when it was the setting up of the Sustainable Development Unit, which was really in response to the government wanting to do something in response to the Climate Change Act at that time. And then fast forward to 2019, the NHS long term plan really set out a clear ambition to reduce

environmental impact to the NHS. And I think I'm laying this out because I just want to get across the trailblazing nature of the NHS, I guess, in some ways. So, 2020, there's the Delivering a Net Zero NHS Report that's launched, and then the Greener NHS Programme, where both me and Charlotte work very closely in, comes to fruition and then come to 1 July 2022. That's when we start to see this really being embedded. And the NHS was the first to set a net zero target and then it was the first to sort of embed net zero within legislature, and that's where the sort of Health and Care Act comes in.

**Manraj Phull** - So I think what it looks like for the NHS is a huge amount of momentum behind this, a recognition that the climate emergency is a health emergency and it's part of our responsibility. And then where we are now is really the NHS sort of delivering on its net zero targets, but making it part of statutory guidance, so a real roadmap to how we get there.

I think your second question was what does it mean for service change? I think it means a huge amount and a really positive that just laying out that history or the timeline for how we got to this point, I think there's a lot that's been done to enable us to get this point. So it means that people within service change, or individuals, organisations, have a lot to build on and there's a roadmap, a national roadmap from the delivering net zero report that lays out how this can look. I think there's quite a lot that's happened to shape the way it influences service change. So lots of governance and structures in place, so every Trust, ICS, has a green plan and has board level leadership and lots of enabling factors around that. So a supplier roadmap in place to help those within service change reconfiguration, think about how do we commission our suppliers both in terms of goods and services? So not the most coherent answer, but lots of exciting things. And I think it lays out a really great opportunity, I think, for those within this space to take this on. And hopefully the groundwork is sort of set out for individuals like Charlotte in the regions to really sort of make this a reality, so sort of a national ambition into local delivery.

**Paul Parsons** - Rachel, as part of your work with the South East Clinical Senate, you recently wrote a report on addressing sustainability through service change. What were your main takeaways from that work?

**Rachel Bracegirdle** - I learned so much during the process of writing the report. In terms of the main takeaways, I'd say these would be firstly just the real vital importance to take action to address sustainability within service change proposals. So rather than it just being a simple sort of tick box exercise, and the Clinical Senate team saw that that was sort of happening quite a lot, but really, we just need to make sure that it's properly embedded into service change proposals. Also, I became really aware, as part of the process of writing the report, the great work which is already going on by several different organisations, including Centre for Sustainable Healthcare and national and Greener NHS teams to help towards achieving the net zero NHS targets. Another takeaway is I now really appreciate that there's so many different areas for systems to consider to ensure that sustainability is embedded into service change proposals and what a vast subject it really is.

**Paul Parsons** - Was there anything that surprised you when you were developing the report?

**Rachel Bracegirdle** - I wasn't really an expert within the area when I first set out and started the report, so I just started my fellowship programme. I definitely wasn't a sustainability expert at all and didn't have a huge knowledge base around the subject. So for me, maybe what some of the surprises were was just the extent of the catastrophic impact of climate change on human health and also the contribution of the NHS to climate change surprised me, including the fact that the NHS is responsible for around 4 to 5% of all UK environmental emissions. Another surprise is, before writing the report, I wasn't really aware of all of these great organisations and teams who are already doing amazing work around promoting sustainable health care. So that's been a real eye opener to me as well.

**Caroline Latta** - Through this work, what opportunities have you identified to help systems reduce carbon emissions and develop more sustainable services? And doing that, of course, through the lens of major service change.

**Rachel Bracegirdle** - So the report focuses on some key areas of consideration when systems are planning major service changes. So one is that it's looking at reviewing the services model of care and ensuring that the four principles of sustainable health care are applied. So this involves looking at firstly prevention, so just making sure that actually reducing the need for health care in the first instance is looked at within a services model of care. Then there's patient empowerment and self care. So thinking about if there's a focus on empowering patients to manage their conditions. That may involve thinking about if there's technology in place for patients to access their own healthcare records remotely. And then there's the lean service delivery. So this refers to minimising the low value activity and focusing on high value services. So an example might be minimising unnecessary interventions and referrals. And then that last principle of sustainable health care is looking at low carbon alternatives. So considering things like green or social prescribing and switching from the metre dose inhalers to dry powder inhalers, and also things like digital technology and care closer to home. So that's all a major opportunity to reduce carbon emissions by looking at the services actual model of care.

And then lots of other areas were also explored within the report, including topics such as travel and transport. Within that section, we really explored looking at getting systems to think about maybe alternative ways of delivering the service so that that would actually prevent the need for travel in the first instance. So, again, maybe that comes back to remote consultations, digital technology, and also encouraging service users and staff to think about active travel and maybe lower carbon alternatives to travel. So using public transport, for example, so many questions are asked around this topic within the report, and that's just some examples.

Just a couple of other examples of areas that were also covered within the report was pharmaceuticals. So that was quite a big topic, really, we explored in the report and it involved thinking about things like does the service review for over prescribing and encouraging the lower carbon alternatives to medicine where appropriate, such as green and social prescribing.

**Paul Parsons** - Manraj it seems obvious when you pointed out, but the concept of using different medications, because each has a different effect on emissions and carbon

footprint is new to me. So can you give us some examples where alternative medications have been used and how effective that's been?

**Manraj Phull** - So where they are safe alternatives and where we can improve asthma care, for example, with inhalers, I think somebody uses a great phrase where they say there's a green bonus opportunity within that. Where you review patients asthma care, you improve it and then you swap them to a dry powder inhaler that doesn't have the propellant in it. And so it's like a double whammy. It's good for patients, it's good for the planet. And then there's indirect emissions. So 20% of that comes from medicines and that is that supply chain of the medicine. So a huge amount of what we use. And one of the key ways to target that is to think through working with those suppliers. As Charlotte said, we've got a supplier roadmap. There's now an evergreen assessment framework out there to help you really work with suppliers to align with our ambition.

So there's an ambition for not procuring from suppliers that don't align with our net zero targets by 2030. And we've hit two milestones so far, so 10% weighting on social value and net zero, and then for all suppliers to have a carbon reduction plan. So there's all of this resource and support out there to help reduce that 20%. Just thinking about medicines, but also that demand end. And I think I mentioned the beginning, I'm a clinician and definitely I've done a lot of prescribing in my day and thinking about that medicines optimization, reducing the unnecessary prescribing that may happen, or medications that just don't get discontinued. Spend that time, look at medicines from patients' perspective and say, actually, do you need this? What side effects is polypharmacy having on your care? So it's a great example of how sustainability is embedded within good healthcare delivery.

**Caroline Latta** - Charlotte, what are your thoughts on this?

**Charlotte Bawden** - Yeah, so medication makes up quite a large part of the NHS's carbon footprint. There's so much opportunity. So there's a GP down in Somerset called Deb Gompertz, who is a complex care GP, and she's done an amazing project called Show Me Your Meds, Please, where she simply asks people to have a look at their

medication. And have a conversation around medication to see how much of it is wasted, because that wasted medication and the footprint that's associated with that. But also the financial implications the wastage that it causes. And she's done some fantastic work, particularly recently within a retirement village, just talking to the residents there and asking them about their medications. Some of them were finding that 25% of the medicines they had were wasted.

**Paul Parsons** - Let's explore some of the more practical steps that providers have already taken to help meet their sustainability responsibilities. James, we'll come to you, if that's okay. Newcastle Hospitals was the First healthcare organisation in the world to declare a climate emergency. Can you tell us a little bit about that, how it came about and how that declaration impacts on your work on a day to day basis?

**James Dixon** - So this is an overnight success when we declared a climate emergency in engaging our leadership board with how important the climate emergency is to our number one priority, which is patient care and health. So we framed it as a health emergency and I say an overnight success ten years in the making because I joined the trust way back in 2010 as the only professional environmentalist working with them to lower their environmental impact. So it was a long time coming to build up that consensus of needing to work on planetary health. So caring for the planet as well as caring for people, because we know that the determinants of health ultimately are impacted on the environment around us. So if we have pollution of the air or the land or the sea, that we know that that impacts on people's health and we start to see it at the front door in our healthcare providers. So what it means is a climate emergency is a health emergency and we wanted to take it seriously and work on it at Newcastle Hospitals to try and reverse our impact on that.

**Caroline Latta** - What does this look like at a trust level?

**James Dixon** - Well, we've not seen that directly come down to trust level because the changes to the Health and Social Care Act only came about recently. So I can imagine

that we'll start to see, as these service level changes come about, that we'll start to see them at trust level impacting. But what I can say is that we get involved in the commissioning of services. So when we are going out for new services as a hospital provider, we know that our commissioning colleagues come to us to ask about our sustainability work and how we can support that commitment in the Health and Social Care Act. So we're starting to see that in a lot more of the work that we're doing at provider level trusts.

**Paul Parsons** - Charlotte, what have we seen so far in the South West that takes an innovative, sustainable approach to service redesign?

**Charlotte Bawden** - There's lots of things going on and I think when it comes to service redesign there's some really active individuals within all of our systems and our providers and in the voluntary sector who are doing amazing work on this. And we're just starting to share that good practice across the South West and collate all of that. One example would be in Somerset. The Space in Cheddar have done an amazing project with children and young people's mental health services to try and bring their care closer to home. And so by looking at the need to reduce the strain on the services, they have looked at providing care closer to home, using the local environment to do so to support the children and young people. And by doing that, they've reduced like a 26 mile round journey to their nearest care provider. So things like that, they've worked with their ICB to do that and they can bring that into their care model. So that's just like one example. So it's the starting point. But what we're looking at now is actually, how can we embed that in the strategy and look further upstream to make the most impact.

**Paul Parsons** - We just talked about car journeys there. What other things get taken into account in environmental sustainability?

**Charlotte Bawden** - There's lots of different things. It can be down to the medication, it can be the models of care that are used. You can look at estates and facilities, travel and transport. We've got the supply chain and the procurement. There's so many different



parts of the NHS where you can have impact to reduce the carbon footprint and whether that be to think about the buildings that you're using and what they're being used for to make them the most efficient in terms of energy. Are they the right space? Are they in the right place? Are they accessible to the public? All of these sort of questions can not only improve the care for the public that we're serving, but also there's an opportunity there to reduce the carbon footprint as well.

**Caroline Latta** - So, turning to long term delivery now, James, you mentioned earlier about how Newcastle Upon Tyne Hospitals Trust is the first healthcare provider to declare a climate emergency. How has this declaration affected the way you're considering your long term strategies, especially those that might require redesigning services?

**James Dixon** - Well, I'd like to think that they're starting to make an impact, Caroline. I think it's more like a super tanker that we're trying to turn around the NHS and change in services. I'm sure you can draw parallels in other service change, but what we've been able to do is capture the imagination of our board and our leaders, integrate the need to care for planet as well as people into the work that we're doing. And some examples of service change we committed in our climate emergency strategy after we declared a climate emergency, to ensure that the new hospital buildings and the major refurbishments that we did on our sites were done to the best possible environmental sustainability standards. So I know you guys were involved in some of the work in developing those projects, but we have two major new builds at our RVI site in Newcastle that is committed to passive house principles, but BREEAM outstanding. Now, some of the listeners might not know what BREEAM stands for, so that stands for the Building Research Establishment's Environmental Assessment Model. And that is a way of basically making sure your building is built to the most environmentally sustainable standards, because the national requirement for BREEAM is to achieve an excellent standard for new builds and major refurbishments.

And on the projects at the RVI, we are able to achieve, at design stage at least, outstanding on our BREEAM rating. So we're very confident that if we get the money to

develop those schemes, we'll be able to achieve that and that'll be an exemplar in the health sector.

**Paul Parsons** - Manraj it's not always easy to develop proposals that accurately assess carbon contributions. And I don't suppose it's easy to make plans which demonstrably work towards a net zero target. What's the greener NHS team at NHS England doing to support that system working?

**Manraj Phull** - I think you're right, it's not easy. It is really complex and we work within such a complex system. I think we've come a huge way in terms of being able to accurately assess carbon, and the NHS has sort of led the way in that. So we've published the most comprehensive carbon footprint of a healthcare system. And I think, looking back from 2008, when the Sustainable Development Unit was set up, there's been reporting along the way on that. And so that's allowed us, as a system, to develop our methodology and approach to quantifying carbon. There's a Greener NHS dashboard and there's lots of data collection that's now happening to enable individuals get an understanding of what it means to have a baseline of what your carbon footprint is. How do you track that? What happens when you change your anaesthetic gas and where does that go and what does that mean? So there's definitely a lot of work and momentum in that space and sharing that methodology, sharing those approaches. But I think equally, it's about raising awareness about this issue and almost creating a common language as to how we look at this. So it's not just what are the numbers, because it can be quite scary when you start to think about CO2 equivalents.

I think there's almost a step before that in some ways, or alongside it, where we working towards making people understand what does it actually mean to deliver high quality, low carbon care? What does it mean to deliver high quality, low carbon services? How do you embed that within the work? And what we're working towards is creating a framework. So I think a lot of individuals in this space probably doing a lot that they don't realise is sustainable in the long run. So working upstream, as Charlotte said earlier, I think the most upstream you can work is in this space of service change reconfiguration is using that pivot point, using that moment when change is happening to really embed some of

this, making it business as usual, but from a patient centred and clinical perspective is thinking about disease prevention, disease optimization. So we know that all care that we deliver has resource, has carbon associated to it. So if it's really complex or high burden disease or high burden care that you're delivering, it will be higher carbon. So if you can work upstream and work on optimising patient health, prevention, you're more likely to have a lower carbon pathway as you go through it.

We're always going to need to deliver care. That's what we're here for. So I think the next bit is really delivering the right care at the right time in the right place, and that really aligns with what everyone within the NHS is trying to do. So deliver streamlined, efficient care closer to home where it's possible, and digital where again, it's appropriate. And then the next bit is really thinking about the stuff and the space that we occupy. So the treatment we deliver, the places we deliver it in, so that's the sort of low carbon treatment and care settings and then embedding it within governance structures. It's fantastic to see work going on at all levels of the system. Being on this podcast is sort of testament to that. And then ensuring that the workforce is trained and aware of it and really having that system changed. That's sort of the framework of which we're working at, even though it does feel at sometimes really hard to embed it in these processes or really difficult to quantify every bit of carbon. But I think if we build some common sense principles and assumptions that we know align with what we're trying to do here, it can be a great starting point.

And I think Charlotte's been great in supporting us to test out this framework or these ways of working in the South West.

**Paul Parsons** - Manraj, I think listeners would find it useful to just understand a little bit more about the legal basis for the duty to achieve net zero. Could you tell us a bit about that?

**Manraj Phull** - So the NHS became the first health system to embed net zero into legislature. So as of that time. So 1 July, the delivering a net zero NHS report which is available on our greener NHS website and more widely really, is now issued as statutory guidance and it places a duty on NHS England or Trusts, Foundation Trusts, ICS', to

contribute towards the statutory emission and environmental targets that we have as a country and as an NHS. So it is really legally binding in there that we've got a remit, a responsibility and an opportunity, I think, to do something in this space.

**Caroline Latta** - Charlotte, Manraj mentioned the development of a framework approach to address sustainability. So how are the conversations about this fitting into the work that's been done around service change proposals. For example, where should sustainability fit into the conversations?

**Charlotte Bawden** - One thing we're really starting to see now is those people leading those changes are coming to us and asking, so what can we do? How can we do it? What tools are available? So it's really showing the willingness in the system to embed sustainability from the outset, which is really good. And we're really lucky with the framework that Manraj has developed to be piloting that in the South West around a major change programme, which I can't talk too much about. However, the learnings that we've had so far just show that you almost can't start early enough. You really want to be thinking about this from the outset and having that leadership sign up is really advantageous to making the most impact on this. Even when you're thinking about your case for change, what is the vision? What do you want at the end of it? You want to provide lower carbon care, so having that within your vision at the start is going to help you to think about it throughout the whole process and then moving forward. When you're pulling together all of your stakeholders and you're having those multidisciplinary team meetings and meeting with your region, include sustainability within that.

There are representatives in regional teams, ICBs and national teams that can support you to do that. When you're looking at your pre-consultation business case, a lot of the key lines of inquiry include a section on carbon footprint, but it doesn't have much detail on that and people automatically assume that that's going to be around mileage and travel and transport and the impact of service change that it will have. But this framework helps to start those conversations with the key players involved so you can look at all the other areas, look at prevention, look at your estate, your governance, have your workforce got enough time to look at the NICE guidance around lower carbon asthma

care? Are they aware of all the training that's available to them? And then going through your processes with regional teams, if you're having your sense check meetings to start those conversations will really help. Once you go to consultation, engaging with the public and explaining to them why you're choosing the options you are, because that will help them in the long run. By having a more environmentally sustainable healthcare system, you're bringing them along that journey with them when you're changing care and then when you get to decision making business case stage, you can look at refining that and what that really means on the practical terms.

To summarise, what we're trying to do with this approach is to look at instead of using an impact assessment to identify the co benefits of a change that's already taken place, we want to think about this upstream. So that we make the most of the impact throughout the whole process. And any improvement projects that go on post change are just going to be building on work that's already been done by Lower Carbon Care.

**Caroline Latta** - James, considering our listeners out there who are thinking about changing services, they want to put the sustainability element into that change process. What tips do you have for them in how you go about engaging with your leadership, engaging with your staff, and, of course, engaging with your stakeholders to support sustainability?

**James Dixon** - I would say there's certainly an appetite from staff, so be that clinicians or allied health professionals or support staff, but also from patients in the wider community to make sure that we act in a more sustainable way when we're delivering our services. So I think any improvement project or service transformation project can use that and be armed with that as the reasons why we need to reduce the environmental impact of these developments going forward. Sustainability, environmental sustainability, is so broad that it's often quite difficult to do in a sound bite in terms of what aspects to cover. But you definitely need to work on the emissions sources that we control, so that's your energy. So how you heat and power the offices and the healthcare buildings that you have, how you get people to your site, whether that's the staff or the patients, but also the goods and services that come in through the front door. How can you influence how they arrive

on lower emission vehicles? Can they be consolidated nearby and you have zero emission kind of last mile deliveries to those sites? We need to be able to move in that way.

And also, how can digital support remote consultations or remote logistics? So how can we work in that field to reduce those emissions? And then you have wider impacts of just the things that we buy. So the stuff, the medicines, the clinell wipes, others are available, all of the kind of things that keep the NHS going. They have high embodied carbon within them, so it's not just how you use them and how you dispose of them. We are shipping these from around the world. We are mining Earth's precious resources and then manufacturing them and shipping them around the world to only be used once. So we subscribe to a linear economy and we need to move away to what we refer to as a more circular economy. So how can we take but use it for as long as possible before we ultimately have to dispose of it? Now, there's good models in healthcare that are fast becoming more rare by the day, but if you think of surgical instruments, we in healthcare tend to use them and then they'll go away for sterilisation, cleaning, reprocessing and then come back for reuse. And then there's linen uniforms and curtains and things like that.

So how can we have our PPE and other things not move into single use models? So we need to champion that and we can champion that in the work of healthcare systems and our service developments that we do going forward. Because I do think that being such a big proportion of public spend, but also global kind of economic spend, if we can have health care moving from doing harm to the planet in trying to care for people, we could actually try and showcase the societal changes that could happen that will allow wider society to benefit from these kind of emissions reductions projects.

**Paul Parsons** - Let's end with some final thoughts for listeners who really want to get stuck in and make sure that sustainability is part of their service change project. Rachel, what advice have you got for them?

**Rachel Bracegirdle** - I would really suggest having a look at the report which has now been published by the South East Clinical Senate Team and is available for everyone to

review, because this gives a good overview of all the different areas that people need to consider within service change. And obviously, for different services, some areas might be more important than others, so you'll be able to look at the report and the different areas to consider and choose those that are most appropriate to your service. Also, I found it really helpful having a look at a lot of the work that was going on in, for example, the Centre for Sustainable Healthcare Charity. And also I found it really helpful to look at the national Greener NHS Team and the regional Greener NHS Team work and just that there's such a wide range of information out there to help to support systems, so it's just about really finding the information that will help the system the best.

**Paul Parsons** - Thank you. And finally, James, what advice would you give our listeners?

**James Dixon** - This is the elevator pitch that I'm never really good at. So I think in years to come this will be seen as a key aspect of what we need to deliver in society going forward. So if you think of the civil rights movement, if you think of the women's rights movement, people looked back and were you in support of that or were you actively against that work at the time? And I think that people that can work in this space protect our planet for future generations, try to avert the worst of what is definitely a climate emergency. And we know that the science tells us we are going to get a warming planet and we are locking that in. So we're just trying to avoid the worst aspect of this. Then if you can do that, you'll be on the right side of history and you'll also be able to look at your kids and hopefully your grandkids in the eyes and say that you did your bit. So that's what keeps me going and trying to do what we're doing. And hopefully others can take that as inspiration as well.

**Caroline Latta** - That has to be one of the most impactful final notes from a guest on Not a Consultation.

**Paul Parsons** - You're right, James' passion for his subject shines through.

**Caroline Latta** - It's so good to see the health service right at the forefront of action on net zero. I don't think I'd ever realised how much of an impact the NHS has on the environment, but it's so obvious when you think about it. But the most surprising thing for me was definitely the amount of CO2 released by an inhaler.

**Paul Parsons** - That surprised me too. Making little changes makes a big difference, and something as simple as changing the type of inhaler prescribed clearly helps the health service become more sustainable.

**Caroline Latta** - I think it's been really interesting the way we have used the word sustainable today. It can be really easy for colleagues to assume that when we talk about sustainability, we're talking about the sustainability of services rather than the environmental aspects.

**Paul Parsons** - I agree, particularly when we're thinking about service change and the history we have of thinking about the sustainability of service. So there's definitely going to be some confusion on different uses of the word. It's likely to get better as people become more familiar with these new responsibilities. And as Manraj said, it's more than a responsibility, it's an opportunity to do the right thing for generations to come.

**Caroline Latta** - A massive thank you to Charlotte Bawden, Manraj Phull, James Dixon and Rachel Bracegirdle for joining us to talk about sustainability. If you'd like to read more, rather than hear more, then head over to the show notes where we've included the NHS delivering a net zero health service report.

**Paul Parsons** - We'd love to hear from you. If you've had an experience of including sustainability in service change, join the conversation by following us on X, formerly Twitter @NotConsultation, or by emailing us at [listen@notaconsultation.com](mailto:listen@notaconsultation.com).



**Caroline Latta** - So that's it for this episode. There's loads more learning in our other episodes, all available on our website, [notaconsultation.com](http://notaconsultation.com).

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