

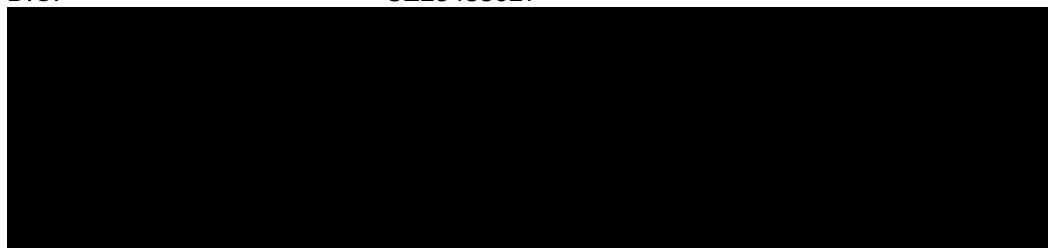
## Dodatek č. 2 KE SMLOUVĚ O DÍLO

uzavřený v souladu s ustanovením § 2586  
a násl. zákona č. 89/2012 Sb., občanský zákoník, ve znění pozdějších předpisů

### I.

#### Krajská zdravotní, a. s.

Sídlo: Sociální péče 3316/12A, 401 13 Ústí nad Labem  
Zastoupená: MUDr. Jiřím Laštůvkou, zmocněným k výkonu funkce generálního ředitele  
IČO: 25488627  
DIČ: CZ25488627

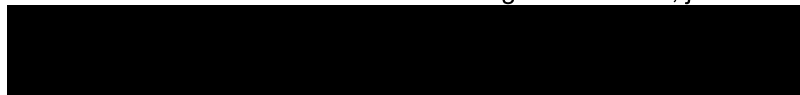


zapsána v obchodním rejstříku vedeném Krajským soudem v Ústí nad Labem, oddíl B, vložka 1550  
(dále jen „**Objednatel**“)

### a

#### METALL QUATRO spol. s.r.o.

Sídlo: Vysoká Pec 600, 431 59 Vysoká Pec  
Zastoupený: Ing. Milan Karfík ml., jednatel  
Ing. Daniel Karfík, jednatel  
Ing. Milan Karfík, jednatel



IČO: 61538213  
DIČ: CZ61538213



zapsán v obchodním rejstříku vedeném u Krajského soudu v Ústí nad Labem, v oddíle C, vložka 7746  
(dále jen „**Zhotovitel**“)

Dále také obecně jako „**smluvní strany**“

### II.

- 1) Smluvní strany uzavřely dne 19. 6. 2024 Smlouvu o dílo na realizaci veřejné zakázky „**Modernizace chirurgické JIP, Krajská zdravotní, a. s. - Nemocnice Most, o. z. - stavební práce**“ (dále také „Smlouva“ a „Dílo“). Smluvní strany v souladu s čl. 23 odst. 23. 9 ve spojení s čl. 10 odst. 10.4, Smlouvy uzavírají k ní tento Dodatek.
- 2) Smluvní strany uzavřely dne 24.10.2024 Dodatek č. 1 ke Smlouvě, jelikož měly mezi sebou za nesporné, že při realizaci Díla vyvstala potřeba víceprací a méněprací podrobně specifikovaných v přílohách č. 1 až 13 (změnové listy 1 – 8, 10 - 14) k Dodatku č. 1 ke Smlouvě. Dle Dodatku č. 1 ke Smlouvě v důsledku odsouhlasených a provedených víceprací a méněprací se cena díla v čl. 12 odst. 12.1 Smlouvy zvýšila o 529 370,85 Kč bez DPH, tedy na celkovou částku 14 427 707,82 Kč bez DPH.

### III.

- 1) Smluvní strany mají mezi sebou za nesporné, že při realizaci Díla vyvstala potřeba víceprací a méněprací podrobně specifikovaných v přílohách č. 1 až 12 (změnové listy 15, 17 – 27) k tomuto Dodatku.
- 2) Strany konstatují, že tyto vícepráce a méněpráce byly Objednatelům odsouhlaseny dle příloh č. 1 až 12 (změnovým listem 15, 17 - 27) a Zhotovitelem byly realizovány jako změna závazku ve smyslu § 222 odst. 4 až 9 zákona č. 134/2016 Sb., o zadávání veřejných zakázek, ve znění pozdějších předpisů (dále jen „ZZVZ“).
- 3) Ve smyslu § 222 odst. 4 ZZVZ byly v rámci víceprací a méněprací realizovány stavební práce dle:
  - a) přílohy č. 6 - Změnový list 21 – změna informačního systému, a s tím související dodávky, montážní práce a režijní náklady v rozsahu +37 154,40 Kč, a -50 200 Kč;
  - b) přílohy č. 12 - Změnový list 27 – doplnění samozamykacích zámků k pohonu automatických dveří, a s tím související dodávky, montážní práce a režijní náklady v rozsahu +21 010 Kč, a kdy se jedná o změnu - dodatečné stavební práce, která nemění celkovou povahu veřejné zakázky a jejíž hodnota je nižší než finanční limit pro nadlimitní veřejnou zakázku a současně je nižší než 15 % původní hodnoty závazku ze Smlouvy. Celkový součet hodnot všech těchto změn (tj. všech hodnot víceprací a méněprací) činí 108 364,40 Kč.
- 3) Ve smyslu § 222 odst. 5 ZZVZ byly v rámci víceprací a méněprací realizovány stavební práce dle:
  - a) přílohy č. 1 - Změnový list 15 – nutná výroba kastlíků pro přívody mediálních a elektroinstalace do lékařských stativů, jejich montáž, a další s tím související stavební práce a režijní náklady v rozsahu +30 155,52 Kč, a
  - b) přílohy č. 3 - Změnový list 18 – nutná výměna stávajících bezpečnostně a normově nevyhovujících transformátorů, a s tím související stavební práce a režijní náklady v rozsahu +112 804,80 Kč;
  - c) přílohy č. 8 - Změnový list 23 – nutná doplnění kotvení stativů do stropní konstrukce, a s tím související stavební práce a režijní náklady v rozsahu +13 816,80 Kč;
  - c) přílohy č. 9 - Změnový list 24 – nutná stavební práce související s provedením nových štukových omítek, včetně oškrábání, a s tím související režijní náklady v rozsahu +67 666,91 Kč;kdy se jedná o změnu – dodatečné stavební práce, které nebyly zahrnuty v původním závazku ze smlouvy, jsou nezbytné a změna v osobě dodavatele není možná z technických důvodů spočívajících zejména v požadavcích na slučitelnost a interoperabilitu se stávajícími pracemi a instalacemi, a dále by tato způsobila Objednateli značné obtíže nebo výrazné zvýšení nákladů. Celkový součet nárůstu všech těchto změn (tj. všech hodnot víceprací) po odečtení méněprací činí 224 444,03 Kč.
- 4) Ve smyslu § 222 odst. 6 ZZVZ byly v rámci víceprací a méněprací realizovány stavební práce dle:
  - a) přílohy č. 2 - Změnový list 17 – stavební práce související s odstraněním skrytých povrchů pod odsekanými obklady a jejich likvidace, a s tím související režijní náklady v rozsahu +5 281,52 Kč;
  - b) přílohy č. 4 – Změnový list 19 – nutná změna materiálu potrubí odvodu kondenzátu klimatizačních jednotek, včetně dalšího příslušenství, a s tím související režijní náklady v rozsahu +41 390,40 Kč a -22 868,29 Kč,
  - c) přílohy č. 5 – Změnový list 20 – nutné zmrazení potrubí v důsledku podtékajících uzávěrů, tlakové zkoušky, proplach a dezinfekce potrubí, a s tím související režijní náklady v rozsahu +11 278,56 Kč,
  - d) přílohy č. 7 – Změnový list 22 – nutná doplnění elektroinstalace ovladovny ARO a změna intercomu, a s tím související režijní náklady v rozsahu +56 637,61 Kč a -19 650 Kč,
  - e) přílohy č. 10 – Změnový list 25 – nutná doplnění UPS k zásuvkám ramp mediálních, a s tím související stavební práce a režijní náklady v rozsahu +216 983,60 Kč,
  - f) přílohy č. 11 – Změnový list 26 – nutná změna velikosti dveří dle skutečného stavu, a s tím související režijní náklady v rozsahu +41 527 Kč,kdy se jedná o změnu – stavební práce, jejíž potřeba vznikla v důsledku okolností, které Objednatel jednající s náležitou péčí nemohl předvídat, tato nemění celkovou povahu veřejné zakázky. Celkový součet nárůstu všech těchto změn (tj. všech hodnot víceprací) po odečtení méněprací činí 330 580,40 Kč.

### IV.

- 1) Smluvní strany sjednávají, že v důsledku odsouhlasených a provedených víceprací a méněprací se cena díla v čl. 12 odst. 1 Smlouvy zvyšuje o 562 988,83 Kč bez DPH, tedy na celkovou částku 14 990 696,65 Kč bez DPH. V důsledku toho se čl. 12 odst. 1 Smlouvy mění a nově zní

*„Celková cena za Dílo podle této Smlouvy je stanovena na základě nabídky Zhotovitele podané v zadávacím řízení na Veřejnou zakázku ve znění dodatků a činí 14 990 696,65 Kč bez DPH. Detailní specifikace ceny je stanovena v soupisu prací, dodávek a služeb s výkazem výměr, který tvoří přílohu č. 2 této Smlouvy a dále v přílohách uzavřených dodatků.“*

## **V.**

- 1) Ostatní ustanovení smlouvy se nemění.
- 2) Smluvní strany berou na vědomí, že Dodatek spolu s přílohou č.1 až 12 bude uveřejněn v registru smluv, neboť se na něj vztahuje povinnost uveřejnění prostřednictvím registru smluv podle zákona č. 340/2015 Sb., o zvláštních podmínkách některých smluv, uveřejňování těchto smluv, ve znění pozdějších předpisů (zákon o registru smluv). Uveřejnění zajistí Objednatel.
- 3) Dodatek je uzavírán v elektronické podobě a je podepsán pomocí elektronického podpisu založeného na kvalifikovaném certifikátu vydaném akreditovaným poskytovatelem certifikačních služeb.
- 4) Smluvní strany tímto prohlašují, že si Dodatek před podpisem přečetly, a že jej uzavírají podle jejich pravé a svobodné vůle, vážně a určitě, na důkaz níže připojují své podpisy.

Příloha č. 1: Změnový list č. 15 vč. ocenění změny, příkazu ke změně a rozpočtu

Příloha č. 2: Změnový list č. 17 vč. ocenění změny, příkazu ke změně a rozpočtu

Příloha č. 3: Změnový list č. 18 vč. ocenění změny, příkazu ke změně a rozpočtu

Příloha č. 4: Změnový list č. 19 vč. ocenění změny, příkazu ke změně a rozpočtu

Příloha č. 5: Změnový list č. 20 vč. ocenění změny, příkazu ke změně a rozpočtu

Příloha č. 6: Změnový list č. 21 vč. ocenění změny, příkazu ke změně a rozpočtu

Příloha č. 7: Změnový list č. 22 vč. ocenění změny, příkazu ke změně a rozpočtu

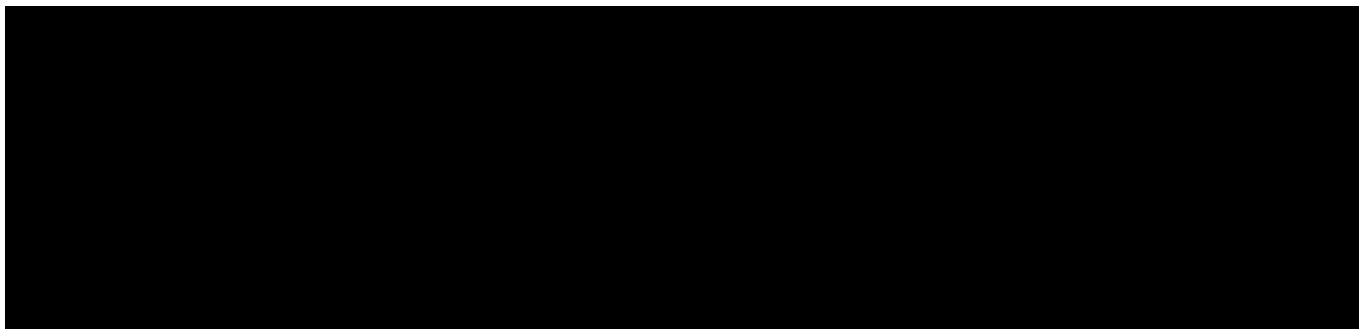
Příloha č. 8: Změnový list č. 23 vč. ocenění změny, příkazu ke změně a rozpočtu

Příloha č. 9: Změnový list č. 24 vč. ocenění změny, příkazu ke změně a rozpočtu

Příloha č. 10: Změnový list č. 25 vč. ocenění změny, příkazu ke změně a rozpočtu

Příloha č. 11: Změnový list č. 26 vč. ocenění změny, příkazu ke změně a rozpočtu

Příloha č. 12: Změnový list č. 27 vč. ocenění změny, příkazu ke změně a rozpočtu



SOUPIS ZL K DOD 02

| Číslo ZL        | Název | KAT | Cena             | Méněpráce     | Vícepráce     | Součet změn   |
|-----------------|-------|-----|------------------|---------------|---------------|---------------|
|                 |       |     |                  | -50 200,00 Kč | 37 154,40 Kč  | 87 354,40 Kč  |
|                 |       |     |                  | 0,00 Kč       | 21 010,00 Kč  | 21 010,00 Kč  |
|                 |       |     |                  | -50 200,00 Kč | 58 164,40 Kč  | 108 364,40 Kč |
|                 |       |     |                  | 0,00 Kč       | 30 155,52 Kč  | 30 155,52 Kč  |
|                 |       |     |                  | 0,00 Kč       | 112 804,80 Kč | 112 804,80 Kč |
|                 |       |     |                  | 0,00 Kč       | 13 816,80 Kč  | 13 816,80 Kč  |
|                 |       |     |                  | 0,00 Kč       | 67 666,91 Kč  | 67 666,91 Kč  |
|                 |       |     |                  | 0,00 Kč       | 224 444,03 Kč | 224 444,03 Kč |
|                 |       |     |                  | 0,00 Kč       | 5 281,52 Kč   | 5 281,52 Kč   |
|                 |       |     |                  | -22 868,29 Kč | 41 390,40 Kč  | 64 258,69 Kč  |
|                 |       |     |                  | 0,00 Kč       | 11 278,56 Kč  | 11 278,56 Kč  |
|                 |       |     |                  | -19 650,00 Kč | 56 637,61 Kč  | 76 287,61 Kč  |
|                 |       |     |                  | 0,00 Kč       | 216 983,60 Kč | 216 983,60 Kč |
|                 |       |     |                  | 0,00 Kč       | 41 527,00 Kč  | 41 527,00 Kč  |
| Celkem KAT 6:   |       |     | 330 580,40 Kč    | -42 518,29 Kč | 373 098,69 Kč | 415 616,98 Kč |
| Celkem vše      |       |     | 562 988,83 Kč    | -92 718,29 Kč | 655 707,12 Kč | 748 425,41 Kč |
| SOD             |       |     | 13 898 336,97 Kč |               |               |               |
| DOD 1           |       |     | 529 370,85 Kč    |               |               |               |
| Celkem za dílo: |       |     | 14 990 696,65 Kč |               |               |               |

the 1990s, the number of people in the UK who are aged 65 and over has increased by 1.5 million, and the number of people aged 75 and over has increased by 1 million (Office of National Statistics 1999). The number of people aged 65 and over is projected to increase to 6.5 million by 2011, and the number of people aged 75 and over to 3.5 million (Office of National Statistics 1999).

There is a growing awareness of the need to address the health care needs of the elderly population. The Department of Health (1999) has identified the need to develop a new approach to the care of the elderly, which is based on the principles of person-centred care, and which takes account of the individual's needs, wishes and preferences. The Department of Health (1999) has also identified the need to develop a new approach to the care of the elderly, which is based on the principles of person-centred care, and which takes account of the individual's needs, wishes and preferences.

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the 1990s, the number of people in the UK who are aged 65 and over has increased by 1.5 million, and the number of people aged 75 and over has increased by 1.2 million (Office for National Statistics 2000). The number of people aged 65 and over is projected to increase to 10.5 million by 2026, and the number of people aged 75 and over to 6.5 million (Office for National Statistics 2000).

There is a growing awareness of the need to address the health care needs of older people, and a number of initiatives have been launched to improve the health care of older people. The Department of Health has launched the 'Ageing Well' campaign, which aims to improve the health and quality of life of older people. The campaign includes a number of initiatives, such as the 'Ageing Well' website, which provides information and advice on a range of issues affecting older people, and the 'Ageing Well' helpline, which provides a free telephone service for older people and their families.

The 'Ageing Well' campaign is part of a wider initiative to improve the health care of older people, known as the 'Ageing Well' strategy. The strategy was launched in 1999 and sets out a number of key objectives, including: to improve the health and quality of life of older people; to ensure that older people have access to the services and support they need; and to ensure that the health care system is able to meet the needs of older people.

The 'Ageing Well' strategy is a key document in the development of health care for older people in the UK. It provides a framework for the development of policies and services for older people, and it sets out a number of key objectives that should be achieved by the health care system. The strategy is a key document in the development of health care for older people in the UK, and it provides a framework for the development of policies and services for older people.

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the 1990s, the number of people in the UK who are employed in the public sector has increased by 1.5 million, from 2.5 million in 1980 to 4 million in 1995 (Department of Health 1996).

There is a growing emphasis on the need to improve the quality of care in the public sector. The Department of Health has set out a number of targets for the public sector, including the need to improve the quality of care, to reduce waiting times, and to improve the efficiency of the system (Department of Health 1996). The Department of Health has also set out a number of targets for the private sector, including the need to improve the quality of care, to reduce waiting times, and to improve the efficiency of the system (Department of Health 1996).

The Department of Health has also set out a number of targets for the voluntary sector, including the need to improve the quality of care, to reduce waiting times, and to improve the efficiency of the system (Department of Health 1996). The Department of Health has also set out a number of targets for the independent sector, including the need to improve the quality of care, to reduce waiting times, and to improve the efficiency of the system (Department of Health 1996).

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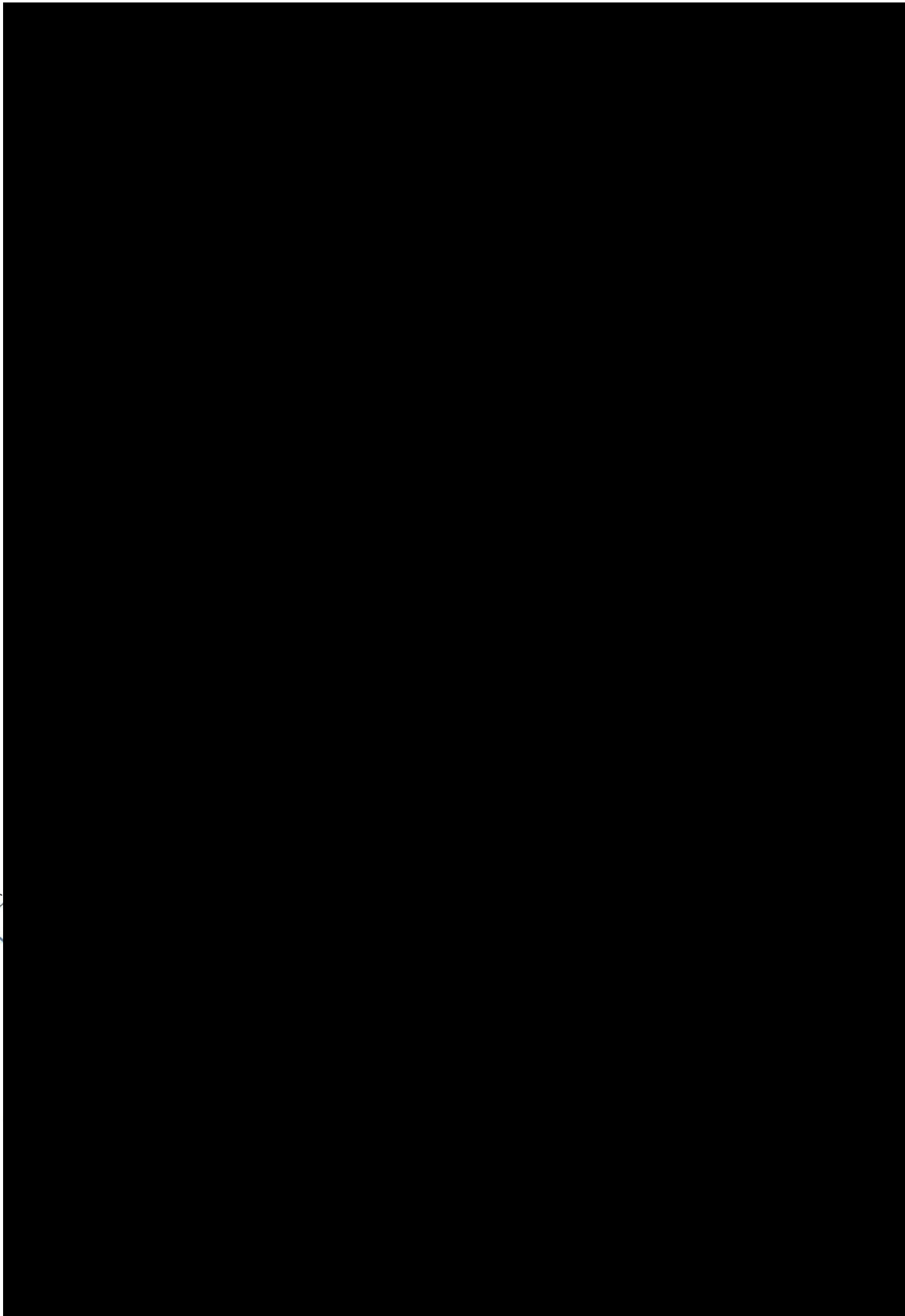
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the 1990s, the number of people with a mental health problem has increased by 50% (Mental Health Foundation 1999). The prevalence of mental health problems has increased in all age groups, but the increase has been most marked in the young (Mental Health Foundation 1999). The prevalence of mental health problems in the young has increased from 1.5% in 1980 to 3.5% in 1990 (Mental Health Foundation 1999).

There is a growing awareness of the need to address the mental health needs of the young. The World Health Organization (WHO) has identified the young as a priority group for mental health care (WHO 1993). The WHO has developed a number of guidelines for the care of the young with mental health problems (WHO 1993). The guidelines emphasize the need for a holistic approach to the care of the young, taking into account the young person's physical, social, and emotional needs.

The guidelines also emphasize the need for a multi-agency approach to the care of the young, involving the young person's family, school, and community. The guidelines also emphasize the need for a person-centred approach to the care of the young, taking into account the young person's individual needs and preferences.

The guidelines also emphasize the need for a preventive approach to the care of the young, focusing on the early identification and intervention of mental health problems. The guidelines also emphasize the need for a research-based approach to the care of the young, based on the best available evidence.

The guidelines also emphasize the need for a training-based approach to the care of the young, ensuring that all staff involved in the care of the young have the necessary skills and knowledge. The guidelines also emphasize the need for a monitoring and evaluation approach to the care of the young, ensuring that the care is of the highest quality.

The guidelines also emphasize the need for a partnership approach to the care of the young, involving the young person's family, school, and community. The guidelines also emphasize the need for a person-centred approach to the care of the young, taking into account the young person's individual needs and preferences.

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the 1990s, the number of people in the UK who are employed in the public sector has increased by 1.5 million, from 2.5 million in 1980 to 4 million in 1995 (Department of Health 1996).

There is a growing emphasis on the need to improve the quality of care in the public sector. The Department of Health (1996) has set out a number of key objectives for the public sector, including the need to improve the quality of care, to reduce waiting times, to improve the efficiency of the system, and to improve the financial performance of the system. The Department of Health (1996) has also set out a number of key principles for the public sector, including the need to be patient-centred, to be transparent, to be accountable, and to be efficient.

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the 1990s, the number of people in the UK who are aged 65 and over has increased by 1.5 million, and the number of people aged 75 and over has increased by 1 million (Office for National Statistics 1999). The number of people aged 65 and over is projected to increase to 6.5 million by 2011, and the number of people aged 75 and over to 3.5 million (Office for National Statistics 1999).

There is a growing awareness of the need to address the health care needs of older people, and a number of initiatives have been launched to improve the health care of older people. The Department of Health has launched the 'Age Matters' campaign, which aims to raise awareness of the health care needs of older people and to encourage older people to take control of their own health. The campaign includes a number of initiatives, including the 'Age Matters' website, which provides information on the health care needs of older people, and the 'Age Matters' helpline, which provides advice and support to older people.

The 'Age Matters' campaign is a multi-agency initiative, involving the Department of Health, the Department of Social Security, the Department of the Environment, and a number of other government departments. The campaign is also supported by a number of voluntary organizations, including Age UK, the Royal Society for the Care of the Dying, and the National Council on Ageing and the Elderly.

The 'Age Matters' campaign is a key part of the government's strategy for improving the health care of older people. It is a multi-agency initiative, involving the Department of Health, the Department of Social Security, the Department of the Environment, and a number of other government departments. The campaign is also supported by a number of voluntary organizations, including Age UK, the Royal Society for the Care of the Dying, and the National Council on Ageing and the Elderly.

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There is a growing emphasis on the need to improve the quality of care and services provided by the public sector. This has led to a number of initiatives, including the introduction of the Health Care Act 1999, the introduction of the NHS Constitution, and the introduction of the NHS Performance Framework. These initiatives are aimed at improving the quality of care and services provided by the public sector, and at ensuring that the public sector is able to meet the needs of the population.

The NHS is a large and complex organisation, and it is essential that it is able to meet the needs of the population. This requires a number of things, including a high quality of care and services, a high level of efficiency, and a high level of transparency. The NHS is committed to all of these things, and it is working hard to ensure that it is able to meet the needs of the population.

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the 1990s, the number of people in the UK who are aged 65 and over has increased by 1.5 million, and the number of people aged 75 and over has increased by 1 million (Office for National Statistics 1999). The number of people aged 65 and over is projected to increase to 6.5 million by 2011, and the number of people aged 75 and over to 3.5 million (Office for National Statistics 1999).

There is a growing awareness of the need to address the health care needs of older people, and a number of initiatives have been implemented to improve the health care of older people. The Department of Health (1999) has published a strategy for older people, which sets out the government's commitment to improve the health care of older people. The strategy is based on the following principles:

- Older people should be able to live independently and actively in their own homes for as long as possible.
- Older people should be able to access the health care services they need when and where they need them.
- Older people should be able to participate in decisions about their health care.
- Older people should be able to live in a safe and secure environment.

The strategy also sets out a number of key objectives for the health care of older people, including:

- To improve the health and well-being of older people.
- To reduce the inequalities in health and well-being between different groups of older people.
- To improve the quality of health care for older people.
- To improve the efficiency of health care for older people.

The strategy is a key document for the health care of older people, and it sets out the government's commitment to improve the health care of older people. It is a key document for the health care of older people, and it sets out the government's commitment to improve the health care of older people.

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the 1990s, the number of people with a mental health problem has increased by 50% (Mental Health Foundation 1999).

There is a growing awareness of the need to address the needs of people with mental health problems. The Department of Health (1999) has set out a vision for the future of mental health care, which includes a commitment to 'improving the lives of people with mental health problems'. This vision is based on the principles of recovery, which focuses on the individual's strengths and abilities, rather than on their diagnosis. Recovery is a process, and it is not always linear. It is a journey that involves working with the individual to develop a plan that meets their needs and goals.

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the 1990s, the number of people in the UK who are employed in the public sector has increased by 1.5 million, from 2.5 million in 1980 to 4 million in 1995. The public sector has also become an important employer of women, with 5.5 million women employed in the public sector in 1995, compared with 4.5 million in 1980. The public sector has also become an important employer of people with disabilities, with 1.5 million people with disabilities employed in the public sector in 1995, compared with 1 million in 1980.

The public sector has also become an important employer of people who are over 50 years of age. In 1995, 1.5 million people over 50 years of age were employed in the public sector, compared with 1 million in 1980. The public sector has also become an important employer of people who are under 25 years of age. In 1995, 1.5 million people under 25 years of age were employed in the public sector, compared with 1 million in 1980.

The public sector has also become an important employer of people who are from ethnic minority groups. In 1995, 1.5 million people from ethnic minority groups were employed in the public sector, compared with 1 million in 1980. The public sector has also become an important employer of people who are from the Irish Republic. In 1995, 1.5 million people from the Irish Republic were employed in the public sector, compared with 1 million in 1980.

The public sector has also become an important employer of people who are from the Caribbean. In 1995, 1.5 million people from the Caribbean were employed in the public sector, compared with 1 million in 1980. The public sector has also become an important employer of people who are from the Indian subcontinent. In 1995, 1.5 million people from the Indian subcontinent were employed in the public sector, compared with 1 million in 1980.

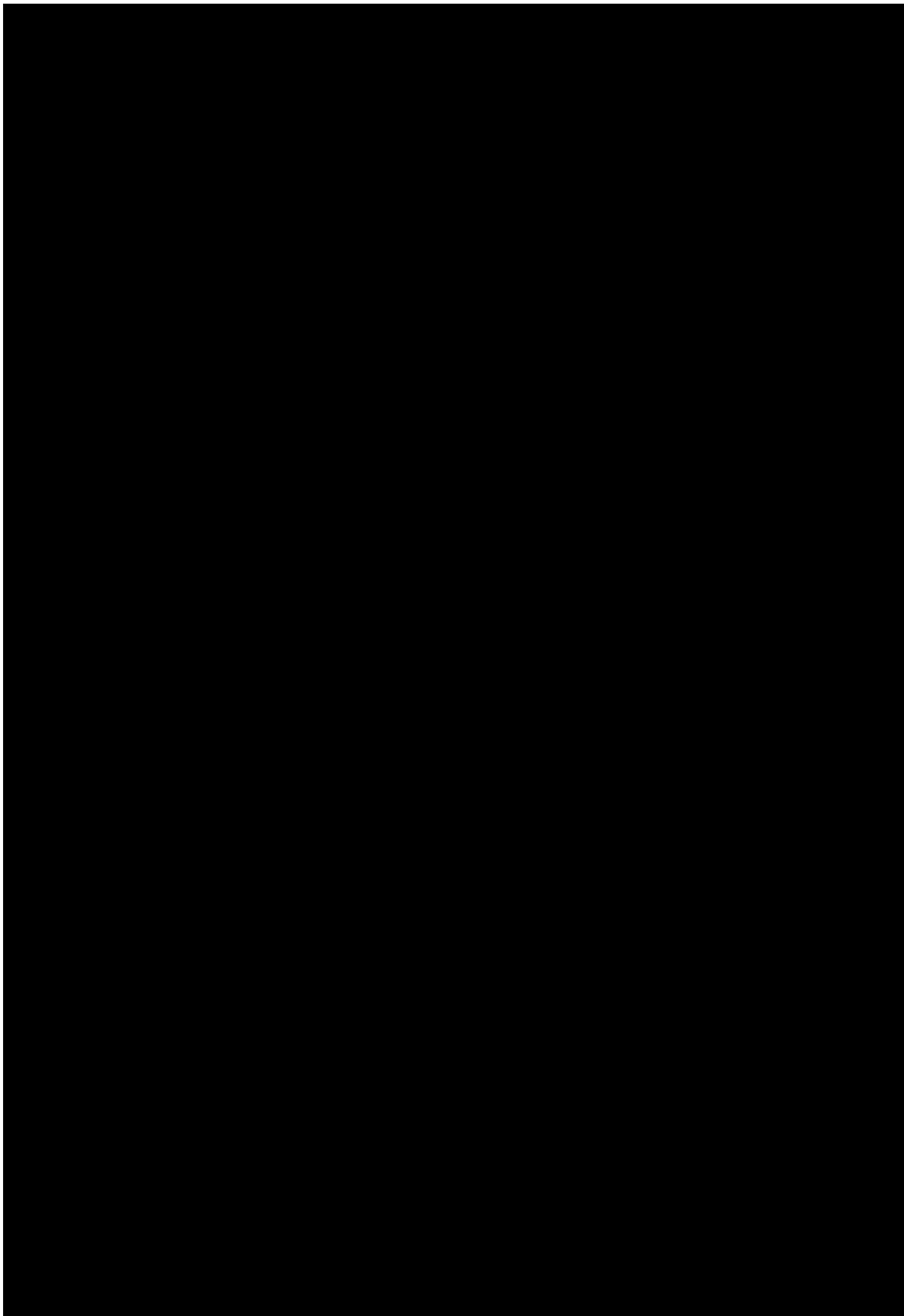
The public sector has also become an important employer of people who are from the Chinese community. In 1995, 1.5 million people from the Chinese community were employed in the public sector, compared with 1 million in 1980. The public sector has also become an important employer of people who are from the Pakistani community. In 1995, 1.5 million people from the Pakistani community were employed in the public sector, compared with 1 million in 1980.

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the 1990s, the number of people in the UK who are aged 65 and over has increased by 1.5 million (1990–1999) and is projected to increase by a further 1.5 million by 2010 (Office for National Statistics 2000). The number of people aged 65 and over in the UK is projected to increase from 10.5 million in 1999 to 12.5 million in 2010, with the number of people aged 75 and over increasing from 4.5 million to 5.5 million in the same period.

There is a growing awareness of the need to develop strategies to meet the needs of the ageing population. The Department of Health (2000) has identified the need to develop a 'new paradigm' for the care of the ageing population, one that is based on a 'continuum of care' rather than a 'dual system' of care for the young and old. The 'new paradigm' is based on the principle that the needs of the ageing population should be met by a range of services, from primary care to long-term care, and that the services should be integrated and coordinated.

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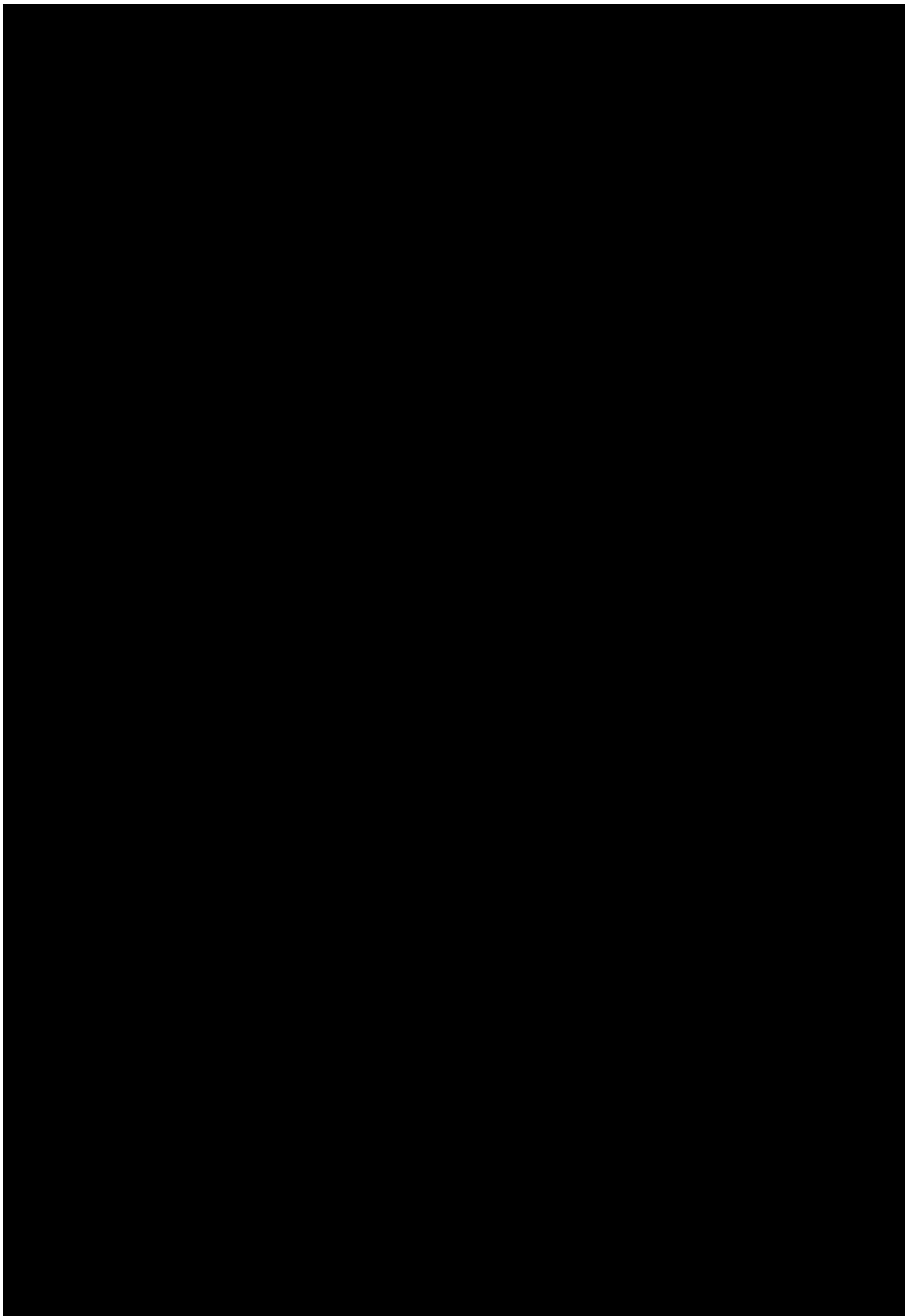












[The following text is a dense, handwritten manuscript, likely a letter or a page from a book. It is written in a cursive script and is mostly illegible due to the quality of the scan. The text appears to be a continuous paragraph or a series of connected sentences. The handwriting is fluid and somewhat slanted. There are some words that are more legible than others, but the overall content cannot be accurately transcribed. The text is written in dark ink on a light-colored paper. The margins are narrow, and the handwriting fills most of the page area.]



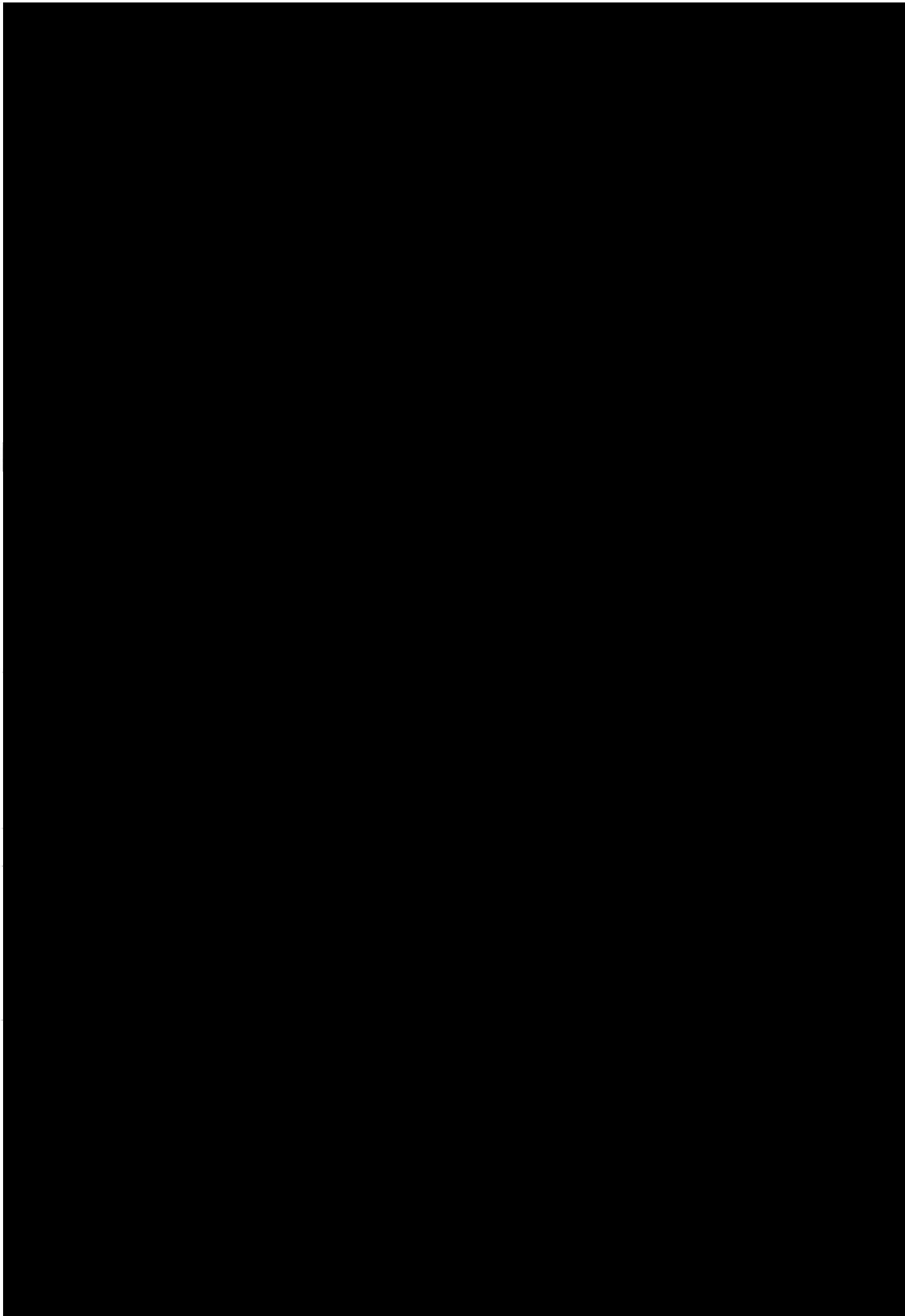
















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the 1990s, the number of people in the UK who are employed in the public sector has increased by 1.5 million, from 2.5 million in 1980 to 4 million in 1998 (Department of Health 1999).

There is a growing emphasis on the need to improve the efficiency of the public sector, and to ensure that the public sector is able to deliver the best possible value for money. This has led to a number of initiatives, including the introduction of competition, the restructuring of public services, and the introduction of new management practices. The aim of these initiatives is to ensure that the public sector is able to deliver the best possible value for money, while maintaining the quality of the services it provides.

One of the key challenges facing the public sector is the need to improve the efficiency of the services it provides. This is particularly true in the case of the health service, where the need to improve efficiency is particularly acute. The health service is a major part of the public sector, and it is responsible for providing a wide range of services to the population. The health service is also a major employer, and it is responsible for providing a wide range of services to the population.

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[The following text is a dense, continuous block of illegible characters, likely representing a scanned document page. It appears to be a mix of letters, numbers, and symbols, possibly a corrupted scan or a very low-quality image. The text is too blurry to transcribe accurately.]





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the 'information' and 'communication' fields. The 'information' field is defined as:

...the study of the processes of information production, distribution, access, use and evaluation, and the study of the social, cultural, economic and political contexts in which these processes take place. (p. 10)

The 'communication' field is defined as:

...the study of the processes of communication production, distribution, access, use and evaluation, and the study of the social, cultural, economic and political contexts in which these processes take place. (p. 10)

The 'information science' field is defined as:

...the study of the processes of information production, distribution, access, use and evaluation, and the study of the social, cultural, economic and political contexts in which these processes take place. (p. 10)

The 'information studies' field is defined as:

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