CHC NEWS

ASSOCIATION OF **COMMUNITY HEALTH COUNCILS** FOR ENGLAND & WALES

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NEWS

Mental health: addressing the real risks

While the Government is considering legislation to compel some mentally ill people to accept medication, MIND has highlighted potential dangers of powerful drugs and called for more attention to the "forgotten victims of the psychiatric system".

An inquiry carried out by the Royal College of Psychiatrists focused attention once more on people who have killed having previously received psychiatric care. The RCP inquiry looked into the cases of 22 people who had killed within 12 months of being in touch with psychiatric services. It revealed that over three years, there were 34 killings by people in this category. Of the 22 cases investigated in detail, there had been a fall-off in attendance for treatment or a failure to take prescribed medication in 13. These warning signs were not picked up or acted on. The report concludes that there are grounds to consider legislation to compel people to accept treatment after discharge.

MIND and the National Schizophrenia Fellowship have both produced figures to show the high risks faced by mentally ill people themselves. The NSF has found that over three years, schizophrenics were convicted of killing 60 people. It estimates that between 300 and 500 schizophrenics commit suicide each year. MIND estimates that medication given to mentally ill people is responsible for one death a week. It has called on the Government to extend the RCP inquiry to include all unexpected or sudden deaths of patients, so that the facts can be established and further deaths prevented.

Guardian 17 August, Independent 27 August

Community care charters

As in other areas, the Government is hoping to use charters to bring up the standards of community care. A consultation document proposes the setting of local targets within broad national guidelines. It sets out what local charters should include (see box), but does not set any standards for the content of services. Mrs Bottomley has said that the standards should be "challenging but achievable".

The proposals have met with hostility from nursing organisations and unions on two grounds. Firstly, by requiring individual social services departments to take the lead in setting local targets, the Government is absolving itself of central responsibility. Secondly, charters will raise expectations among the public, so that staff delivering services will be scapegoated, even though they are inadequately resourced and they have no power to influence what they are being told to do. The Royal College of Nursing and the Community and District Nursing Association have both called for national legally-enforceable baseline standards.

A framework for local community care charters in England is available from the DoH Store, Health Publications Unit, No 2 Site, Manchester Rd, Heywood, Lancs OL10 2PZ. The consultation period ends on 7 October.

Nursing Times 17 August

To be included in community care charters

- a commitment to providing full and accurate information about available services;
- the individual's entitlement to professional and speedy assessment, taking into account the views of the user and carers;
- an entitlement to a proper plan for the future before hospital discharge;
- an entitlement for carers to be fully involved in arrangements made by the local authority, to have their views taken into account and a separate assessment if they want it;
- proper complaints procedures so that complaints are dealt with fairly, openly and without delay;
- a commitment to monitor performance against the local charter and to publish findings.

Dentistry: going private ... or to your GP

The Dentistry Green Paper (see *CHC News* 95) has left dentists decidedly unimpressed, if a survey of 500 dentists carried out by *The Observer* and the private dental insurers Denplan is to be believed. Half the respondents work mainly or entirely in the NHS and the other half are contracted to work partly or wholly for Denplan.

Only 3% of respondents think that the Government's proposals will make them more likely to carry on working in the NHS; 77% said that the proposals would make them more likely to stop. Five years ago, 12% of an average dentist's list was receiving private treatment. The proportion has now risen to 39%. Respondents expected it to rise to 69% within five years.

The survey revealed very high levels of refusing to take on new NHS patients: 84% had closed their books to some or all new non-exempt adult NHS patients in the past five years; 57% would not take on even exempted adults and just under half would not take on children.

The British Medical Association has warned that the drift away from NHS dentistry is forcing patients to turn to GPs when they have dental problems. In Kent, a survey of 24 GPs and six out-of-hours GP co-operatives found that the GPs dealt with 139 dental calls a month. Many of these calls were during daytime hours.

If CHCs have any examples of people turning to GPs for dental treatment, could they please let ACHCEW know.

Observer 4 September, Guardian 9 September

Emergency wards – somewhere to turn in a crisis?

The number of hospitals in England with A&E departments has fallen from 301 in 1988 to 213 at the latest count. Fifty-six departments closed between 1991 and 1992. The average population to be served by each department has risen from 150,000 to 225,000.

Part of this "rationalisation" has been driven by the advice of medical experts and NHS managers who believe that better treatment could be given in fewer specialised centres. The president of the British Association of Accident and Emergency Medicine has argued that mergers tend to happen "in centres of population where there are several or multiple A&Es which are geographically close". However, local residents are more likely to be concerned with the time it takes to reach an A&E department than with how many miles they have to travel. A suggestion that the Royal Hallamshire Hospital in Sheffield may lose its A&E unit has met with stiff opposition, as has the proposed closure of the unit at Broadgreen Hospital in Liverpool.

A&E departments in London are under severe pressure, according to a report from the King's Fund Institute. The report questions the Tomlinson committee's suggestion that the pressure on A&E units will be eased by improvements in GP services.

GPs responding to a King's Fund survey said that they had difficulty in gaining emergency hospital admissions in 35% of cases. When a GP turns to the Emergency Beds Service, a bed is often found in a hospital which the GP has already approached.

Independent on Sunday 14 August, Daily Telegraph 2 September

Hospital infection

Almost a tenth of hospital patients in Britain become infected during their treatment according to a study of 156 hospitals. The figures for individual hospitals range from 1% of patients to 22%. Some of this variation can be explained by the different mix of treatments given and variations in the underlying health of patients, but the disparities are likely to raise concerns about standards in some hospitals

The average 9% infection rate is in line with rates in Europe and the USA and has not risen over the last 10 years. However, average stays in hospital after surgery have fallen from 7.6 days to less than 5 days. It is likely, therefore, that there are more cases of infection developing after hospital discharge – these would not have been picked up in the hospital-based research.

New strains of drug-resistant bacteria appear to be on the increase. Methicillin-resistant *Staphylococcus aureas* (MRSA) has become endemic in the South East of England, resulting in the closure of many wards and the segregation of infected patients. It is now becoming established in the North.

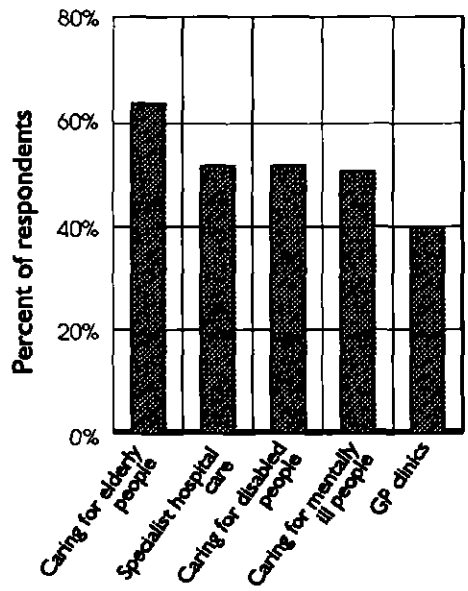
Telegraph 6 September

Priorities and prejudice

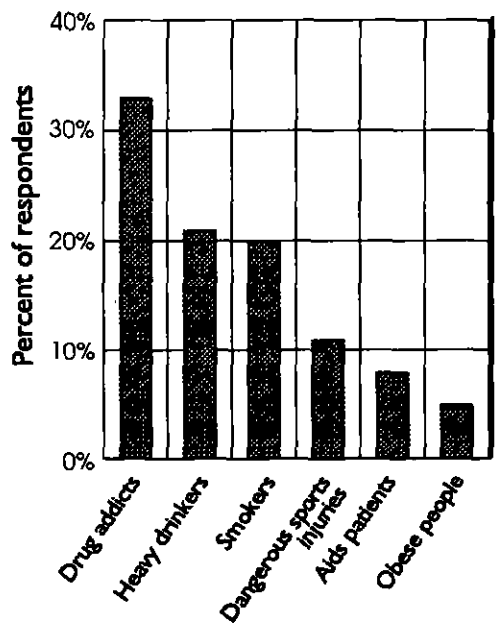
While 70% of people believe that health should be the top of the Government's funding priorities, there is a tendency to give low priority to the "undeserving ill" – people who could be blamed for their own ill health (see graph). A MORI survey found that health topped the list of priorities for funding, followed by education, unemployment, then law and order. Within the health sector, the highest priority for funding was care of elderly people.

Doctor 1 September

Priorities for funding:



Doctors should be entitled to refuse treatment for:



Fallen stars

Some updates on the achievements of a couple of guests to recent ACHCEW AGMs.

From Dr Mawhinney's diary ...

February 1993, in a letter to a Peterborough constituent:

"You appear to have been greatly misinformed. Peterborough District Hospital is not being closed down, nor are patients being transferred to the Edith Cavell Hospital. I have no idea where you got that idea from, but it is quite wrong."

... in September 1994

Dr Mawhinney helps to present a consultation document from the Peterborough Hospitals Trust. The idea, would you believe , is to transfer services to the Edith Cavell Hospital and ultimately to close Peterborough District Hospital.

Guardian 6 September

Confrontational

John Spiers, who spoke eloquently last year of the strides that had been taken at Brighton Healthcare Trust under his chairmanship, has also hit a spot of bother. With "regret and sadness" he has resigned after 76 hospital consultants passed a unanimous vote of no confidence in him.

It seems that Mr Spiers has ruffled a few feathers by turning up in the guise of a patient at hospital departments and letting it be known that his reception was less than satisfactory. The consultants are disinclined to take lessons in courtesy from the man who commented that, although some of the Trust's consultants are among "the most subtle, intricate minds" he has ever met, "Some of them I would not choose to travel in a railway carriage with." Of more political significance is that Mr Spiers is an advocate of performance related pay for doctors – his resignation is thus something of a victory for the BMA which is firmly opposed to perfomrance related pay. Mr Spiers has also resigned from the Prime Minister's Citizen's Charter advisory panel.

Independent/Guardian 7 September

FROM THE JOURNALS

Maintaining confidence

Two papers in *Nursing Times* consider confidentiality. The first, on A&E departments, highlights the many situations in which confidentiality may be breached, largely because of the design of departments. The paper includes a table on measures to overcome the problems, which CHCs might find useful as a checklist. Recommended action includes:

- setting up a queuing system with rope cordons at reception;
- asking receptionists to pass telephone inquiries to nurse in charge, situated in a private area;
- discouraging the use of telephones at reception by health professionals and provision of phones elsewhere;
- encouraging health professionals not to talk about patients at reception;
- informing doctors of the availability of extra telephones and offices for discussions about patients;
- reminding staff that curtains do not prevent people hearing what is said and providing a more private area to talk;
- promoting the importance of confidentiality through education and posters;
- encouraging domestics to clean in quiet periods, especially near cubicles;
- preventing porters hearing about patient X-rays and diagnostic results;
- setting up a television in the waiting area to create diversionary noise.

The second article explores the dangers of confidentiality being breached when nurses give each other hand-over information at the patient's bedside rather than at the nurses' station. A study of 20 patients (all aged over 70) and 20 nurses investigated the experience of introducing bedside reporting on a mixed-sex ward. Eight nurses preferred the bedside hand-over report, compared to five nurses preferring the traditional system. However, 14 of the nurses thought that confidentiality was a problem (and another four that it was sometimes a problem) with bedside reporting. This compared to only two of the patients being "sometimes" concerned about confidentiality during bedside reporting. While only two patients admitted to sometimes listening to reports about other patients, five thought that others listened to reports about them.

Although 15 of the nurses thought that patients were only sometimes encouraged to participate during hand-overs, comments from the patients indicated that some saw bedside hand-overs as a way of getting staff to take an interest in the individual patients.

Nursing Times 24 August

Society & Health

Society & Health is a new newsletter which aims to bring information about the social and economic influences on health to a wider audience. The Centre for Health and Society at University College London and the King's Fund Institute are collaborating on the series in order to open up the debate about health policy options beyond the health care sector and to embrace wider issues of social policy. The first issue presents information on social variations in health in Britain, much of it in bar charts and a list of "key facts" (see box).

Some *key facts*

"The total excess deaths in the most disadvantaged half of the population is equivalent to a major aircrash or ship wreck every day."

"A child from an unskilled manual family is twice as likely to die before the age of 15 as a child with a professional father."

Future issues will look at

- inequalities in health over time, across Europe and at different life stages;
- possible causes of health inequalities; and
- policy implications.

For copies, contact Michaela Benzeval, Senior Research Officer, King's Fund Institute, 14 Palace Court, London W2 4HT, Phone: 071 243 8848; Fax: 071 221 7911.

Caring for dying patients in hospital

There can be few more important roles for health staff than the care of dying patients (some 60% of the population die in institutions, mostly in general hospitals), yet this distressing study shows just how inadequate care can be. The research (by non-participant observation) was carried out in 1983. That it has been accepted for publication so long afterwards is presumably because of its impact and the belief that matters have not changed very much.

The main author observed the care of 23 dying patients, attended 91 ward rounds and noted the content and length of consultations between consultants and a further 27 dying patients. A few senior nurses and consultants showed a "caring" approach, spending time with the patient and attending to both physical and psychosocial needs. More often, consultants and senior nurses concentrated only on physical deterioration and disease. In such cases, care became the responsibility of junior nursing staff or unqualified assistants. Patients were often left isolated (increasingly so as they approached death), oral hygiene was often neglected, and when thirsty, those who could not drink unaided were often not helped to do so. In a couple of cases, the observer had to abandon her non-participant status and intervene. In a number of cases, nursing staff recorded that tasks had been done (e.g. bathing) when this was not the case. (All nursing staff had been informed of the observation.)

There are many reasons for the inadequacy of care of dying people, including tactics adopted by carers to avoid contact with dying patients in order to protect their emotional well-being. Attitudes and behaviour need to be changed to benefit patients while also protecting carers. The author comments that the hospice movement has identified practical ways of facilitating high quality care of dying people and urges that such knowledge and skills should be replicated in all settings.

BMJ 3 December

AROUND THE CHCs

Listening to local views

Burnley, Pendle and Rossendale CHC has produced an information leaflet which invites public input into the CHC's plans for 1994/95. The leaflet has a cut-out section listing areas of CHC activity and asking respondents to number them in order of priority. A Freepost address is provided for responses. The leaflet also explains the CHC role and describes current plans.

Deadline

If you have any items for the next issue of *CHC News* could you please get them to ACHCEW by 12 October.

FROM THE VOLUNTARY SECTOR

ME information line

An estimated 150,000 people in the UK suffer from myalgic encephalomyelitis (postviral fatigue syndrome). From 24 October they can ring an 0891 service* for information on ME. The taped information will cover:

- causes, symptoms and diagnostic advice
- management and lifestyle advice
- recommended doctors and therapies
- information for children and young people
- research and therapies
- welfare and benefits

Callers can choose the sections of the taped information they want to hear by giving a voice command. The number is 0891 122976.

* 0891 numbers are charged at 39p per minute cheap rate and 49p per minute at other times.

CHC PUBLICATIONS

Patients' views on mixed and single sex wards in mental health services
Stella Cross for Leeds CHC, approx 90 pages

This study asked users of adult acute psychiatric services in Leeds for their preferences for mixed- or single-sex wards, preferences for the gender of key workers, reasons for their preferences and their views on privacy, safety and harassment. The research also visited three day-centre and community projects to explore the issues with a wider group of people.

After a brief literature review, the report presents detailed findings of the survey. In essence, these are that mixed wards offer benefits to some patients and disadvantages to others. Among the 114 respondents who completed a questionnaire, 41% preferred a single-sex ward (54% of women, 22% of men) and 36% preferred a mixed-sex ward (26% of women, 50% of men). Views on both sides are often strongly held, pointing to the need for choice to be offered to all patients. Interestingly some women who had suffered abuse at the hands of men preferred mixed-sex wards since it helped them to learn to trust men more. Other women, and most of those who had experienced abuse, felt safer on single-sex wards. Respondents were asked about preferences in relation to sleeping areas, lounges, eating areas, washing areas and toilets. Views varied on most questions, though for many patients some degree of mixing was acceptable and/or preferable provided safety and privacy could be assured in certain areas of their lives.

Mixed-sex environments are sometimes advocated for psychiatric wards on the grounds that they are more "therapeutic" and "normal". Many of the comments from patients point out that some psychiatric patients have an even greater need for single-sex environments than other hospital patients. The reasons include:

- the need to work through problems in a sympathetic environment – many patients find this easier with members of their own sex.
- the vulnerability of some people who are mentally ill:
  a comment from one man – "People who are mentally/physically vulnerable are not always in a position to make sensible moves with regard to the opposite sex." – is echoed by a comment from a woman – "There was an opportunity to be harassed by a male patient. This actually happened and it would not have happened if I had been my normal self."
- the difficulty some patients may have in controlling their behaviour:
  "Psychiatric patients are on very powerful drugs and often don't know what they are doing." A number of women mentioned their anxiety and fear of male violence or harassment; some men mentioned this fear both for themselves and for female patients.

Among the recommendations of the report is that well publicised procedures should be in place which enable patients to choose a single-sex ward *at any time* while they are in-patients.

Yorkshire Voices Seminar, March 1944
Yorkshire Regional Association of CHCs, 26 pages

Local involvement and consultation seems to be becoming a reality in Yorkshire: this seminar was attended by representatives from *every* DHA, FHSA and CHC in the erstwhile Yorkshire Region. There were also participants from the then Northern Region. The two themes were: working in partnership between CHCs and commissioning authorities; and the need to establish a dialogue with the community. The report summarises presentations (speakers included representatives from the Region, the NHSME, the Regional Council of CHCs and a visitor from Wandsworth Health Authority). Morning workshops were designed to maximise the exchange of ideas. To this end the groups were made up of representatives across patch, role and organisational lines. The afternoon workshops brought together participants from the same patch to go further in developing local strategies for dialogue and to identify action points.

IN BRIEF

Communicate with confidence: a survey of speech and language therapy services in Salford
Salford CHC, 31 pages

A survey of services in Salford which recognises recent improvements in the service but also identifies areas of unmet need and shortcomings in communications between services and agencies. Speech therapy, to an even greater degree than many other services, is needed in many settings: in schools, nursing and residential homes, hostels and hospitals. The report makes recommendations on how the various agencies involved can improve the quality and reach of speech therapy services.

East Birmingham CHC has been carrying out a series of quality projects to elicit consumer and user views of various services. They visited units, conducted surveys and held focus group discussions. The reports present the findings, and in most cases the written responses of service providers. The four reports published to date are:

Acute mental health services for East Birmingham residents

In-patient obstetric services at Heartlands Hospital

In-patient paediatric services at Heartlands Hospital

Acute medical services for elderly people

Access Survey, Royal Berkshire Hospital
West Berkshire CHC, 63 pages

Following a brief introduction, findings are presented in 45 appendices, each giving details of facilities in an area or department of the hospital. The general findings are that much could be done in the short term to improve communications (signs, interpreting, meeting the needs of deaf people). Longer-term recommendations concern communications, the provision of an audio loop and improved access for wheelchair users.

IN BRIEF

Obtaining CHC publications

If you want copies of any CHC publications, could you please contact the relevant CHC direct (see directory for phone numbers) and not ACHCEW.

OFFICIAL PUBLICATIONS

Draft code of practice on openness in the NHS

NHS Executive, 16 pages, further copies available from: Open Government Task Force, Room 5E59, Quarry House, Quarry Hill, Leeds LS2 7UE; phone: 0532 546370/545121.

The NHS Executive has sent copies of this draft code of practice to CHC chairmen/women. It gives details of information that NHS bodies must publish as a matter of course, information which they must provide on request and information which "should be considered" for publication. It also states what information "we may refuse to release". Not surprisingly, the requirements on purchasers are more stringent than those on trusts. Information which can be withheld could potentially cover a wide field. It includes "information which is incomplete or which we do not think is reliable", information on "commercial or contractual (contracts in law) activities" and information from third parties "given in confidence ... which would harm the competitive position of an organisation". Since the code does not define "third party" or "an organisation", NHS bodies could presumably interpret this last exclusion very broadly.

ACHCEW would be grateful to receive any comments on the code by 1 December.

Relieving the pressure: your guide to pressure sores

Department of Health, 10 pages
To obtain copies, telephone the Health Literature Line on 0800 555777

A public information booklet for patients and carers. It explains, in simple English, what pressure sores are and how to prevent them. It describes warning signs and emphasises that people with pressure sores should not be afraid of being a nuisance – they should always ask for professional help.

Standards of clinical care for people with diabetes

Clinical Standards Advisory Group, HMSO, 40 pages, £6.95

This report "seeks to propose a standard by which the adequacy of care offered to people with diabetes may be judged". The publication includes the Government's response to its 11 recommendations. The Government does not directly reject any of the recommendations. However, it is more inclined than the CSAG to leave decisions about what should be included in contracts to the discretion of local purchasers and providers.

GENERAL PUBLICATIONS

A protocol for the screening and examination of children's vision.

The British College of Optometrists
10 Knaresborough Place, London SW5 0TG, Phone: 071 373 7765; Fax: 071 373 1143, 4 pages

The British College of Optometrists and the Association of Optometrists have collaborated in producing this protocol for a model screening and examination service for children. It identifies tasks to be undertaken and the skills required. CHCs can obtain copies from the above address.

INFORMATION WANTED

Batteries Not Included

The Muscular Dystrophy Group is co-ordinating a national campaign to secure mandatory state funding for powered wheelchairs for those who need them. The campaign is formally supported by over 150 other organisations, including ACHCEW. The Muscular Dystrophy Group is compiling a dossier of case studies of individuals' experiences of the current Wheelchair Service and would like to hear from:

- permanently disabled wheelchair users who have received an indoor/outdoor powered wheelchair;
- anyone who needs such a wheelchair to secure personal mobility but has been turned down and is facing difficulty in raising the money to buy one independently;

The information will be used in a lobbying campaign at Parliament to secure funding. The campaign is already gaining cross-party support and is intending to build on this during the next Parliamentary session. The All Party Disablement Group is to take part in a delegation to the Department of Health in November.

The campaign publishes a newsletter giving details of progress in and experiences of wheelchair users from around the country.

For copies of the newsletter, or to take part in the survey, please contact: Batteries Not Included, Muscular Dystrophy Group, 7–11 Prescott Place, London SW4 6BS; phone: 071 720 8055.

Pain management

PainWise UK would like to hear about any chronic pain management services for children aged 6–13 years. Contact: Rosalie Everatt RGN, 33 Kingsdown Park, Tankerton, Kent CT5 2DT.

Hypochondria

Have any CHCs looked at the adequacy of services for people suffering from hypochondria? Please contact Linda Young, information officer at Manchester CHCs.

Mental Health Care

Grassroots, the newsletter of the Mental Health Task Force, would like to hear from any CHCs willing to submit 40–80 words about local developments in mental health care. Any takers, please contact the Editor, Tony Day on 071 210 5736 or write to: *Grassroots*, Mental Health Task Force, Room 235, DoH, Richmond House, 79 Whitehall, London SW1A 2NS.

For our files

ACHCEW would be grateful if any CHCs sending information direct to another CHC in response to a request for information could also send a copy to ACHCEW.

FORTHCOMING EVENTS

GLACHC Autumn Seminars 1994

Understanding the NHS, an introduction for new CHC members

- 12 October
- will include presentations about the structure of the NHS and the CHC role, with quizzes, discussion and workshops.

Monitoring NHS services

- 11 November
- looking at surveys, visits, the use of data from complaints and the distinctive role of the CHC.

Understanding primary health care

- 5 December
- a series of presentations from primary care planners, practitioners and managers will explore (among other questions): What is primary care? How are health services changing? Who does what in the primary health care team? What are the possibilities for developing primary care?

- all held at the Voluntary Sector Resource Centre, 356 Holloway Road, London N7
- £55 each for members and associates; £65 non-members.

More info and booking leaflets from:
GLACHC
356 Holloway Road
London N7 6PA
Phone: 071 700 0100; Fax: 071 700 8126

Health Rights – 10 years on

Health Rights is celebrating its 10th anniversary by reflecting on its achievements and looking at how to build on these over the next decade to transform the wider health agenda.

All welcome to:

- AGM and public meeting, with speakers and discussion
- on 26 October 1994 at 6 p.m.
- at Abbey Community Centre, 34 Great Smith St, London SW1P 3BU
- free of charge

For further info, phone Health Rights on 071 274 4000 x326

Sharing health and welfare choices with old people

- 7th annual consent conference organised by the Social Science Research Unit
- at Friends House, Euston Rd, London NW1
- on 24 November 1994
- £30; unwaged/students/pensioners £5

Further info from:
Jackie Lee
SSRU, 18 Woburn Square
London WC1H 0NS
Phone: 071 612 6397

Legal rights and mental health

- a foundation course organised by MIND
- lectures, discussions and case studies on: legal & citizen advocacy ✧ homelessness & community care ✧ negligence & complaints procedures ✧ incapacity & decision making ✧ voluntary & involuntary admission ✧ diversion from custody ✧ consent to treatment ✧ routes out of hospital
- on 7–8 November 1994
- at Regent's College, London NW1
- £200; £100 voluntary sector; £160 legal aid practices

Information on course from: Rhys Davies on 081 522 1746 (dial ext 813 at the tone)
Booking info from: Mary Burguieres on 081 522 1746 (dial ext 214 at the tone)

MIND Break Through: making community care work

- MIND's annual conference and exhibition
- plenary sessions and workshops on: national standards for community care ✧ community crisis services ✧ ending dangerous drug prescribing ✧ scaling down the use of ECT ✧ purchasing cost-effective services ✧ access to counselling & alternative therapies
- on 1–3 November 1994
- at the Brighton Centre
- £165; £115 MIND members; some free places available for service users

Booking info from Mary Burguieres on 081 522 1746 (dial ext 214 at the tone)

All the above organisations specify that venues are accessible to disabled people

Developing advocacy

- training course organised by Labyrinth Training and Consultancy
- exploring different sorts of advocacy and setting up new initiatives
- on 14–15 February 1995
- in Manchester
- statutory sector: £180 + £31.50 VAT
  voluntary sector: £125 + £21.88 VAT

Further info from:
Labyrinth Training and Consultancy
7–9 Prince Street
Haworth BD22 8LL
West Yorks
Phone: 0535 647443
Phone/fax: 0535 647482

DIRECTORY AMENDMENTS

Page 1 **Scottish Association of Health Councils**
Director: Patricia Dawson

Page 5 **Leeds CHC**
Chief Officer: Colin Perry

Page 12 **Barnet CHC**
Chief Officer: Denise Schulte

Page 15 **West Essex CHC**
Chief Officer: Fiona Gilmour

Page 18 **Mid-Downs CHC**
Fax: 0444 457633

Page 30 **Clwyd South CHC**
Change of address w.e.f. 26 September
Egerton House
Rhosddu Road
Wrexham
Clwyd LL11 1EQ
Phone: 0978 356178