healthwatch
Nottingham & Nottinghamshire

General Practice Experiences:
Evidence and Insight Project

August 2019

Contents

Executive Summary

This report brings together all of the experiences we have received from the public over the last two years regarding their GP surgery. The results from reading and thematically analysing these 617 experiences highlighted the importance of three major themes, which are addressed in order of their relative frequencies in the experiences we have collected.

1. Patient-staff interactions

The most common theme people have spoken to us about is how the interactions they have had—either on the phone or in person—made them feel. On the whole, these were positive. The majority of people told us that their doctor or nurse explains things carefully, listens attentively, and acts compassionately. Others we spoke to highlighted the friendly, informative and respectful receptionists at their practice. Nevertheless, there were a substantial number of people who did not have a positive experience and felt they were not listened to or taken seriously, treated without compassion, or left with a feeling of confusion rather than clarity. Further, a number of people reported that reception staff were rude and intrusive.

2. Making appointments

The second major theme, which was disproportionately negative, was the experience of making appointments. A great number of people expressed frustration at being unable to get through extremely busy phone-lines, often waiting for thirty to forty minutes to find there are no appointments left. Whilst some patients have welcomed this booking process, the research suggests that it is not suitable for all surgeries and in the competition for appointments more patients lose out than win.

3. Accessing Services

This theme includes waiting times, which a number of people told us were much longer than they expect from their GP practice, many of which were significantly greater than the national average. Additionally, people told us they would like more flexibility in how their appointments are made and when they can attend. Importantly, several members of the public contacted us to describe their experiences related to inequality in access or experience due to being homeless, not speaking English, or having a disability.

Introduction

Purpose

Since 2013 we have been collecting people's experiences of health and care services. The aim of this report is to bring together the overarching themes that shape people's experience of their GP practices. Whilst the report is not able to explore all of the positive and negative experiences people have spoken to us about, our research has identified the experiences which are most widely shared by members of the public. Our findings generally resonated with topics which have been in focus elsewhere and the aim here is to bring the voice of the public to the centre of this discussion.

Policy context

A recent Healthwatch publication emphasised that many people do not always have a positive experience of communicating with healthcare professionals: the language used and the manner in which it is spoken can be a barrier to fostering effective communication[1]. This was a prominent theme in the experiences of the people who contacted us, and as such it has been placed at the forefront of this report.

Our approach

HWNN listens to members of the public regarding their experiences in a variety of health settings. To inform this report, all of the experiences we have received from the public over the last two years regarding their GP practice were collated. The GP practices were categorised according to the Clinical Commissioning Group (CCG) to which they belong. The number of engagements with service users we had for each are detailed in the table below.

CCG	Number of service users engaged with
Bassetlaw	12
Mansfield and Ashfield	27
Newark and Sherwood	8
Nottingham City	143
Nottingham North and East	34
Nottingham West	49
Rushcliffe	6
Total	**279**

Each service user we engaged with could generate up to five themed experiences from each engagement. The number of experiences gathered from the 279 service users was 617.

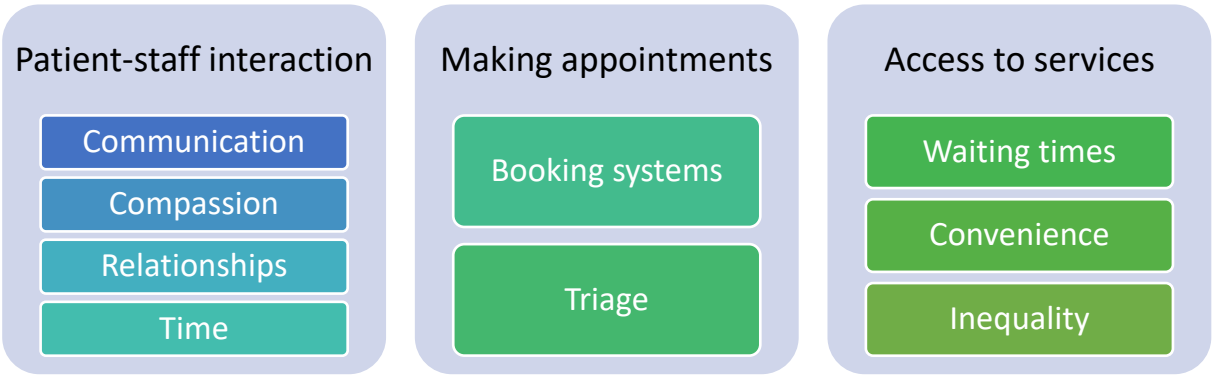
CCG	Number of experiences generated
Bassetlaw	30
Mansfield and Ashfield	58
Newark and Sherwood	15
Nottingham City	297
Nottingham North and East	76
Nottingham West	126
Rushcliffe	15
Total	**617**

[1] https://www.healthwatch.co.uk/report/2019-02-05/what-people-have-told-us-about-health-and-care-october-december-2018

We analysed each experience and used qualitative research analysis software (NVIVO) to 'highlight' the text with the subject-specific code it related to: for example, 'staff communication' or 'making appointments'. Thus, all the parts of experiences which related to a particular code could be looked at together, providing us with a more coherent picture of what people are telling us about a particular aspect of accessing and using their GP surgery.

We identified the most common themes and by bringing the data together could evaluate whether and to what extent each theme was skewed more towards positive or negative experiences. We used this analysis to formulate the recommendations found at the end of this report, which aim not only to offer potential solutions to the problems faced by members of the public but to highlight the positive experiences also.

We have identified the most common themes as:



These three broad areas and their subcategories will be explored in the following section of the report, followed by our conclusions and recommendations.

1. Patient-staff interactions

The most prominent feature of this research project has been how people feel they have been treated by the members of staff at their GP surgery. The volume of people who highlighted this suggests great emphasis is placed on the subjective experience of visiting their general practice. In other words, people's positive or negative experiences were coloured greatly by how the interactions made them *feel*.

CCG	Number of references to patient-staff interaction
Bassetlaw	3
Mansfield and Ashfield	16
Newark and Sherwood	5
Nottingham City	101
Nottingham North and East	19
Nottingham West	50
Rushcliffe	1
Total	**195**

Health professionals

Interactions between health professionals and patients can be subcategorised into four important issues: communication, compassion, relationships and time. Overall, the majority of people contacting us about interactions with healthcare professionals highlighted a positive experience. However, there were still a significant number of negative experiences. Broadly, interactions with nurses were spoken of more positively than interactions with GPs.

a) Communication

With regard to communication, people appreciated their GP's ability to 'clearly' explain information to them in an accessible form, or 'layman's terms': one person appreciated that their doctor 'talks on our level'. Members of the public appreciated receiving leaflets or being pointed to websites, on the condition that they were accompanied with an explanation from their doctor.

"The Dr explained all the tests, I got to know everything I needed to know and had my medications changed." ((Mansfield and Ashfield)

"They are good at explaining. They print off leaflets e.g. about eczema, and they can do them in Urdu." (City)

"He even explained the barriers to the next steps so I feel involved." (West)

People also talked about the therapeutic benefit of effective information sharing as part of improving people's health: one person expressed that their 'experience of struggling with my mental health [is] easier, and gives a better understanding of my condition' (City) due to the way their doctor communicated with them.

As well as feeling effectively informed, people particularly highlighted the importance of being listened to. For some people the effect of this was that they felt involved in their care. However, as a recent Healthwatch England report highlights, many people do not have

a positive experience of communication with their GP.[2] Some people come away from an appointment with a feeling of confusion rather than clarity:

"The GP gave me one A4 with different contact details of various mental health treatment services. It was of organisations I knew nothing about. When I got home I looked at the list and it felt very overwhelming, the list was broad and very confusing. I just wanted something straightforward." (West)

"I need regular follow up blood tests every 6 months. I am still waiting for the next one - I am told I am on a 'pathway' that covers this but no one has explained it to me so that I understand." (North and East)

"In addition the GP said that a kidney friendly diet would be beneficial and that I may need to see the dietician at some point. This was again another very quick 10 minute appointment where I came out feeling shocked, stunned and very frightened." (Mansfield and Ashfield)

Furthermore, some people do not feel listened to, or rather that they are 'listened to but not heard' (Mansfield and Ashfield) or not taken seriously.

b) Compassion

Turning to compassionate care, there were a great many people we have spoken to who expressed their gratitude at having had a 'supportive', 'considerate', 'empathetic' or 'welcoming' experience at their practice. The most common way that people described their experience of compassion was a sense of feeling cared for:

"I really felt they cared about me today." (City)

"The nurse is brilliant - she gave me a hug and that was invaluable." (North and East)

Small gestures made a noticeable difference to people. For example, one person appreciated that the 'doctors come out to meet and greet you' (City). Another person noted that their doctor 'looked at both my husband and myself and recognised it involved both of us' (West). Others also highlighted the importance of body language.

Unfortunately, whilst positive experiences were indeed much more frequent, they were not shared by all.

"I am sorry to say he made me almost cry. He did not have time to listen." (City)

"It's like the doctor couldn't see what a state I was in, he ignored me." (West)

"I do feel my GP doesn't listen to me or pay attention to my health needs." (Mansfield and Ashfield)

c) Relationships

The importance to people of having positive long-lasting relationships with a particular GP came through in their experiences. Many people felt that they experience a lack of continuity in who provides their care when they visit, and that this is at odds with what they believe a 'family doctor' should be like. This arose for a number of reasons including

[2] https://www.healthwatch.co.uk/report/2019-02-05/what-people-have-told-us-about-health-and-care-october-december-2018

the increasing number of locum practitioners and the functioning of the appointments system which prevented them from booking with a staff member of their choice. However, it is clear that many people would appreciate seeing the same doctor more regularly, particularly individuals who have complex health needs or are experiencing mental health distress:

"I never [get] to see the same GP - I have to sit down and explain everything to them, especially with mental health." (City)

"I can't always see the same GP. It's not nice. Some don't know me." (City)

Members of the public who were able to see their 'own' GP pointed out that this was a valuable part of their experience, as longstanding relationships enabled them to develop an understanding of each other and a sense of trust. One person summarised this well:

"She is a real family doctor, I think continuity is everything." (West)

d) Time

A number of those we spoke to voiced their concerns about the time restrictions they have when visiting the doctor. Many people have told us they dislike that they only have either a short amount of time or are restricted to addressing only one health problem per visit.

"A quick in and out - 10 minutes. I felt rushed. It's so rushed that I need to pre-organise what I'm going to say so that I can say it straight away as soon as I go in." (City)

"I went recently and had a few things to talk about, but they said they don't have any double appointments but then the doctor would only talk to me about one thing." (North and East)

"I was told I'd have to make another appointment and couldn't discuss this now as the policy is to only discuss one thing per appointment. It's really made me lose faith in my doctor." (West)

Some people expressed that they understood that local services are under pressure—indeed, some noted that their doctor appeared visibly overworked, a feeling which is supported by a recent report.[3] Nevertheless, people told us they felt like they did not have sufficient time to discuss fully their health concerns.

[3] http://www.pulsetoday.co.uk/news/hot-topics/war-on-workload/one-in-three-gps-suffer-from-burnout-due-to-workload-figures-show/20038268.article

Administrators

People's interactions with the administrative staff also shaped how they reported their experience to Healthwatch. The feedback has been relatively mixed, with a minority of people describing the reception staff at their practice as being 'rude', having a 'poor attitude' and being 'impatient'. One person described how:

"The ladies there don't listen and ignore people. There are many people who don't speak English. They are impatient with them." (City)

On the other hand, a greater proportion of people spoke positively about their reception staff, using language such as 'helpful', 'welcoming', and 'respectful'.

One particular experience which should be highlighted about reception staff was:

"They've been brilliant - when I was street homeless I had a serious illness, they were really understanding - especially the receptionist. They let me use the changing facilities - even if it took me hours. Sometimes they let me sit to keep warm." (City)

As a substantial proportion of the experiences analysed for this report related to the way that people's visits to their surgery has made them feel, the importance of interaction between patients and all staff is of particular importance.

2. Making appointments

The experience of making appointments was the second most strongly recurring theme reported to us by members of the public. The table below illustrates the number of references made to their experience of booking an appointment. Many people were keen to voice their satisfaction and dissatisfaction. Unfortunately, a greater proportion of experiences focused on the latter.

CCG	Number of references to booking appointments
Bassetlaw	9
Mansfield and Ashfield	8
Newark and Sherwood	2
Nottingham City	57
Nottingham North and East	13
Nottingham West	25
Rushcliffe	2
Total	**116**

Booking system

Most commonly, people highlighted the difficulty at getting through on the telephone to make an appointment. Many surgeries have implemented a policy whereby people are all told to ring up at a particular time in the morning in order to make an appointment for that day. This way of managing appointments has been in the media after a prominent MP tweeted that it is 'frustrating and ineffective', and 'almost impossible to get an appointment'.[4] For people who are either successful or unsuccessful in this process, the experience can be stressful and time-consuming:

"I have to phone at 8am and can't get through. The phone queue is there from dead on 8am. If you call before 8am you get out of hours. This is for routine and urgent appointments. If you go in to make a routine appointment they say they can't make an appointment because they haven't got a (physical) diary" (City)

"Not happy with phone on the day for appointments - not suitable for working people. Mostly cannot get an appointment when you do get through on the phone." (North and East)

"I was in the call queue at 8am and was number 15 in queue straight away! If you call just before the system says the line is not open. How is it possible to end up 15th in queue dead on the start of time?!" (City)

"Hard to get through on the phone - can be 30 minutes" (West)

"Reporter experiences severe challenges in getting an appointment. Can be on the phone for an hour and all the appointments are gone. They suffer from anxiety so sometimes will give up." (Mansfield and Ashfield)

"A nightmare to get through to speak to someone on the phone - very challenging." (City)

[4] Prominent MP criticises 'frustrating and ineffective' GP appointment systems. *Pulse*. http://www.pulsetoday.co.uk/news/political-news/prominent-mp-criticises-frustrating-and-ineffective-gp-appointment-systems/20038166.article

This system does not discriminate on the basis of people's need but on the luck of a caller's place in the queue. Many people queued for long periods of time only to be told that there were no appointments left:

"It's horrible trying to get an appointment. By the time you can get through, you can't get an appointment." (City)

Other people described how they were told to visit the GP surgery first thing to get an appointment but were unable to do so once they arrived, or found this particularly difficult with balancing other responsibilities such as childcare or doing the school run.

Where the appointments service did work for people they were particularly happy with this, however it has not always been clear what system is in operation that has led to positive outcomes. Nevertheless, even where the booking process was implemented in the same way as described above but either worked more seamlessly or callers were successful, the feedback was positive. The initial findings here suggest that the way the booking process is managed encourages competition for the day's appointments in a win or lose scenario whereby many people are very unhappy with the result, but successful callers feel satisfied. It may be that the success of this system depends on the level of demand at the service—as the number of people who must ring simultaneously to get an appointment increases, so does the difficulty of getting through and the number of unsuccessful callers.

Triage

Several people told us that they find it intrusive and uncomfortable to be asked to disclose medical information to reception staff, or for reception staff to be able to access their records:

"When you ring up the surgery to make an appointment you're diagnosed over the phone! The receptionist asks loads of questions. The only way I can get an appointment is to say my midwife or hospital asked for one, I'm going to change my GP!" (City)

"I don't want [the] receptionist to know my private medical records - shouldn't be doing that." (City)

"I really don't agree that a receptionist should be able to question you on what's wrong with you." (Bassetlaw)

Further, it is perceived by members of the public as an illegitimate form of triaging patients. This is of particular importance due to the recent experience of a person who was on more than one occasion told by reception staff that their condition did not warrant an appointment, and was accordingly denied access to a doctor. It was later discovered that this person had advanced cancer. Another person who had a history of cancer in the family was 'exceptionally upset' by his interaction with a receptionist:

"When he had queried the 8 day wait with regards to his symptoms he had said 'in 8 days I might be dead' to which the receptionist laughed and said 'Oh, I don't think so'." (Rushcliffe)

Elsewhere, one person commented on their appreciation of a doctor-led triage service:

"My own GP has suggested I ask for a phone consultation - she can then decide whether I need an appointment. This works for me and is easy to set up." (City)

This person's satisfaction with this service is supported by a separate piece of work undertaken by Healthwatch[5], to which 55% of respondents stated that they would like telephone consultations with their GP. However, this has not been welcomed by all, as one person voiced concerns about the effectiveness and reliability of assessments made over the phone, particularly as an older person.

Overall, the booking process was experienced by the majority of people we spoke to as very difficult and challenging, operating as a barrier to using their GP service. Nevertheless, there were some people who were happy with the booking system.

3. Accessing services

Waiting times

Waiting times faced by members of the public also featured prominently in their correspondence with Healthwatch, to report both positive and negative experiences.

The national average waiting time to see a GP is approximately two weeks[7]. However, a number of people reported that they are having to wait much longer than this: many between three and four and even up to six weeks to see a GP. Whilst this may be a structural problem arising from national funding challenges many see this as unacceptable, describing the wait as 'too long', 'appalling', 'annoying', and 'dreadful'. Further, some people described how this made them feel 'fed up' and 'miserable'.

For some patients, the waiting times interfered with their care plans:

"Last time was for a medical review it took 4 weeks and I was late for review. The doctor told me off for being late for the review I had to explain that it had taken that long to get an appointment." (City)

"I'm supposed to see the nurse every 3 months to monitor high blood sugar levels. Saw nurse in October. She can't book me in for next appointment. Suggested I ask reception in Jan (2017). In Jan surgery says they can't make appointment. Phone Diabetes service. They will write with appointment. Eventually got one in April. Going through same issue to set up July appointment." (City)

"The earliest slot for me to see the GP is August 1st. The medication I have been given in Italy will run out on July 20." (City)

The causes of what people perceived to be oversubscribed practices were identified by some of those who we have spoken to. In some areas a change to service provision had acute effects:

"Since the doctors closed up the road it has had a huge impact on all the services at Park House" (North and East)

"It never used to be like this, there are too many people trying to use one facility now." (North and East)

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[5] https://hwnn.co.uk/wp-content/uploads/2019/01/QOTM-Tech-FINAL-Sep-Oct-2018.pdf
[7] http://www.pulsetoday.co.uk/news/gp-topics/access/pressures-force-gp-practices-to-halt-routine-appointment-bookings/20036756.article

"Surgery under pressure because of closure of Underwood surgery so have to wait 2 weeks for an appointment." (Mansfield and Ashfield)

On the other hand, people who *had* been able to get an appointment within a time frame they viewed as acceptable highlighted their satisfaction at being able to do so. Members of the public who were successful in getting a same day appointment were particularly pleased that they had been seen quickly, which again highlights the tensions in how the bookings system is operated.

Convenience

A number of people have highlighted that the running of their GP surgery does not appear to account for the complexity of individuals' lives. Many found difficulty finding time to make appointments around their working life. As one person put it bluntly: 'There seems to be an assumption that we don't work or have other responsibilities'.

Several described the appointment times being impractical to organise around work:

"[You] don't get through until 8.20am when there no appointments left by this time I get through. So you have to come along at 8am and queue to get an appointment. This isn't practical for a working person as you have to go along, go to work and then come back again later your employer doesn't like it."

We have already discussed the difficulties posed by the appointments system in the previous section, however the notion here is one of *convenience* in the times that appointments are available. One person highlights the benefit of having evening slots, but describes the surgery having only one evening opening as 'not enough' (City). A new extended hours service has opened recently in Nottingham city centre which serves patients from a number of practices[9].

Similar experiences were voiced by others who either *have* dependents or *are* dependent on others for their access to the service. For example, people with children felt that appointments were only available at 'difficult times' (City), whilst another highlights their difficulty in co-ordinating appointments due to requiring their daughter to take them to the surgery (Bassetlaw).

Nevertheless, several people also highlighted positive features pertaining to convenience. For example, the benefit of having several services—including, but not limited to, GPs and pharmacies—clustered together in one place.

Inequality

There was a small but important number of people who contacted us regarding inequalities in access or treatment at their practice. One person noted that her husband requires an interpreter/translator and that this service is not always available. The increasing requirement for translation services has been discussed in an HWNN case study which details the practical challenges this poses for GP surgeries.[11] However, this current project has found that it may be preventing people from accessing services:

[9] https://www.ncgpa.org.uk/evening-and-weekend-appointments-coming-soon-for-city-patients/
[11] https://hwnn.co.uk/wp-content/uploads/2018/11/General-Practice-in-the-Inner-City-A-Nottingham-Case-Study-FINAL.pdf

"He was unhappy with his GP surgery as he has great difficulty getting appointments for himself and his family. He thinks that part of the problem is that he has limited English and his wife is unable to speak any" (City).

It is possible that these experiences may lead to a reduced likelihood of attempting to access services, which leave health problems unaddressed.

Nevertheless, some people contacted us with positive experiences regarding translation:

"I interpret for my mum. They give me plenty of time, about 20 minutes, they don't rush us, we can ask for the help we need." (City)

The topic of appointment lengths has been discussed elsewhere in this report, but it should be noted here that it is particularly important for those who require interpreters. Moreover, it is quite possible that those individuals who do experience problems with accessing the use of an interpreter—or with the time-limits on appointments when using one—are less likely to contact Healthwatch due to the language barrier.

Another caller felt that being a homeless person changed the way they were treated:

"I think it's because I'm homeless that they don't care. It's as though they think it's a lifestyle choice." (City)

Doctors' decisions (or policy limitations) might also unfairly affect homeless people: 'The doctor will not refer me to the hospital for my illness until I'm off the streets' (Mansfield and Ashfield). And another person contacted us to describe being referred to a mental health service in Nottingham as:

"Madness, I want a person in Mansfield that I can speak to. Being in the position I'm in (homeless) how can I write or contact or get down to Nottingham? I need something local and they just keep telling me to go there and contact them." (Bassetlaw)

Other issues pertaining to inequality included a person who lives with autism, who noted that because of this they found it 'tricky' visiting the GP (City). A person who required a wheelchair noted that she struggled to navigate around her GP practice because the corridors are too narrow, and that the button to open the electric doors is positioned in the wrong place, making her unable to reach it. Another person highlighted the impact of changing the telephone repeat prescription service to an online service: 'he has received no consultation about this and is unhappy because he has not [got] a computer so the service is unfairly affecting the most vulnerable/disadvantaged in society' (West). These correctable issues suggest the need to incorporate the voices of those affected into service decision making.

Conclusions

This report has brought people's experiences of their general practice surgery in Nottingham and Nottinghamshire into focus. Three major themes have emerged:

- how people's experience has made them feel as a result of their interactions with staff members;
- the difficulties experienced by many people in making appointments to see their GP;
- the experience of accessing services.

On the whole, members of the public we have spoken to generally had positive experiences with staff at their GP surgery. Many people highlighted staff creating a 'friendly', 'supportive' and 'empathetic' environment, which demonstrates the importance this has for people. However, this positive experience was not shared by all. A substantial number of people told us that staff had acted rudely towards them, not treated them with respect or made them feel unimportant.

Turning to the appointments system, the majority of those who contacted us did so to report difficulties and frustrations with the booking system. Despite receiving some positive feedback, the process whereby many people are asked to telephone at a particular time in the morning to make an appointment for that day simply is not working for most of those who contacted us. Further research and engagement with people at GP practices could explore in more detail the operation of different booking systems in order to better understand the most effective way forward.

In terms of accessing GP care, members of the public were keen to highlight both positive and negative experiences, particularly waiting times. A number of people told us that they were facing waiting times much longer than they expect from their GP practice, many of which were significantly greater than the national average. Nevertheless, people who were able to access appointments the same day or within a couple of days contacted us to voice their approval. There was some evidence of inequality in access or experience among vulnerable groups which it is important to address.

Recommendations

- Reinforce the importance of positive interactions by ensuring all healthcare and administrative staff are conscious of the impact of their interactions: small gestures can make a big difference to patient wellbeing.

- Work with patients to improve the experience of booking appointments:
    - Engage with patients to find out whether the booking system is working for them in each practice as there is no 'one size fits all' solution.
    - Educate patients fully on the booking system in place and how to use it to the best of their advantage.

- Review the appointment-making process and communicate this to patients, ensuring that reception staff do not inadvertently prevent people accessing the care they need.

- Promote continuity in patient-doctor relationships by prioritising patients to see the same doctor for routine appointments where possible.

- Raise awareness of the availability of alternative/ extended hours of access.

- Ensure different healthcare service providers work together effectively for homeless people and that healthcare and administrative staff work sensitively with people who are homeless.

- Respond to the need for some patients to have a longer appointment or to discuss more than one topic in their allotted time: it costs patients and staff time for patients to return.

Healthwatch Nottingham & Nottinghamshire is an independent organisation that helps people get the best from local health and social care services. We want to hear about your experiences, whether they are good or bad.

We use this information to bring about changes in how services are designed and delivered, to make them better for everyone.

Why is it important?

You are the expert on the services you use, so you know what is done well and what could be improved.

Your comments allow us to create an overall picture of the quality of local services. We then work with the people who design and deliver health and social care services to help improve them.

How do I get involved?

We want to hear your comments about services such as GPs, home care, hospitals, children and young people's services, pharmacies and care homes.

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Interested? Get in touch and we'll let you know what roles are currently available and what to do next.

Special Thanks

Healthwatch Nottingham and Nottinghamshire would like to thank Evidence and Insight volunteer, Chester Howarth for analysing the data and compiling this report.

Acknowledgements

We would like to take the opportunity to thank everyone involved in this project.

To all patients and carers, thank you for giving up your time to talk to us.

To our volunteers, thank you for also giving up your time to support this project.

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