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PRESS ARTICLES

How private health cover could force you into the hands of cut-price doctors

By [Ruth Lythe](#)

PUBLISHED: 23:30, 5 November 2012 | **UPDATED:** 23:30, 5 November 2012

For two decades entrepreneur Jacqueline Wigg and her husband John have scrimped to afford the £3,500 a year it cost to get private health cover from Britain's biggest health insurer, Bupa.

The Wiggs thought the sacrifice would be worth the peace of mind private health coverage gave them.

Indeed, when earlier this year Mrs Wigg, 68, noticed her eyesight had become blurred and she was diagnosed with cataracts, she was relieved she had the cover. But that relief was shortlived.

For Bupa told her she would have to pay £1,200 if she wanted to be treated by the well-respected specialist her consultant recommended.

Alternatively, she could have the procedure done at no extra cost — in a branch of opticians Optical Express based in London's busy Westfield Shopping Centre, 100 miles away from her home in Warminster, Wiltshire.

The ultimatum came because Bupa had slashed the amount it would pay for cataract surgery from £761 for each eye to £289 — a cut of more than 60 per cent.

Mrs Wigg had expected to pay £300 to cover the difference between what the insurer would pay for and her doctor's bill.

But now she would have to find four times this amount or have the operation done at Optical Express (as part of a deal the High Street chain had thrashed out with Bupa earlier this year).

Understandably, she was furious.

'The reason for paying for medical insurance with Bupa was so we would be given choice,' she says.

'Cataract surgery is a short procedure, but is incredibly complex and has risks.

'The idea of walking straight out of surgery into a busy shopping centre on a Saturday afternoon is horrifying.'

Bupa's 2.5 million policyholders may soon find themselves facing similar predicaments.

Soaring hospital and medical costs mean private medical insurers are desperately looking to find ways to slash costs.

Premiums across all private medical insurance companies have jumped 52 per cent in the past decade to an average of £1,070 a year, according to figures from analysts Laing & Buisson.

Now insurers are looking at other ways to protect profits.

Earlier this year, Bupa slashed the amount it would pay for common procedures, ranging from hip replacements to hysterectomies, by anything from four up to 63 per cent.

Patients have always had to top up the difference between their doctor's fee and what the insurer will cover — but these cuts mean in some cases they will have to pay far more.

The alternative is to see a doctor from a list of consultants who charge only the strict new prices set by Bupa so there is no extra cost to the patient.

Bupa says its move is to stop patients being hit with shock bills and to keep health insurance affordable so its members can continue to receive the most advanced drugs and treatment without their premiums rising.

Members can choose from more than 10,000 qualified and experienced consultants whose fees are covered in full.

But critics argue these doctors may be less experienced and willing to work at lower rates because they are desperate to build up their private practices.

Richard Packard, deputy chairman of private doctors' trade body the Federation of Independent Practitioner Organisations, says: 'Cheaper doesn't necessarily mean worse.

'We do not advocate unreasonable fees, but, as with most professions, if you have greater experience and are recognised as being more specialised there may be higher charges.

'In many cases, the insurers have made these changes in the middle of a policy year and the patient finds out only when they make a claim.

'One of the major benefits of private medicine has always been the ability to choose consultants.

'This choice is being removed and it devalues the whole process.'

The Mail's doctor, Martin Scurr, fears cheaper doctors might be tempted to jam in more patients to boost their earnings.

'One of the key reasons for going private is so your consultant can take time to see you.

'But you may find those charging less "piling patients high and selling them cheap".

'If they are seeing ten patients instead of five, there is obviously going to be less time to spend with each individual to discuss aspects of their care.'

Bupa says the changes are in the best interest of patients.

It adds that consultants' fees have remained 'robust' despite the recession, and a doctor with a private and NHS practice will typically earn £200,000 a year.

But critics argue the changes are little more than a money-saving exercise.

Furthermore, Mr Packard believes it should not be down to insurers to decide prices.

'When you pay for private medicine you pay for patient choice. It is about being able to see a doctor when you need to — otherwise you may as well quite simply go on the NHS,' he says.

The alternative for someone such as Jacqueline Wigg is to have her procedure done at a branch of Optical Express, which already performs laser eye surgery.

The treatment will be carried out by experienced surgeons — though not all are NHS consultants.

Bupa says of Optical Express: 'We can guarantee that all members will be treated by Bupa-recognised consultants.

'As with all surgery, it is a requirement that patients undergoing cataract treatment are accompanied on their journey home.

'Should someone require assistance, there is a chaperone available who will escort patients to their onward transport.'

Doctors argue that despite advances in medical technology, cataract surgery is still complex.

'Cataract surgery is much more technically challenging than laser eye surgery and there are many more risks — it can be an operation that causes blindness,' says Milind Pande, immediate past president of the UK and Ireland Society of Cataract and Refractive Surgeons.

'In one in three cases, the patient undergoing cataract surgery| already has other problems with their eyes and the risk increases even further.

In those cases, they need care provided by a doctor.'

It's not just eye surgery funding that is being cut.

Accountant Graham Davies has been with Bupa for 25 years. So when after years of playing sport and running marathons, he began to suffer pains in his knees, he thought he would be fully covered for any treatment he needed.

Mr Davies was referred by his doctor to a specialist for a routine operation called an arthroscopy — a tiny camera is inserted into the knee to investigate for damage, repair may also be carried out.

He was prepared to pay £500 extra to visit a top consultant. But he found himself paying another £200 on top of this because of the cuts Bupa had made for his surgery.

It had slashed the amount it would cover for arthroscopies from £589 to £335 — meaning Mr Davies had to find £715 for his £1,050 operation.

'These changes were brought in weeks after I renewed my policy,' says Mr Davies, 52, from Harrow, North London.

'I am furious they moved the goalposts without my knowledge or informing me.'

Mr Davies has left Bupa and took his complaint to the independent complaints body, the Financial Ombudsman's Service, who ruled Bupa was entitled to make changes.

Bupa says Mr Davies was warned about the shortfall and was given the option of being treated without paying more.

Bupa is not the only insurer that has tightened up on what it will pay for.

AXA PPP has imposed caps on a number of procedures and introduced a list of approved doctors.

Policyholders who want to see a doctor on its non-approved list receive only partial funding.

It says: 'We pay the vast majority (97 per cent) of the fees submitted to us for treatment of our members in full.'

Bupa UK's managing director, Natalie-Jane Macdonald, says: 'The only source of money we have to pay the healthcare cost of members unlucky enough to be ill is members' subscriptions.

'We're in a tough economy and affordability is really important.

'There is no evidence to suggest consultants who charge more deliver better outcomes.

'In terms of length of experience, of more than 10,000 fee-assured consultants whose costs are covered in full by Bupa, the average age is 50 — the same as the average age of our non fee-assured consultants.'

Bupa also says it has increased the fees surgeons receive for certain procedures.

But after paying £50,000 over the years to Bupa, Jacqueline and John Wigg feel the firm has let them down.

The insurer has rejected their complaint saying many of its consultants would have undertaken Mrs Wigg's operation for the insurer's standard fee.

The procedure takes only 15 to 20 minutes, and it says that it could see 'no justification' for the fee her consultant was charging.

'The huge attraction of Bupa to us was choice,' says Mr Wigg.

'But what kind of choice is this giving us? Is this the thin end of the wedge?

'What will be the next procedure where the cost will be cut by two-thirds?'

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MailOnline

Bupa 'forcing patients to use cheaper doctors': Restrictions mean customers can only see those on approved list

- Nine out of ten consultants say list gives patients less or no choice
- Move could leave Bupa legally viable to policy holders who think they have been treated badly
- Private health firm also slashed amount it will pay for common procedures

By [Jenny Hope](#)

PUBLISHED: 01:44, 8 January 2013 | UPDATED: 01:58, 8 January 2013

Britain's largest medical insurer Bupa is forcing customers to use cut-price consultants, it is claimed.

Restrictions brought in by the private health firm and being considered by other insurers mean patients can see only physicians on an approved list – who charge lower rates.

Nine out of ten consultants say the list gives patients less or no choice and they could get worse treatment as a result.

The move could also leave Bupa legally liable to any of its policyholders who believe they have been badly treated as a result, according to a top QC.

Barrister Tom Weitzman, a specialist on insurance law, said the company must ensure its 'approved' consultants had specialist skills. If a patient is injured because the doctor did not have 'requisite skills' for the treatment, Bupa 'will be liable,' he said.

Typically, patients with private cover who want to see a consultant visit their GP for a referral, but caps on the cost may result in them paying top-ups. But Bupa has removed some experienced – and expensive – consultants from its approved list, with members no longer able to see them even if they pay the shortfall.

It has also slashed the amount it will pay for common procedures, from hip replacements to hysterectomies, by between four and 63 per cent. A survey by GfK NOP on behalf of medical insurer WPA – which also commissioned Mr Weitzman's opinion – shows 96 per cent of consultants believe an approved list means patients have no choice or less than at present.

And 87 per cent of the 1,000 surveyed believe patients would get worse or less effective treatment by using the approved list.

Premiums across all private medical insurers have jumped 52 per cent in the past decade to an average of £1,070 a year, according to analysts Laing & Buisson.

The Private Patients' Forum said: 'Discovering your cover does not extend to things you believed were entitlements is dreadful, especially when this news arrives when you have had an unwelcome diagnosis.'

Industry estimates say Bupa has lost 200,000 policyholders since the changes came in last year.

One consultant in the WPA survey said: 'Some private insurers – in particular Bupa – want to treat their customers like second-class NHS patients.'

Julian Stainton, chief executive of WPA, said patients and consultants were clearly against approved lists. He added: 'We are never going down this road. Patients pay for private health insurance out of taxed income. If they don't get consultant choice, what is the point?'

Dr Katrina Herren, medical director at Bupa Health and Wellbeing, said there are more than 10,000 consultants on its open referral list, and members get a choice of two or more.

She added: 'When surveyed, 90 per cent of our Open Referral customers said that they were happy with the service.'

Health insurer's chief takes the knife to 'unnecessary surgery'

Source: Bupa, Loring & Bellson

Nic Fildes, Andrew Clark

Want to get your wisdom teeth extracted? Don't ask Bupa, which is cutting back on what it deems unnecessary surgery in an attempt to improve profits in its ailing British business.

The health insurer is cracking down on marginal procedures amid a 22 per cent slump in its domestic profits to £110 million for 2012.

Stuart Fletcher, the chief executive, has already caused rancour among hospitals and doctors by enforcing reductions in the price it is willing to pay for patient care. His next move, he revealed yesterday, will be to take a much more stringent approach to requests for procedures, including cortisone injections in the spine or wisdom teeth extraction for patients who aren't in pain.

"There's no reliable research that the removal of healthy teeth benefits patients," Mr Fletcher said. "We've been pretty much living in the past for years."

Globally, Bupa reported a 4 per cent rise in revenue last year to £8.4 billion, while pre-tax profits more than doubled

to £583.6 million from £220 million last year, when earnings were distorted by one-off hits on asset impairments.

Bupa's underlying profit rose 8 per cent, driven by a strong performance in Australia and Spain, where Bupa operates care homes and clinics as well as providing insurance.

In Britain, Bupa's subscriber base fell 6 per cent to 2.69 million, exacerbating a 5 per cent decline in 2011 triggered by lower spending on private health benefits by companies and belt-tightening by individuals.

Mr Fletcher blamed the exodus on the high fees charged by private hospitals and consultants. He said: "The cost of private healthcare is materially above the level of inflation."

The company, the UK's largest health insurance provider, has started to put pressure on private hospitals and surgeons that perform surgery on its behalf to lower their fees, which account for 70 per cent of the private health sector's costs.

Mr Fletcher said that Bupa made only a "very thin profit" in its home market and said that a move against "excessive claims inflation" was necessary so

that private healthcare remained affordable.

He also highlighted what he called "chronic underfunding of social care" in Britain. Bupa, one of the largest care home operators in Britain, argued that the fees paid by local authorities have remained stagnant despite a sharp rise in operating costs. It cited a report that showed that the gap had widened to almost £900 million a year. About 70 per cent of its residents are in homes funded by local authorities.

"This is not a tenable situation," said Mr Fletcher, who added that Bupa

invested £46 million in opening new homes and refurbishing existing facilities last year.

Bupa, a provident organisation that operates on a not-for-dividend basis, plans to increase the size of its fledgling dentistry business in Britain but has focused most of its efforts on overseas markets, where profits are easier to come by. It expects to push into markets in the Far East and Latin America over the coming years. Its profit in Australia and New Zealand grew 12 per cent last year and the business now accounts for almost half of its overall earnings.

Andrew Clark

Making a mess of the march to recovery

Business commentary



Diagnosis clear for all to see

It's tough to find anybody in the medical profession with a good word to say about Bupa. Doctors complain that the insurer bullies them over pricing, while hospitals accuse the organisation of penny-pinching. It is embroiled in a rancorous Competition Commission investigation and, to top it all, it lost 18,000 customers in the UK in 2012.

Stuart Fletcher, Bupa's chief executive, suggested yesterday that a 6 per cent fall in his organisation's British customer base was an inevitable consequence of

recessionary belt-tightening. But AXA PPP, Bupa's biggest rival, did much better — its UK membership rose by 3 per cent in 2012.

Life is hard in private healthcare. Corporations have shed white-collar employees, who usually qualify for coverage, and NHS waiting lists have fallen since the Nineties, discouraging people from going private to jump

queues. Mr Fletcher has been busily making acquisitions in more prosperous markets in Europe and Australia.

But he needs to get Bupa's house in order at home. The insurer has been crude and confrontational in its efforts to cut costs — and its poor reputation with doctors is filtering through to customers. The organisation needs to drop its aggression and build partnerships with medics, rather than making enemies.

APPENDIX 4 (CONFIDENTIAL)



APPENDIX 5

BUPA'S OPEN REFERRAL Q&A AND OPEN REFERRAL STEP-BY-STEP GUIDE TO CLAIMING

OPEN REFERRAL QUESTIONS AND ANSWERS



1. Authorisation and patient choice

What is Open Referral?

- o A simple, straightforward pre-authorisation process to help Bupa members find:
 - o the right consultant for their individual clinical need
 - o the right hospital with the right facilities
- o It offers patients a choice wherever possible
- o It guarantees no shortfalls – including anaesthetist fees*

How is the Open Referral process different?

The only difference is that pre-authorisation is mandatory and the GP specifies the investigations or treatment required, the type of consultant (speciality) the patient needs to see, but does not name a consultant.

NB: A similar process operates in the NHS

Do members get a choice of consultant and hospital?

Yes, the member will usually be offered a choice of two or three consultants, based on individual clinical need. This can mean they are seen faster, eg if the first choice consultant is unavailable for some reason, then the member can arrange to see the next consultant they were offered.

Hospital facilities will typically be within 15 miles of the member's home address outside London or five miles within the London area.

Generally, our members prefer to see a consultant close to their home address as 70 percent of all Bupa out-patient appointments lead to surgery and 70 percent of these are in the same location as the out-patient appointment.

How does a GP issue an Open Referral?

GPs can complete their usual referral letter and not name a consultant. Alternatively, the Bupa member can provide their GP with a Bupa Open Referral form or the GP can download from bupa.co.uk/referral

If the GP has any questions, or believes the Bupa member needs to see a specific consultant, they can contact the GP Helpline (0845 609 0444*) and discuss options.

2. Why Open Referral?

Why have Bupa introduced Open Referral?

We have introduced Open Referral for a number of reasons:

- o to reduce shortfalls on claims – our biggest customer complaint
- o following feedback from our members, clients and intermediaries to innovate the market
- o to help control costs within unsustainable medical inflation
- o most GP referrals are made without using any data on quality or value of consultant (see notes below Office of Fair Trading)
- o variation in clinical practice between consultants – however Bupa has extensive and detailed data on consultants and hospitals to make referrals for our members

OFT findings 2011

Independent research conducted by the Office of Fair Trading in 2011 found that GPs accessed a range of information about private consultants. The most common information used by GPs to make a referral was from informal social contacts and private facilities. The OFT considers that even limited clinical performance, such as volume data on the number and type of procedures, are likely to be beneficial for patients and GPs in choosing between consultants. We feel the data we have available is more appropriate to use when making referrals for members.

3. Treatment

What happens if a member is already on a treatment path?

We have a well-established continuity of care process and Bupa will honour treatment until that particular course of treatment is finished, which usually occurs within six months. Any new course of treatment will follow the standard Open Referral process.

*No anaesthetist shortfalls applies only on corporate and company Open Referral schemes.

*Calls may be recorded and may be monitored.

4. Children

Is Open Referral used for paediatrics?

We do not currently use the Open Referral process for children requiring specialist treatment. This is because hospitals need specialist expertise and facilities to treat children and there are fewer private hospitals providing this type of care. This may mean that members need to travel further if they need paediatric care. We recommend members talk to their NHS GP about the different options – both NHS and private – in their local area.

5. Consultants

How does Bupa help the member choose the best-fit hospital and consultant?

Our member services adviser will have access to the consultant's specialty, their sub-specialty, special interests and where they practice. This detailed information allows us to improve the patient journey by ensuring that the patient is guided to the most appropriate consultant based on their individual clinical need.

Bupa staff can also see all the procedures undertaken by the consultant, as well as all the impairments they have treated in a Bupa approved hospital in the last 12 months. This allows the Bupa adviser to guide the member to a consultant who closely matches their individual needs.

These elements will be discussed with the member on the call to help them make an informed choice.

Are we not restricting patient choices by guiding members to the consultant and hospital that we want them to go to?

Feedback from our members shows that Bupa members expect us to help them choose the most appropriate consultant/facility for their treatment. As we have approximately 11,000 consultants that charge within Bupa benefit limits, we are actually increasing patient choice in many cases by offering them a choice of consultant that they can see, including if their employer has chosen this option, such as a consultant near their place of work.

What factors do you use to determine which options to provide the employee for consultants and facilities?

The core factors we use to analyse our facilities and consultants are: quality, clinical need, customer experience, convenience and value.

Can chosen consultants use any anaesthetist and will these fees be paid in all circumstances?

Hospitals and consultants choose anaesthetists at this moment in time. All anaesthetist fees* will be paid.

*No anaesthetist shortfalls applies only on corporate and company Open Referral schemes.

6. Information and benefits

What information/literature do organisations receive?

1. One page information sheet.
2. Example Open Referral form.
3. Example GP letter.

The above can be found at bupa.co.uk/referral

What experience to date has Bupa gained with Open Referrals?

There are now over 1,000 business clients using Open Referral as well as the Bupa staff scheme. During recent customer satisfaction results for personal members who had been through the consultant selection process of Open Referral were 15 percent more satisfied overall with Bupa than those who had not gone through the process. (Members Choice Customer Satisfaction, Ipsos Mori April 2012).

What are the benefits of Open Referral for businesses?

Open Referral gives better control of claims costs with no compromise on the benefits or the quality of care for the individual member.

What are the benefits for members?

Reassurance that they will be treated by consultants who provide a high standard of clinical practice, together with a choice of consultants (GP would traditionally only name one consultant), which can mean faster access to care.

The member will always be referred to a consultant that charges within Bupa benefit limits and a hospital that is convenient to them giving them financial certainty and peace of mind.

Notes

Office of Fair Trading (OFT) consultant and GP survey

- o Please follow the link http://www.oft.gov.uk/shared_of/market-studies/Final-Survey-Report-08-2011.pdf
- o GPs: Just seven percent of GPs saw their role as 'making a definite recommendation for a particular choice (of facility and/or consultant)'.
- o Whilst GPs tended to regard individual information sources as useful, collectively they did not provide all of the information that was needed about consultants.
- o The majority of GPs, 54 percent of survey respondents, reported that they rarely know a consultant's fees for a first consultation with a patient, and a further 21 percent noted that they never know this information.

OPEN REFERRAL



YOUR STEP-BY-STEP GUIDE TO CLAIMING

Open Referral is a simple, straightforward pre-authorisation process to help you find the right consultant for your clinical needs, and the right hospital with the right facilities. Follow the three simple steps below and you will be given a possible choice of consultants and facilities by our trained service advisers, and we guarantee you will not be subject to any additional fees¹.

Below is an overview of the Open Referral process. For full details, please refer to your membership guide.

STEP ONE Visit your GP

If your GP thinks you need to see a consultant or healthcare professional, tell them you are a Bupa member.

Ask for an Open Referral – this details the further investigations or treatment your GP would like you to have, but doesn't tie you to a particular consultant or hospital.

If your GP is unaware of the Bupa Open Referral process, you can print off a letter to explain this to them. There is also a referral form and both are available at www.bupa.co.uk/referral

Please note that you do not need a GP referral for the following conditions:

- Muscle, joint or bone conditions

For the treatment of muscle, joint or bone conditions, simply call us and we will arrange a telephone consultation with one of our expert physiotherapists to assess your condition and refer you for the appropriate treatment.

- Cataract procedures

If you require cataract surgery, your optometrist can refer you to the Bupa Specialist Eye Care Team who will advise you on a choice of Bupa fee assured providers or partnership consultants who can perform the surgery.

STEP TWO Call the Bupa helpline before arranging a consultation or receiving treatment

We will give you options to help you choose a Bupa approved consultant. When we have confirmed that your treatment is covered, we will give you a pre-authorisation number.

IMPORTANT: You must call us to pre-authorise before arranging a consultation or receiving any treatment. Failure to obtain pre-authorisation from us means that you may be responsible for paying for all such consultations and treatment.

STEP THREE When you see your consultant, give them your pre-authorisation number

This will ensure the consultant's invoice will be sent directly to us so you can focus on your health. If you require further treatment, please call the Bupa Helpline to make sure it is covered by your policy.

We will send you a summary of the payments we have made for your treatment.

SEE YOUR GP. ASK FOR AN OPEN REFERRAL. CALL BUPA. WE'LL HELP YOU CHOOSE THE CONSULTANT THAT'S RIGHT FOR YOU.

¹Subject to individual out-patient benefit limits. No anaesthetist shortfalls applies only on corporate and company Open Referral schemes.

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APPENDIX 6 (CONFIDENTIAL)



APPENDIX 7

“BUPA BY YOU” POLICY – MUSCULOSKELETAL CARE

You are here: [Home](#) / [News and updates](#) / [Bupa updates](#) / [Learn more about Bupa's musculoskeletal service](#)

News and updates

Bupa updates

[Bupa's vision for the future](#)

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Musculoskeletal care

Learn more about Bupa's new musculoskeletal service

We are constantly looking to improve the service we offer to our mutual clients. With 9.3 million working days lost annually to muscle, back and joint pain, the case has never been stronger for targeting the most common causes of workplace absence.

This is why we wanted to take the opportunity to update you about Bupa's new approach to managing musculoskeletal conditions, which we know, is a significant area of healthcare spend for businesses. It is a dedicated range of services that gives members faster access to specialist advice and treatment without the need for GP referral. Effective musculoskeletal care can help to reduce time off work by removing unnecessary treatment. We also believe this new care pathway will improve the quality of musculoskeletal treatment and reduce costs.

Our services include:

NEW - Direct access to treatment

From February 2013, Bupa members will be able to access treatment for musculoskeletal conditions without the need for a GP referral. They can simply call Bupa and we will arrange for a telephone assessment with a qualified physiotherapist to discuss their symptoms. The physiotherapist can give self help exercises and advice to aid the member's recovery and, if face-to-face treatment is required, they can arrange a referral to a healthcare professional, such as a physiotherapist or consultant. This ensures faster, convenient access to expert support and minimises time spent away from work.

This service will be offered to all members, with the only exception being Health Trust clients who will first require an amendment to their trust deed. Alternatively, members can continue to follow the current process of accessing treatment via their GP.

We believe this is an exciting development which will ensure members continue to receive high quality, cost effective treatment.

Contact us

To speak to a member of the intermediary team:

0800 33 2000 *

Lines are open 9am to 6pm, Monday to Friday.

[Send an email enquiry](#)