

Reimagining General Practice

The future of primary care

2016 to 2020

Draft consultation document
for with patients, volunteers, staff and
stakeholders



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Introduction

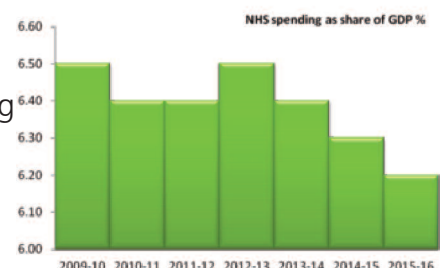
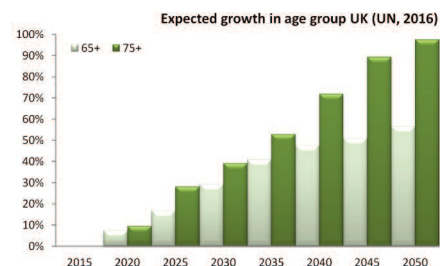
Welcome

Robin Lane Health and Wellbeing Centre was founded in 1878 in 'Glenera', New Street Pudsey. Since then the surgery has grown and has witnessed two relocations: the first to Pudsey Health Centre, and second to the current site on Robin Lane.

What we do

The surgery has over 13,200 patients and offers a wide range of services including:

- A proactive and planned care home scheme providing weekly visits by a practice-employed Matron
- A range of chronic disease management clinics that are led by specialist nurses and overseen by GPs
- A 6-day a week walk-in service for routine and urgent health issues
- A full Practice Nursing service including dressings, immunisations, cytology and travel advice
- A full range of contraceptive services and sexual health screening
- A minor surgery service carried out by GPs, supported by Practice Nurses and Healthcare Assistants
- A consultant-led general adult eye clinic
- A glaucoma diagnosis and monitoring service
- A charitable Foundation Trust
- A volunteer program delivering over 67 health and wellbeing activities weekly
- A community cafe and events program and much more... (ask for our Statement of Purpose)

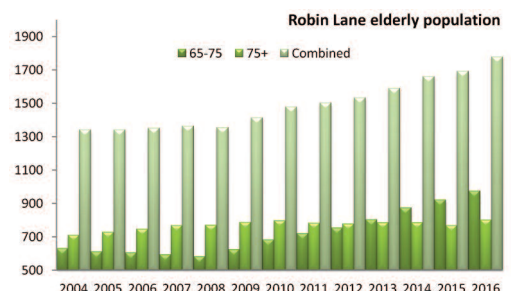


Our NHS

Of course, whilst the NHS may be the proudest achievement of our modern society (and general practice plays a central role in this achievement), the world continues to change and present fresh challenges to the healthcare system. In particular, people are living longer with complex health issues, often as a result of lifestyle choices. This is resulting in significant rates of increase in non-communicable diseases such as cardiovascular conditions, cancers, chronic respiratory diseases and diabetes. In turn, as people get older and present with more complex conditions, this puts pressure on an NHS that is already facing funding pressures.

Your practice

These are just a few of the challenges facing general practice. Our response to the many challenges are set out in this document and you will discover our vision, mission and values, together with the strategic themes that we believe should shape our decision-making. We aim not only to survive the anticipated pressures of the next decade, but go further and add significant value to our patients so that they live longer and healthier lives that are full, active and meaningful. We cannot do this on our own and so this will require a partnership with our patients, health and social care organisations, the 3rd sector and you. If you have any comments or suggestions, please let us know.



Some statistics

People born after 2007 can expect to live to over 100

Between 2010 and 2030 the number of people aged over 65 will increase by 51%

58% of over 60s have a long term condition versus 14% under 40 years old

50% of all GP appointments, 64% of all out patient appointments and 70% of all inpatient bed days are taken up by people with a long term conditions

The number of people who are obese will increase by 73% in 18 years time

25% over 60's have two or more long term conditions

There are 570,000 people with dementia in England and this will double to over 1.4m within 30 years

Older people with care needs, such as help with washing and dressing, will increase by 61% within 30 years

1/3 of GP appointments relate to minor illnesses most of which are self-limiting

The number of patients with dementia will increase by 8% every year for the next 30 years

The NHS employs more than 1.7 million people across Britain, including 120,000 hospital doctors, 40,000 community doctors, and 400,000 nurses

The NHS handles one million patients every 36 hours, or 463 people a minute. Each GP across 10,000+ GP Practices sees an average of 140 patients a week

In order to provide healthcare to an aging population where the number of patients with long term conditions is set to increase, GP appointments will need to increase by 2.5%, out patient appointments by 3%, bed-days by 5.25% and care support (washing, dressing etc) by 2%, **every year** for the next 20 years, just to stand still.



Our purpose

Vision, mission and values

To deliver on our core responsibilities as a primary care health provider and meet future challenges, we have developed the following vision, mission and values that define our purpose and guides our decision making

VISION

To offer the highest quality primary health care to our patients

MISSION

To enable our patients to live longer and healthier lives that are full, active and meaningful

VALUES

The strategic decisions and day-to-day activities will be guided by the following values



Recent innovations

Be Prepared

General Practice is facing an uncertain future brought about by a range of demographic changes that are set to place significant demands on NHS services over the next 30 years. These include an aging population, increase prevalence of long term conditions, lifestyle choices leading to increased health risks, financial constraints and an ever increase in focus on quality of care to name but a few.

Robin Lane Health and Wellbeing Centre seeks to plan for the future by reshaping the Practice into a sustainable model that will enable Primary Care as an institution to not only remain viable and sustainable, but also to continue to improve the quality of care and quality of life of our patients.

Snapshot of Innovation

During recent years, the Practice has trialled a number of innovations that have brought significant improvement to patient care and workload management.

Example One: introduction of a care home service that sought to deliver health benefits through proactive care such as personal care planning and monitoring. The result? An 80% reduction in urgent care visits and a 25% reduction in hospital admissions. The service is now being rolled out to housebound patients and currently, over 200 patients now benefit from our proactive service.

Example Two: A change in how patients who have urgent problems or minor illnesses are looked after. This included a move from a planned care approach to unplanned problems, to an unplanned care model such as a daily urgent care walk-in service from 8am to 12noon that was launched in January 2012. The result? A reduction in overall appointment demand (routine and urgent) by 26.5% (*before adjusting for a 20% list size increase over same period*), a reduction in A&E attendances by 10%, and a significant improvement in patient experience. The walk-in service has since been extended further to 8am to 4pm Monday to Saturday for routine and urgent health matters.

Example Three: Launch of 'Pudsey Wellbeing Centre' and 'Love Pudsey Charity' in 2012. Over 67 new or extended health, social and voluntary services and volunteer run programmes have now been established. Over 30 volunteers now work alongside the centre. The result? A significant step towards addressing some of the social determinants of health of the people of our community.

It is clear that the future of the NHS rests in recognising the difference between what should never change and what should always be open for change.



Recent innovations

What if...

Robin Lane Health and Wellbeing Centre had not embarked upon transformation?

List size would be significantly lower...

...than at present, at around 8229 patients or less, meaning the Practice would not have been able to develop new services and would likely have had to embark on redundancies. [Key lesson?](#) Economies of scale benefits patients and staff

Without the walk-in service...

...the oncall Doctor would be managing in excess of 45 face to face patients, 30 telephone calls, and significant numbers of visits compared to up to 30 appointments and 10 telephone calls - more time with patients means better care! Furthermore, A&E attendance would be higher than at present. Patient satisfaction would not be at an all time high with around 80% of our patients rating the walk-in service as fairly good or very good, and the quality of care would be reduced. [Key lesson?](#) Guaranteed access improves appropriate utilisation of service, and improves health outcomes.

	Actual	What if
Apr-06	8634	8634
Oct-06	8632	8632
Apr-07	8597	8597
Oct-07	8590	8590
Apr-08	8715	8569
Oct-08	9014	8547
Apr-09	9499	8526
Oct-09	9792	8505
Apr-10	10002	8438
Oct-10	10407	8462
Apr-11	10646	8441
Oct-11	10905	8419
Apr-12	11142	8398
Oct-12	11543	8398
Apr-13	11756	8355
Oct-13	12056	8334
Apr-14	12305	8313
Oct-14	12462	8292
Apr-15	12699	8271
Oct-15	13032	8250
Apr-16	13332	8229

Without the Proactive Care Home and Housebound Service...

...the Practice would be faced with over 30+ urgent visits each Monday morning, unplanned admissions to hospital would be significantly higher (see 2004 to 2014 Care Home Report), and life expectancy would be less than current. [Key lesson?](#) Proactive and planned care is essential to improving the health and wellbeing of patients, especially those who have multiple complex health conditions.

Without the Community Eye Clinic...

...we would not be able to offer our patients and the wider community, especially those who are older, with a high quality glaucoma and general adult eye service that is conveniently located and has short waiting times compared to the main local hospital provider. [Key lesson?](#) Done correctly, alternative providers can offer planned care treatment that is high quality, locally based and offer improved accessibility and patient choice, whilst still being free at the point of need!

Without Pudsey Wellbeing Centre...

...there would not be over 30 volunteers leading a wide range of groups aimed at improving the health and wellbeing of our patients. There would not be over 67 new or expanded services in Pudsey. There would be no pioneering of self-help and education. The Love Pudsey Charity would not exist [Key lesson?](#) Patients are currently the biggest untapped

Smaller list size?

no matron | no walk-in service | no wellbeing centre | no cafe
Redundancies of various staff levels | no saturday opening | no building plans | no refurbishment

Recent innovations

resource in the UK and yet are the most important stakeholder in health and wellbeing. When they are partners in the community, they make a difference.

And there's more...

- consultations would be longer and admin tasks slower without our IT infrastructure
- we would not be in the process of substantially extending and upgrading the premises (see building development plan later in this document)
- there would be no patient self testing area
- there would be no smartphone apps
- there would be significantly less healthcare assistant-led clinics

to name just a few

Put simply, our future would be extremely uncertain, we would have little influence to make changes in the local health economy and our working environment would be significantly more stressful and less enjoyable. Most of all, our patients would not be able to benefit from the range of services and the access to services currently on offer.



Tom Attah
Musician, Lux Fest community event

The case for change

What if...

We choose to remain static?

Robin Lane Health and Wellbeing has come a long way since we began our transformation. Yet the changes made, whilst significant, will be dwarfed by the demographic changes facing us during the next 20 years...

...unless we continue to evolve.



For example, if we remain as we are now, in 5 years time, we will have to spend more than an extra £150,000 on clinical staff without any new sources of income just to meet patient need. This is calculated using an inflation cost of 3% each year and the requirements of additional staff to manage expected future demands.

In 5 years time the number of outpatient appointments will have increased by 12.5%

In 5 years time the number of bed-days will have increased by 25% - an indicator of unmet need

In 5 years time the number of our patients with Dementia will have increased by 40%

The prevalence of long term conditions will have increased, we will rightly be expected to demonstrate improved quality with all the requirements of the Care Quality Commission, Monitor, the Clinical Commissioning Group and the National Commissioning Board. Healthwatch will have matured as an organisation and so patient demands will increase significantly resulting in further pressure on existing services and a willingness of patients to exercise choice and move Practices. We will also be facing redundancies.

But...

We can build for the future

Primary care has demonstrated an ability to make tough choices. When we consider the future we must ensure that we have the right vision, the right building blocks and the right staff with the right experience in order to develop and implement a viable and sustainable model of primary care.

We can, if we choose, help lead the development of integrated healthcare and we can work with other Practices to develop federated model - a model that will centralise what should be centralised and allow autonomy in the areas that should remain autonomous.

Our patients want to work with us and so we can enable them to become co-owners of their future and empower them to do their part.

Moreover, we can develop closer working relationships with other Partners in the city including the Local Authority, the hospital and community services so that our joint efforts make the difference that will be required.



Our building blocks

In view of the challenges ahead, the partnership have established 7 building blocks that may be essential for a future, viable and sustainable primary care service. Each building block outlines a core theme and will determine where time and resources are directed.

Urgent Care in the community

Whilst unplanned activity is managed through planned care pathways, patients will always feel frustrated about access to healthcare. With the launch of the walk-in service, we have taken significant steps to improving access and patient satisfaction. But we can do more. We plan to seek resources to extend this service further, review our skill mix, and invest in education in order to improve care at the point of need.

Proactive care as core business

Is it better and more cost effective to prevent new illnesses and the deterioration of existing illnesses or respond only when an urgent health issue occurs? Over the next 5 years, we will seek to maximise the potential of proactive personal care planning. We will achieve this through reconfiguration of our current services together with investing in the right skill mix, such as Geriatricians and Matrons.

Patients as Partners

Whilst a dual responsibility between patients and healthcare professionals exists, patients are ultimately responsible for their own health in that they make lifestyle choices that make *the* difference. We aim to work with our patients not only in the design of medical services, but in the development of activities and groups that will help our patients to make more informed choices in order to live longer and healthier lives.

Social Determinants of Wellbeing

The medical model is not the whole picture of an individual. Health is an enabler that allows people to follow their ambitions and aspirations. Very often, the factors that affect health and thwart aspirations are social in nature. In view of this, our charity has adopted Gallup's 5 Elements of Wellbeing to help structure our role in helping people address and respond to the wider determinants that impact their lives.

Staff education and raising up leaders

Primary Care is built around GP partnerships. Yet the natural talent and leadership potential locked up in the wider clinical and non clinical team may very well be the second biggest untapped resource in primary care (patient's being the first). Therefore, we will invest in our staff and seek to raise up natural leaders to help us improve health outcomes and determine the shape of services in the future.

Training the clinician of tomorrow

There is significant value in helping to train future Doctors and Nurses. Placements allow clinicians to develop their skills. They also allow the Practice to shape the views of future clinicians by giving exposure to new ways of working. Moreover, trainee Doctors and Nurses bring new ideas and experiences that can add value to the Primary Care team. Therefore, we will seek to work in partnership with education providers and the Deanery.

Harnessing the power of IT

Four times as many people now own a smartphone compared to a desktop computer. It is the tool of choice amongst young people when communicating and searching for information. Technology plays a pivotal role in healthcare, from access to services, to integration of healthcare, guidelines and much more. We will seek to develop technology that adds value.

Underpinning our building blocks is a commitment to build relationships and work with others such as the hospital, local community trust and Local Authority and to ensure that that Robin Lane Health and Wellbeing Centre is recognised as a responsible and trusted partner.

Key principles

Our Principles

Our building blocks describe our key strategic themes; the areas that our time, efforts, resources and finance will be directed towards. The strategic themes are central to delivering the kinds of services patients should expect from a primary care service in the 21st century. We also believe that they form the basis on which a viable and sustainable future primary care service must be built upon.

In order to deliver on our strategic themes, we must also be clear about our principles; the set of truths and propositions that will guide our behaviour.

Empowering staff: people make the difference and like patients, staff are essential stakeholders in future of our organisation. They also hold ideas and innovations that will prove essential to our development.

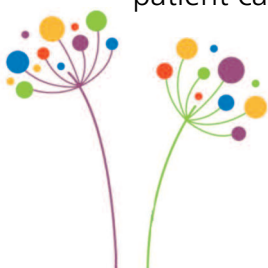
Releasing creativity and innovation: creativity is the fuel for innovation and innovation plays a critical role in healthcare provision. From the equipment we use to the drugs we prescribe, and from information mediums to the ability to assess disease risk, everything is owed to innovation, and it is innovation that we will be required to secure a vibrant future.

Co-production: the medical model is not the whole picture of a person's health. There are numerous social determinants involved in health and wellbeing, and the solutions required tomorrow will require closer working with other organisations as well as with patients.

Primary care as the hub: general practice is in the unique position in that it is only one of a few organisations that has a cradle to grave registered list. People trust their GPs and look to their GP for solutions to all sorts of problems that extend beyond medical diagnosis and treatment.

Vertical integration of healthcare: the challenges facing us in the future will require closer working with specialists from the health, social and voluntary sectors. Co-location and integrated multidisciplinary teams will be essential in many instances and so it is critical we start exploring this now.

Horizontal integration of primary care support services: there are 39 GP practices in Leeds West Clinical Commissioning Group. Each Practice carries out its own Payroll, IT support, health and safety assessment, claims process, contracting functions, secretarial support, estates management, and more. There is significant scope to integrated a range of functions with other Practices so that more money can be released for patient care.



Mr Nigel Wild
Nurse Practitioner

Enablers and outcomes

The organisational enablers

Key enablers are the tools we need that will allow us to develop our strategic themes into specific courses of action.

Staff and patient ecosystem: an ecosystem is the set of conditions that enable an environment to thrive. We will work with our patients and our staff to ensure that we set in place the right conditions that enable people to deliver and contribute to their fullest potential.

Estates planning: as we continue to grow and offer more services, we need to consider carefully the space we will need.

Wellbeing programme: people do not live to be healthy, they are healthy so they can live a life that is full, active and meaningful. Our wellbeing programme seeks to address some of the social determinants of health and wellbeing.

Federation: by working with other practices, we can make the most of economies of scale, support integrated primary care teams that consist of specialist staff, whilst retaining autonomy in the areas that matter.

Risk sharing budgets: we will explore the possibility of a risk sharing agreement for non-elective and elective spend so that we can confidently invest in prevention.

The Outcomes?

Our building blocks, principles and enablers exist for a reason. The outcomes are the specifics about what we want to achieve. Put simply, what does success look like?

Improved health outcomes

Our patients will live longer and live healthier lives

Improved quality of life

Our patient will lead lives are full, active and meaningful

Sustainable health service

We will build a future NHS primary care service our patients can depend on

Fit for purpose primary care service

We will develop in partnership local, relevant health services

Work satisfaction

We will achieve for our staff sustainable workload, career progression and a satisfaction that comes from making a difference.



Ideas workshop

Our aim is to empower staff to take ownership of our building blocks and develop the ideas and innovations that will help us achieve our vision of the future. To get us started, we have outlined a number of specific ideas to help us get started in 2013 , but each will require a more comprehensive strategy.

An expanded Practice-employed MDT team for care of the elderly

A range of education programs led by primary care clinicians that enable patients to self-manage a range of illnesses

Video consultations via Skype and / or Facetime. Starting with dermatology follow-up but expanded to other areas based on lessons learnt.

Releasing staff time to work on ideas and projects that benefit our patients

An expanded walk-in service for our patients

An expanded wellbeing centre offering an even wider range of activities, groups and outcomes that make a difference

Patient AGM to inform and empower

Hosting undergraduate students from local universities and colleges

Partnering with the local third sector to coproduce solutions

These are our ideas, but we want the ideas we implement to come from our staff, our patients and our stakeholders

Smartphone app

Patient ideas

Staff ideas

?



Team development

Building a team that delivers

'People make the difference, and the right people make all the difference.'

Below are some of the main meetings and activities that we have introduced to facilitate communication and team building. During the next 4 years, we will seek to develop and build upon them in order to secure a highly engaged staff workforce and patient population, and a committed group of external stakeholders.

Volunteer / Patient Advisory Group: one of the many practice patient and public involvement programs. Patient-led groups and events, patient feedback discussions, co-production of ideas are just some of the aims.

Staff Advisory Group: our staff advisory group will comprise key leads from all the main areas of the practice: doctors nursing, clerical, managerial, reception, secretarial charity, to name but a few. The principle purpose of the group is to ensure that the practice gains as wide a view as possible when seeking to develop ideas.

Clerical Staff Group: line management support group for clerical staff

Nurse Group: support group for nurses by nurses. Training and development. Nurse-specific operational issues.

GP Group: support group for GPs by GPs. Training and development. GP-specific operational issues

Partnership Board: strategy setting, contracting, financial liability and overall accountability.

Clinical Reference Group: day to day support, operational issues, communication cascade, audit review, significant events review.

Monthly drop-in sessions: an opportunity for any staff member to drop-in and have a chat with the senior partner and managing partner.

Quarterly staff target events a quarterly event for all employed staff for dissemination of information, workshops, training and key topics as raised by staff.

AGM: our annual patient and public event where we bring together all partners in health to review our previous work, our future plans and contribute to ideas through breakout sessions.



Dr Bryn Davies
Consultant
Ophthalmologist



Sister Julie Armitage
Chief Nurse



Dr Neil Bastow
General Practitioner



Christina Harrison
Healthcare Assistant



Ryan Thompson
Trainee
Healthcare Assistant

Just a few of our 40+ dedicated staff members

Patient survey

Listening to our patients

Between November 2015 and February 2016, we carried out an extensive survey inviting Patients to fill out questionnaires online and in the medical centre. The following pages provide an overview of the valuable feedback we have received. This feedback will be discussed with our patient and community groups at the wellbeing centre, our board of trustees, our stakeholders, our staff and at our Patient AGM.

How do you usually obtain an appointment?

Attend the walk-in service	56%
Telephone for an appointment	23%
Attend face-to-face for an appointment	3%
Book an appointment online	15%
Request an appointment through smartphone app	1%
Other	5%

Regardless of how you obtain your appointment, how easy would you describe seeing your preferred Doctor or Nurse

Very good	17%
Fairly good	32%
Neither good nor bad	26%
Fairly poor	16%
Very poor	10%

Regardless of how you obtain your appointment, how easy would you describe seeing *any* Doctor or Nurse

Very good	50%
Fairly good	33%
Neither good nor bad	9%
Fairly poor	7%
Very poor	2%

In your experience, has it been easier to be seen by any Doctor or Nurse Practitioner than 12 months ago?

Yes	70%
No	20%
Other	9%

How important is it to see a particular Doctor or Nurse

Very important	34%
Fairly important	38%
Not very important	22%
Not at all important	6%

If you needed to see a Doctor or Nurse in the evening, how far would you be willing to travel?

At my usual practice only	39%
No more than 10 minutes away	31%
No more than 20 minutes away	17%
No more than 30 minutes away	6%
No more than 60 minutes away	1%
At any location within Leeds area	6%

If you needed to see a Doctor or Nurse at the weekend, how far would you be willing to travel?

At my usual practice only	30%
No more than 10 minutes away	29%
No more than 20 minutes away	20%
No more than 30 minutes away	11%
No more than 60 minutes away	1%
At any location within Leeds area	8%

Patient survey

How satisfied are you with the hours we are currently open?

Very satisfied	73%
Fairly satisfied	20%
Neither satisfied or dissatisfied	5%
Very dissatisfied	1%
I'm not sure when you are open	1%

How likely are you to recommend our service to friends and family if they needed similar care or treatment?

Very likely	62%
Somewhat likely	21%
Neither likely nor unlikely	10%
Somewhat unlikely	3%
Very unlikely	4%

How would you rate the Monday to Saturday walk-in service?	Very good	Fairly good	Neither good nor poor	Fairly poor	Very poor	Not applicable	Response Count
Your overall experience	47%	34%	7%	4%	2%	5%	100%
The extent to which you feel our Doctors and Nurse Practitioners are there for you when you need routine or urgent attention	45%	35%	9%	5%	2%	4%	100%
The extent that our Doctors and Nurse Practitioners put you at ease	54%	32%	8%	2%	1%	3%	100%
The extent that our Doctors and Nurse Practitioners are courteous and polite	64%	26%	5%	2%	1%	3%	100%
Your perception of the quality of the assessment and diagnosis of your medical condition	50%	34%	8%	4%	1%	3%	100%
Your perception of the quality of either providing or arranging treatment for you	52%	33%	8%	3%	1%	3%	100%
The extent that our Doctors or Nurse Practitioners explain your condition and any treatment provided	53%	33%	7%	2%	2%	3%	100%
The extent that you are involved in decisions about your treatment	48%	33%	11%	3%	2%	3%	100%
The extent that you are able to trust the quality of the service	54%	31%	9%	2%	1%	3%	100%
The extent that you are receiving the right care for you and your family	52%	32%	9%	3%	2%	3%	100%
The extent that you feel the service puts you first	44%	33%	12%	4%	4%	3%	100%

Patient survey

What one thing above all do we do best?



Just some of the 920 comments about what we do well

'You have improved considerably over the years. Keep up the good work!'

'Friendly receptionists, this is unusual in GP surgeries'

'The Walk in surgery now makes it so much easier to see a Doctor'

'I feel you treat us as individual people and try your best to help'

'You always do you best to put the patient at ease'

'Flexibility is key with my work and you do this well. In fact, you are usually ahead'

'Your weekend opening hours are a life saver for me who works full time 5 days a week'

You are innovative, creative and try very hard to look after your patients as best you can'

'You can see a Doctor 6 days a week'

'We are very lucky to have such a fantastic team of professionals'

'You provide exceptional hours and treatment for the times people most need it'

'You see me as a human and not just a customer'

Patient survey

What one thing above all could we do better?



Just some of the 825 comments about what we could do better

- 'Provide mental health training for all staff'
- 'Reduce waiting times for the walk-in service'
- 'Sometimes the reception should have two receptionists when busy'
- 'More prebookable appointments'
- 'Improve the main waiting area and a louder alert when we are called for our appointment'
- 'Tell people how long they have to wait at the walk in service'
- 'More telephone appointments'
- 'Nurses should do blood test during the appointment when needed'
- 'Extend the walk in service until 5 or 6pm'
- 'Set expectations for waiting times more accurately'
- 'It would be nice to have some reading material in the waiting room as there can be long waits'
- 'Provide refreshments at a reasonable cost'

Building development

Building an estate that delivers

As the Practice continues to grow and offer more services, additional space will be required. Indeed, the Practice already has room shortage issues on certain days of the week. With this in mind, the Practice has been working with the Landlord to both renovate and extend the building. Below you will find our current plans that are due to commence in 2016:



Conclusion

What next?

The information in this document is not intended to provide exhaustive detail but rather provide an overview of the business plan, including strategic themes, for Robin Lane Health and Wellbeing Centre.

The uncertainty within NHS funding, the ever changing nature of NHS contracts, and the myriad of challenges facing primary care requires an approach that has firm building blocks on which to build a positive and secure future but that will allow enough flexibility to respond to the internal and external environmental challenges.

In that sense, this document is not the end point. Rather, we will continue to consult and engage with our staff, our patients, our volunteers, our stakeholder organisations, our elected officials and others in order to fine tune and progress our plans.

Should you have any questions or comments, please get in touch with us. Details are below.



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