Now you can lift depression with the body in mind

The most selective SSRI available (in vitro studies)1

Benchmark efficacy of TCA’s2

Well accepted by patients3

Low drug interaction potential4

Abbreviated Prescribing Information

Presentation: Cipramil tablets, 20mg of citalopram as the hydrochloride. 28 (Q) 20mg tablets.L2 2B. Indications: Treatment of depressive illness in the initial phase and as maintenance against relapse/recurrence. Dosage: Adults: 20mg a day. Depending upon individual patient response, this may be increased in 20mg increments to a maximum of 60mg. Tablets should not be chewed and should be taken as a single or daily dose. In the morning or evening without regard for food. Elderly: 10mg a day increasing to a maximum of 40mg dependent upon individual patient response. Children: Not recommended. Restrict dosage to lower end of range in hepatic impairment. Dosage adjustment not necessary in cases of mild/moderate renal impairment. No information available in severe renal impairment (creatinine clearance <10ml/min).

Contra-indications: Combined use of 5-HT agonists. Hyper-sensitivity to citalopram. Pregnancy and Lactation: Safety during human pregnancy and lactation has not been established. Use only if potential benefit outweighs possible risk. Precautions: Driving and operating machinery. History of mania. Caution in patients at risk of cardiovascular arrhythmias. Do not use with or within 14 days of MAO inhibitors. Leave a seven day gap before starting MAO inhibitor treatment. Drug Interactions: MAO inhibitors (see Precautions). Use lithium and tryptophan with caution. Routine monitoring of lithium levels need not be

adjusted. Alcohol is not advised. Adverse Events: Most commonly nausea, sweating, tremor, somnolence and dry mouth. Overdose: Symptoms have included somnolence, coma, severe tachycardia, occasional nausea, vomiting, sweating and hypothermia. No specific antidote. Treatment is symptomatic and supportive. Early gastric lavage suggested. Legal Category: POM 24.7. Further information available upon request. Product licence holder: Lundbeck Ltd, Sunningdale House, Caldecote Lake Business Park, Caldecote, Milton Keynes, MK7 8LZ

Cipramil is a trademark. © 1995 Lundbeck Ltd Date of preparation: May 1995

References:

THE EXPANDING WORLD OF ‘ZESTRIL’

Lisinopril: the only once-daily ACE-inhibitor indicated for hypertension, congestive heart failure and acute myocardial infarction

More Doctors are prescribing 'Zestril' for more patients than ever before

'Zestril' has 12 million patient years of experience

48,000 patients are currently involved in 3 major trials with lisinopril

Lisinopril is on over 75% of hospital formularies

PREScribing INFORMATION
Consult Data Sheet before prescribing.

'ZESTRIL'

USE: All grades of essential hypertension and renovascular hypertension. Congestive heart failure (adjunctive therapy). Acute myocardial infarction in haemodynamically stable patients (in addition to standard coronary care).

PRESENTATION: Tablets containing 2.5mg, 5mg, 10mg or 20mg lisinopril.

DOSAGE AND ADMINISTRATION: Hypertension Adults (incl. elderly): Initially 2.5mg daily; a 2.5mg dose seldom achieves a therapeutic response; adjust dose according to response. Maintenance usually 10-20mg once daily. Maximum is 40mg daily.

Diuretic-treated patients - if possible stop diuretic 2-3 days before starting 'Zestril'. Resume diuretic later if desired.

Congestive heart failure Adults: Initially 2.5mg daily under close medical supervision (hospitalisation for severe or unstable heart failure and other patients at higher risk, increasing to 5-10mg once daily according to response. Monitor blood pressure and renal function.

Acute myocardial infarction: Treatment must be started within 24 hours of symptoms. First dose is 5mg, followed by 5mg after 24 hours. 10mg after 48 hours and then 10mg once daily. Dosing should continue for six weeks. Lower dosage in patients with low systolic blood pressure (120mmHg or less) - see Data Sheet.

Renal impairment - may require lower maintenance dosage. Zestril is dialysable.

CONTRA-INDICATIONS: Pregnancy. Hypersensitivity to Zestril. Patients with history of angioedema or previous ACE-inhibitor therapy. Patients with aortic stenosis, cor pulmonale or outflow tract obstruction.

PRECAUTIONS: Assessment of renal function is recommended. Symptomatic hypertension may occur, particularly in volume depleted patients and congestive heart failure. Caution in patients with ischemic heart or cerebrovascular disease; renal insufficiency; renovascular hypertension. Patients with a history of angioedema may be at increased risk of angioedema with an ACE inhibitor. Acute myocardial infarction patients with evidence of renal dysfunction or at risk of serious haemodynamic deterioration - see Data Sheet. Cough has been reported with ACE inhibitors. Renal impairment (usually reversible) may occur in some patients. Hypertension may occur during surgery or anaesthesia. Caution in nursing mothers. No pediatric experience. After-Caribbean patients may show reduced therapeutic response. Symptomatic hypertension can be minimised by discontinuing diuretic prior to Zestril, interaction with indinavir and lithium. Potassium supplements, potassium sparing diuretics and potassium containing salt substitutes not recommended. Avoid concurrent use with high-flux dialysis membranes.

SIDE EFFECTS: Hypotension, dizziness, headache, diarrhoea, cough, nausea, fatigue. Less frequently, rash, paresthesia. Rarely, angioedema or other hypersensitivity reactions, myocardial infarction or cerebrovascular accident possibly secondary to excessive hypotension in high risk patients, palpitations, tachycardia, abdominal pain, dry mouth, pancreatitis, hepatitis, jaundice, mood alterations, mental confusion, paraesthesia, bronchospasm, alopecia, urticaria, diaphoresis, pruritus, urticaria, defaturation, renal dysfunction, acute renal failure, impotence; haemolytic anemia. A symptom complex which may include fever, malaise, malaise, arthralgia/myalgia, positive ANA, elevated ESR, eosinophilia, leukocytosis, rash, photosensitivity or other dermatological manifestations may occur. Increases usually reversible in blood urea, serum creatinine, liver enzymes and serum bilirubin. Decreases in haemoglobin and haematocrit. Hyperkalaemia and hyperuricaemia.

Acute glomerulonephritis during desensitisation treatment. Leucopenia and thrombocytopenia may occur. (causal relationship not established).

LEGAL CATEGORY: POM.

PRODUCT LICENCE NUMBERS AND BASIC NHS COSTS: Zestril: 2.5mg (126190008) 28 tablets £3.64; 5mg (126190009) 28 tablets £6.98; 10mg (126190008) 28 tablets £11.83; 20mg (126190007) 28 tablets £13.38.

'Zestril' is a trademark, the property of ZENeca Limited. Further information is available from ZENeca Pharma, King’s Court, Water Lane, Wilmslow, Cheshire SK9 5AZ. 094363H Issued Sept '95
ASSERTIVENESS SKILLS COURSE
Course Director: Sally Irvine
Course Leader: Hilary Haman
1/2 May 1996 & 9/10 October 1996

This two day course aims to equip participants with an appreciation of assertive behaviour in order to help them develop constructive relationships within their professional and personal lives. Managing conflicts at work and reducing stress are two of the issues addressed through giving participants the opportunity to practise the skills of giving and receiving criticism and saying No.

The course is aimed at those participants who behave “over assertively” as well as those who feel they could profit from the confidence gained from assertiveness training. This course is of particular benefit to General Practitioners in their roles as partners and employers and any other members of the practice team who manage staff. Fee to be confirmed.

For further details please contact:
RCGP, Courses and Conferences Unit,
14 Princes Gate, Hyde Park,
London, SW7 1PU. Direct line: 0171 823 9703
or Fax: 0171 225 3047.

What else provides the complete set of oestrogens?

OESTRADIOL
OESTRONE
OESTRIOL

HORMONIN®
Oestrone, Oestradiol, Oestriol

FOR THE WOMAN WHO HAS HAD A HYSSTERECTOMY

Further Information is available from: Shire Pharmaceuticals Ltd
Poyse House, East, Axton Court, Icknield Way,
Andover, Hants, SP10 5RG

Legal Category POM
The Health Care of Prisoners is provided in 128 prisons in all areas of England and Wales. There are 270 doctors working in the Health Care Service for Prisoners with 140 full-time medical officers but also 120 part-time medical officers who are general practitioners.

All doctors joining the Service are expected to undertake a programme of training in a way which acknowledges the specialist nature of medical work in prisons including the managerial responsibilities, and which is to be matched by the introduction of a Diploma in Prison Medicine.

All doctors working in the Health Care Service for Prisoners are indemnified by the Service. All necessary facilities and equipment is provided by the Service.

At the present time there are vacancies for both full-time and part-time posts in prisons in many parts of England and Wales. Doctors interested in hearing more about employment in the Service are invited to write to or speak to Dr Robin Ilbert, Directorate of Health Care, Cleland House, Page Street, London SW1P 4LN telephone 0171 217 6550, fax 0171 217 6412.
Better Informed * Better Managed * Better Health

The objective of the Health Services Management Unit (HSMU) is to stimulate innovation in management and hence improve the delivery of healthcare. We are offering a series of one-day events for 1996.

THE NEW NHS COMPLAINTS PROCEDURE

The new NHS Complaints Procedure will become effective on 1 April 1996. Action will be required by HA’s Trusts and Family Health Services Practitioners to establish systems to comply with the new procedure. Support with the implementation of the new procedure can be provided in the following ways:

Workshops for Complaints Officers and Non-Executive Convenors
Topics include: requirements of the new procedures, effective handling of complaints, role of the Convenor, effective panel hearings, perspective of the complaints and the role of Stage 11.

*In addition, senior members of the HSMU team with experience of handling complaints can assist HA’S Trusts and Family Health Services Practitioners to plan the implementation of the new procedure. This includes working with the Board, partners and managers who have a particular role in the effective management of complaints systems."

INTEGRATED CARE

HSMU is organising two one-day seminars to explore the issues related to the purchase and provision of integrated care. This seminar will draw on the experiences of the healthcare system in the USA, the private sector in the UK and initiatives being undertaken by purchasers and providers.

Sessions will cover: * Lessons from approaches to managed care as developed in the USA and countries in Western Europe * Disease management * The experience of the private sector * Example of integrated care and care management in the UK * Purchasing and providing packages of care

Confirmed speakers include: * Professor Bradford Kirkman-Liff, School of Administration and Policy, Arizona State University * Ian Carruthers, Chief Executive, Dorset Health Commission * Dr David Colin-Thorne, General Practitioner & Director of Primary Care, North West Region * Roger Hudson, Manager of Professional Affairs, Lilly Industries Ltd * Robert Barns, Director of Managed Care, BUPA Hospitals Ltd.

The seminars will be of interest to purchasers, providers and general practitioners who are committed to developing strategies for commissioning and delivering personal integrated care.


The cost of either of the Handling Complaints or Integrated Care Seminars is £165 per person per seminar.

SHARING EVENTS

In recent years the Centre for Human Resource Management at HSMU has offered a series of focused events aimed at encouraging shared learning.

Key features: * Contributions from hearing thinkers and ‘do-ers’ * A focus on current policy initiatives and emerging issues * Encouraging new thinking * An opportunity to meet with a range of colleagues tackling similar issues.

Each of the 1996 events is being offered in two locations.

‘Managed Care - The Implications for Human Resources Managers’

‘Quality in Performance - Sharing the work so far in the Quality in Performance Pilot Schemes’
Dates: Birmingham - 11 April 1996  Newcastle-upon-Tyne 19 April 1996

‘To be or Not to Be? Personnel Management in the New Health Authorities’

‘Primary Care Led NHS The People Sessions’
Dates: Manchester - 13 June 1996  Bristol - 20 June 1996

‘The Future NHS Workforce’

The cost for an individual sharing event is £75 inclusive of lunch, refreshments and all materials. For those wishing to book all five events in advance the cost will be £300.

For further details and booking forms for any of the above contact HSMU. Devonshire House, Precinct Centre, Oxford Road, Manchester M13 9PL.
Tel: 0161 275 2908  Fax: 0161 273 5245.

RCGP Travel Club

This month The Travel Club are delighted to announce their December competition. In association with IBERIA airlines of Spain and Catalonia Hotels - every booking made in the month of December will be entered in our prize draw.
Your could win a weekend for two in Madrid or Barcelona with 3 nights bed and breakfast in a 4★ Catalonia Hotel flying from London.

The draw will be made on the 3rd of January and the winners will be notified on that day.

Travel to take place between January and June (excluding Easter) 1996.

The club will also provide the following on going services.

- Full Booking Service
- Holiday Brochure Service
- Special Rates & Discounts
- Dedicated Staff
- Rebate Scheme
- Freephone Booking Service
- Open 5 days a week Mon - Fri
- All major credit cards accepted

Call Trevor, Karen or Sam on 0171 938 4936 for further details.
Clinical Referral Service

Colour Vision Clinic
A diagnostic and advisory service for children and adults suspected of having defective colour vision offers a complete range of clinical tests, including Pseudoisochromatic plates, Farnsworth-Munsell tests, Anomaloscopes and Lanterns.

The examination enables a diagnosis of either normal or defective colour vision to be made. The type and degree of any colour vision defect is analysed and an estimate is made of the extent of any practical handicap in using colours. Advice on suitability for specific occupations involving colour recognition is also available.

A written report of the examination will be provided.

Other Specialist Clinics
The Paediatric Clinic provides eye care for children, especially children with learning difficulties, and babies from four months of age. The Contact Lens Referral Clinic provides assistance with the management of contact lens wearers who have (a) lens-induced problems, (b) medical indications for lens wear or (c) high refractive errors or specialist lenses.

Department of Optometry and Visual Science

Appointments or further information: Clinic Secretary, The Department of Optometry and Visual Science, City University, Dame Alice Owen Building, 311-321 Goswell Road, London EC1V 0HB. Telephone: 0171 477 8338.
United Kingdom Council for Psychotherapy

National Register of Psychotherapists 1995-96


- Lists names, addresses and telephone numbers of over 3000 psychotherapists with recognized training qualifications, alphabetically and by county.
- Indicates therapeutic orientation of each practitioner.
- Lists names and addresses of over 70 psychotherapy organizations.
- Clearly displays Ethical Guidelines and aims of member organizations.

The Register includes practitioners with the following specialisations:

- Psychoanalytic and Psychodynamic Psychotherapy
- Child Psychotherapy (Psychoanalytic)
- Analytical Psychology (Jungian)
- Behavioural and Cognitive Psychotherapy
- Hypnotherapy
- Humanistic and Integrative Psychotherapy (including Gestalt, Transactional Analysis, Psychosynthesis and Existential approaches)
- Family, Marital and Sexual Therapy
- Personal Construct and Neuro Linguistic Programming Psychotherapy

The United Kingdom Council for Psychotherapy (UKCP) is a registered charity.
All psychotherapists on the UKCP Register are required to adhere to the Codes of Ethics and Practice of their own organizations which will have been approved by the UKCP.

Order your copy today!

Order From:
- Pam Houlsome, Routledge, FREEPOST, Andover, Hants. SP10 5BR.
Credit card orders: Tel: (01264) 342923 Fax: (01264) 342787
- Pam Howard, UKCP, 167-169 Great Portland Street, W1N 5BF
Tel: (0171) 436 3002

nahat

National Association of Health Authorities & Trusts

ASSOCIATE MEMBERSHIP

Means being part of a growing membership of non commercial organisations working in or on the periphery of the NHS, who benefit from having access to possibly one of the most authoritative and up-to-date information resources concerning the latest changes, policy issues and events occurring in the NHS.

- Receive our monthly membership journal Health Director. This lively journal brings you up-to-date news, views and features encompassing all sectors of the NHS, good practice and new developments.
- Receive NAHAT's highly regarded Briefing Papers which provide essential information on current health policy developments.
- Receive regular Updates providing in-depth commentary on key issues of the day.
- Take part in our conference, seminar and training programmes at reduced membership rates.
- Purchase NAHAT's wide range of health policy documents, research papers, guides and handbooks at reduced membership rates.

Network with like minded individuals and share best practice and experience.

Three packages are available - to tailor this service to meet your exact requirements, ranging from as little as £150 a year.

Please send me further details of NAHAT’s associate membership:

NAME
ADDRESS

nahat

Working together for Health

NAHAT
BIRMINGHAM RESEARCH PARK
VINCENT DRIVE, BIRMINGHAM B15 2SG
TEL: 0121-471 4444 FAX: 0121-414 1120
Please write or telephone for further information. Alternatively please complete and return this coupon.

Name ................................................
Address ................................................................
................................................................
Please send further information on:-
Cataract surgery       Excimer laser sight correction
Diode laser treatments

RCGP
National Spring Symposium
Aberdeen 12-14 April 1996
“Facing the Challenge - Quality into the 3rd Millennium”

♦ Politics and General Practice - The Question Time Session
♦ The Importance of Being Different - The Pickles Lecture
  ♦ Chipping away at a Nation’s Diet - The Plenary
♦ Changed out of all Recognition - Caring, Commissioning and Contracting into the Coming Century - The Debate
♦ Many other Parallel Sessions - Well known Expert National and International Speakers
  ♦ Scientific Papers - Submissions Being Sought

PGEA Approved

For all the details on the education, social and fringe programmes, phone now for the brochure - 01224-840762.

We are pleased to have the support of Astra Pharmaceuticals
OCCASIONAL PAPER 71 -
RURAL GENERAL PRACTICE IN THE UK

The founding fathers of the College - notably Will Pickles of Wensleydale - were well known for their research from country practice, but since then the College’s interest in rural practice has tended to wane rather than wax. It is, however, committed to all its members and having recently published Inner Cities, Occasional Paper 66, it is now pleased to maintain the balance and publish this new Occasional Paper, from a Working Party of the College chaired by Dr Jim Cox, which it is hoped will help raise the profile of rural practice in the UK.

Price £10.00 (members)
£11.00 (non-members).

OCCASIONAL PAPER 72 -
THE ROLE OF GENERAL PRACTICE IN MATERNITY CARE

This new Occasional Paper, the Report of the RCGP Maternity Care Group, chaired by Dr John Noakes, has been approved by the Council of the College as a discussion document. It sets out the facts, clarifies a number of legal issues, and describes what many professionals believe is the content of maternity care. In particular, it stresses the need for closer collaboration between members care. In particular, it stresses the need for closer collaboration between members of the primary maternity care team and underlines the important contribution general practitioners can make. Its purpose is to stimulate debate and it is hoped that all who have an interest in this subject will take part.

Price £10.00 (members)
£11.00 (non-members).
To doctors we mean business.

Insurance is a business like any other. And while no one knows your business better than you, no other company knows the insurance needs of your practice better than General Accident. That’s why we’re the market leader.

At General Accident, we like to work hand in hand with our clients and treat them more like partners than customers. This, and a unique blend of dedicated specialist teams, the UK’s most extensive branch network and a close working relationship with selected insurance advisors, ensures our clients get the best cover at the best price.

Now that has to be a good sign for your business.

General Accident
NEAR TO YOU, NEAR TO YOUR NEEDS

For full details contact your insurance advisor or local General Accident branch
Making it work more effectively

Key Principles

Information is person-based
Information comes from operational principles
Information needs to be shared
Information supports management
Information enables business objectives
Information focuses on health
Information is our business

Can we talk?
Just pick up the phone!

Information is vital to the NHS

The NHS is an increasingly complex and diverse organisation. The separation of the purchaser and provider functions with the establishment of the 419 NHS trusts and over 2000 GP fund-holding practices has created a whole new set of relationships and information needs.

If we are all to maximise the benefits of these developments we need to take advantage of modern information technology to gather information from many and often remote sources; to assemble and present information where and when we want it; and to make it accessible to all those who need it.

That's where we come in. IMG is charged with providing an NHS wide strategy for delivering effective healthcare, through better use of IT resources. We understand the management and implementation issues of IM&T, can suggest ways of presenting the concept of IM&T to management and then help draw up a nationwide strategy of clearly focused delivery.

And, because we've worked on every type of project across the NHS, our unrivalled experience means you can enjoy the best systems and help drive efficiency through the NHS. In other words, make plans and take action to implement the IM&T strategy and its infrastructure.

After all, information is more than a resource, it's a shared strategy.

For general information please order The IM&T Infrastructure in context: executive summary(C3038) and The impact on the NHS (B2132). Comprehensive documentation relating to the IM&T strategy is also available from:

IMG Information Point/NHS Register of Computer Applications
c/o Cambridge and Huntingdon Health Commission
Primrose Lane, Huntingdon, Cambs PE18 6SE
Tel: 01480 415118 Fax: 01480 415160

Information Management Group

NHS Executive
COURSES/CONFERENCES

RCGP
RURAL GP CONFERENCE
11-12 APRIL  ABERDEEN
RURAL PRACTICE: IS THERE A FUTURE?

- Is There Quality In Rural Life?
- Rural Health - Why Go In For It At All?
- Rural Practice - The Problems?
- Rural Health - The Solutions?
- Rural Practice - The Vision Thing?
- Rural Issues - The Soapbox Hour!

This conference, from Thursday lunch to Friday midday, precedes the RCGP 1996 Spring Symposium.

For further details and an application form please tel: (01224) 840762 or fax: (01224) 840761.

MRCGP COURSE

Course Tutors: Dr Has Joshi, Dr Doug Dare, Dr Terry Davies & Dr Geoff Morgan

Wednesday-Saturday 20-23 March 1996

This is an intensive course employing unique teaching methods to enable candidates to prepare for the MRCGP examination. The course is particularly aimed at candidates who have found and/or anticipate difficulties with the MRCGP examination in its present format. It is also aimed at introducing candidates to the methods of assessments used in the written and oral segments of the examination. Candidates are advised to book early to avoid disappointment as numbers are limited.

The delegate fee (inclusive of VAT) is £450.00. PGEA & Section 63 approved.

For further details please contact: RCGP Courses, 14 Princes Gate, Hyde Park, London SW7 1PU.

Tel: 0171 823 9703 Fax: 0171 225 3047

SUPPORTING A PRIMARY CARE LED NHS

The Role of the Investigative Professions

6 March 1996

This Study Day, organised by the RCGP Working Party on Near Patient Testing, aims to raise issues of concern in relation to Near Patient Testing and to consider how these issues can be addressed in general practice. It is aimed at all health professionals including GPs, Nurses, Pathologists and Biochemists. PGEA applied for. Delegate fee to be confirmed. For further details contact RCGP Courses Unit.

DEVELOPING YOUR TEAM

Course Director: Sally Irvine
Course Leader: Hilary Haman

28/29 February 1996

This two day course, open to general practitioners and practice and health centre managers, will enable participants to understand how teams are developed, what their purpose is and how they can be sustained, as well as giving some practical experience of team building and team play. It is highly participative with a great deal of small group work so that participants can share with each other problems relating to operating within teams, as well as gaining experience of leadership and small group skills.

The delegate fee (inclusive of VAT) is £330.00 including lunch and refreshments on both days, and dinner on the first evening.

PGEA is applied for. Contact RCGP courses on 0171 823 9703.
6 months oestrogen

one implant

A unique oestrogen delivery system for hysterectomised women

Maintains therapeutic serum oestradiol levels for up to six months

Guaranteed patient compliance helps ensure adequate protection against osteoporosis

Can be used in conjunction with testosterone to alleviate decreased libido

Less expensive than other forms of parenteral oestrogen replacement

The original subdermal therapy available for over 50 years

Demonstration video and trocar sets available from:
Organon Laboratories, Fax: 01223 424368
Please Quote Reference: 01167C-GP

Further information is available from:
Organon Laboratories Ltd
Cambridge Science Park
Milton Road
Cambridge CB4 4FL
Telephone: (01223) 423445

based on the average length of treatment
HCI
IS NOT ONLY ONE OF
THE MOST ADVANCED
AND HIGHLY
TECHNICALLY EQUIPPED
MEDICAL CENTRES
ANYWHERE
IN THE WORLD....

...IT'S ALSO HIGHLY COMPETITIVE
AND IT'S AVAILABLE TO YOU NOW.

- HCI International Medical Centre at
  Clydebank. Purpose built to offer some
  of the finest medical facilities anywhere
  in the world.

- A full time faculty of permanent
  consultants recruited from leading
  medical institutions in the US, Australia,
  South Africa, UK and Europe, joined by
  a faculty of visiting consultants,
  including a number of internationally
  renowned specialists.

- Specialities currently dealt with:
  cardiology, cardiac surgery, thoracic
  surgery, vascular surgery, colorectal
  surgery and general surgery, oncology,
  complex orthopaedics, urology,
  nephrology, ophthalmology, ear nose
  and throat, gynaecology, plastics and
  reconstructive surgery, dermatology,
  general laparoscopic surgery, infectious
  diseases, total care of breast cancer
  and health checks.

- Top quality, linked hotel with
  immediate access to the hospital
  facilities for patients' companions.

- Major insurances covered.

You can access HCI for your patients now
and at costs much more competitive than you might think.
For details on how you can give your patients the very best medical care,
contact our GP Liaison Manager on 0500 749 432 today to discuss
further, arrange a visit or receive our GP Information Pack.

HCI International Medical Centre Beardsmore Street Clydebank, G81 4HX Scotland
Tel: (0141) 951 5000 Fax: (0141) 951 5006