

Pearson

**BTEC Higher National
qualifications in Healthcare
Practice/Healthcare Practice
for England**

**Pearson-set Theme and Topic Release
1st September 2022 to 31st August 2023**

Unit: 4 Fundamentals of Evidence-based Practice

First Teaching from September 2018

First Certification from September 2019

For use with the following qualifications:

Pearson BTEC Level 4 Higher National Certificate in Healthcare Practice/Healthcare Practice for England

Pearson BTEC Level 5 Higher National Diploma in Healthcare Practice/Healthcare Practice for England

Edexcel, BTEC and LCCI qualifications

Edexcel, BTEC and LCCI qualifications are awarded by Pearson, the UK's largest awarding body offering academic and vocational qualifications that are globally recognised and benchmarked. For further information, please visit our qualifications website at qualifications.pearson.com. Alternatively, you can get in touch with us using the details on our contact us page at qualifications.pearson.com/contactus

About Pearson

Pearson is the world's leading learning company, with 35,000 employees in more than 70 countries working to help people of all ages to make measurable progress in their lives through learning. We put the learner at the centre of everything we do, because wherever learning flourishes, so do people. Find out more about how we can help you and your learners at qualifications.pearson.com

References to third party material made in this document are made in good faith. Pearson does not endorse, approve or accept responsibility for the content of materials, which may be subject to change, or any opinions expressed therein. (Material may include textbooks, journals, magazines and other publications and websites.)

All information in this document is correct at time of publication.

All the material in this publication is copyright

© Pearson Education Limited 2022

Contents

Contents	3
1 Introduction to theme	4
2 Topic selection	6
3 Choosing service improvement project	10
4 Key proposal headings	12
5 Employer engagement	16
6 Sharing of good practice	17
7 Resources and useful links	18
References	22
Appendix A Assessment summary 2022-2023	24
Appendix B Optional template for logbook/reflective journal	26

1 Introduction to theme

Theme

The Pearson-set theme for use with Unit 4: Fundamentals of Evidence-based Practice is:

Theme: Improving services by involving people

Health and social care were once delivered to patients and service users by those that thought they knew what the patients and service users needed or wanted. Those who accessed services were told what care, treatment or interventions they would receive. Experts, in the medical model of health and social care sense of the word, made the decisions. Thankfully, the days of hegemonic health and social care are in the past... or are they?

The aim of this year's theme and topics is to enable learners to explore personalised care, the depths of its integration into the systems and services they are involved in, and to critically examine the service they, and their placement/workplace colleagues deliver. They should explore ways people could be more involved in their own personalised treatment and care.

Learners will create a service improvement project proposal that would, if it were carried out, have the goal of improving service delivery by involving those who access that service.

Background

Health and social care services are delivered in a wide variety of locations by a large number of different health and social care professionals, students and learners.

Individuals, carers and families access services in their own homes, communities, residential care homes, day care facilities, hospitals, health centres, medical practices, pharmacies, hospices. This is not an exhaustive list.

Health and social care services are also increasingly being delivered online, by telephone and via specially developed software and applications that can be installed on mobile or desktop devices.

Organisations and professions have different names for those who use and access their services. Clients, service users, users of services, patients, individuals, public, and people are just some of the terms in common use. However, the core principle of safe, effective care remains unchanged.

NHS Improving Quality (2014), now part of NHS England, defined a service improvement project as being “about testing ways to implement evidence-based care”. A service improvement project is not the same as a research project, but it will be grounded in the evidence from research. A service improvement project proposal should include a section that discusses the published and peer reviewed evidence related to the project idea.

This theme, improving services by involving people, has been chosen because interprofessional multidisciplinary care, wherever the service is delivered, is an essential baseline standard of care. Where improvements are proposed to services, the proposal has to describe a collaborative process involving the relevant professional groups and *essentially*, those who use the services. The voice of the people the service is designed for should be at the heart of improvement projects.

2 Topic selection

Tutors must choose one topic from the list provided below. All learners must complete the same topic. If delivering to different cohorts of learners, tutors may select a different topic for each cohort.

For centres that have multiple start dates throughout the academic year, for example learners beginning their studies on the Higher National Diploma between January and July, the same theme for both level 4 and level 5 Pearson-set units may apply (depending on delivery schedules and when students commence the Pearson-set units). If learners are in a position of completing the same theme for both level 4 and 5, centres must ensure that the theme for level 5 is addressed in a different context from the topic selected and applied at level 4.

Appendix A provides an additional concise summary for both tutors and learners on the assignment.

Theme: Improving services by involving people

Topics:

- 1. Shared decision making – enabling collaborative decisions about services, treatments or interventions**
- 2. Social prescribing – enabling individuals to improve their health and wellbeing**
- 3. Individual choice – ensuring individuals are aware of their options regarding treatment or interventions**
- 4. Empowerment through personalised care and support – empowering individuals to become active participants in their own health and wellbeing**

The topics are based on the Personalised Care Institute's personalised care framework (<https://www.personalisedcareinstitute.org.uk/what-is-personalised-care-2/>). The framework was created in partnership with communities, local government, the NHS, councils, clinicians and professionals. "Personalised care simply means that patients have more control and choice when it comes to the way their care is planned

and delivered, taking into account individual needs, preferences and circumstances” (Personalised Care Institute, n.d.-b).

The tenets of the four topics are very much interlinked. Each topic could enable learners to propose a very large service improvement project. Tutors should support learners to narrow down their ideas to projects that have specific intended outcomes, are locally biased, could be achievable if they were to be carried out, and are relevant to their own health or social care context.

Resources provided in this document are England-centric. They serve only to guide the creation of assessment briefs and should not be considered as seminal works or essential reading. Tutors are strongly encouraged to substitute resources and terminology that is appropriate to the learners and their own contexts and locations.

Where alternative resources exist, tutors may wish to post them on the HN Global discussion forum so learners and tutors can take advantage of them.

Shared decision making

When people (individuals, patients, service users etc.) work with healthcare professionals to make decisions about their acute or ongoing care and wellbeing this is called shared decision making. Individuals may not meet all those involved in their care but the healthcare professionals, at whatever tier they are employed, have a duty to communicate and collaborate to share relevant information that will enable them to advocate for and advise the individuals they have a duty of care towards.

Nykänen, Schön and Björk (2021), in their freely available article *Shared decision making in social services – some remaining questions*, suggest in their literature review that:

Traditional decision making in health care and social services has been criticized as abusing power and excluding users’ rights to be informed and consulted, and generally for underestimating the importance of users’ experience, which may affect the suitability of offered interventions.

The term ‘nothing about me, without me’ (Lansley, cited in Department of Health, 2010) could be explored as part of learner’s proposals.

Social prescribing

The Kings' Fund, who work to improve health and care, provide this definition of social prescribing:

Social prescribing, also sometimes known as community referral, is a means of enabling health professionals to refer people to a range of local, non-clinical services. The referrals generally, but not exclusively, come from professionals working in primary care settings, for example, GPs or practice nurses (The King's Fund, 2020).

The Personalised Care Institute also describes the role of social prescribing link workers describing them as individuals who take a “holistic view of people’s health and wellbeing to connect them with partners, services, community groups and local organisations.” (Personalised Care Institute, n.d.-a).

The National Academy for Social Prescribing provides some social prescribing case study videos (National Academy for Social Prescribing, n.d.) on their website (<https://socialprescribingacademy.org.uk>).

Individual choice

Individual choice is about respecting patients', clients', users' and individuals' wishes and ensuring they can make an informed decision about the treatments and interventions available to them. This could simple be the location where they access an intervention or treatment, or the types of intervention, medication or surgery that is available to them. It includes whether to accept or undergo a treatment or not, or whether they agree to a referral to another service being made on their behalf. Choice gives people control over their own health and wellbeing, and the decisions related to their treatment and care.

The concept and term 'no decision about me without me' (Department of Health, 2010) should be well embedded into all aspects of healthcare and social care wherever it is delivered.

Empowerment through personalised care and support

Personalised care is a step beyond person centred care. Instead of just ensuring that the patient is central to all decisions made about them, its core principle is understanding what is important to *each* individual.

NHS England and NHS Improvement use a powerful infographic that describes what happens when people are empowered by working together with health and social care providers (NHS England and NHS Improvement South West, n.d.). Empowerment happens when the professional and the healthcare and social care system asks, “what’s important to you?”

Each of the mini-images in this infographic (<https://www.england.nhs.uk/south/our-work/integrated-personalised-care/embedding-integrated-personalised-care/>) could be a service improvement project in their own right and tutors should ensure that learners keep their proposed projects realistically manageable.

3 Choosing service improvement project

Tutors will need to devise an assignment brief for learners to follow. The brief should be designed to meet the specific needs of learners' contexts and must include reference to:

- Clients/service users/users of services/patients/individuals/public/peoples/terms relevant to the learners' areas of practice.
- Employers/placements/workplace

Learners should be encouraged to identify a specific area of service about which they would like to propose an improvement project. A problem-based approach will be useful for aiding the identification of the improvement to be proposed.

Learners should be encouraged to choose a small, discrete area to aim to improve rather than trying to solve large organisational, regional or national problems. The proposed project should be realistic to what they could carry out if they were permitted to do so.

Learners will not be carrying out a service improvement project or primary research. They will be creating an evidence-based proposal for a project. See Appendix A for a summary of what learners will be creating.

Although no primary data will be gathered, learners must ensure they consider the ethical implications of the project they are proposing. They should also include details of how they would provide participant information and gain consent should the project be carried out. Resources related to ethics and consent are included in the resources list in section 7.

When creating the assignment brief, tutors must be cognisant of the unit learning outcomes and assessment criteria. It must be possible for all learners to achieve pass, merit and distinction criteria. Tutors, by way of assessment design, must not limit learners' opportunity to achieve the highest grades.

Format of proposal document

There are many formats that a service improvement project could follow. Tutors are encouraged to work with placement providers to identify formats that best match the style and design they use for their service improvement projects. However, the

proposal must contain the following sections:

- Problem that the proposed project will aim to address
- Literature review
- Ethics and participant consent
- Reflection/self-evaluation
- Reference list (Harvard format)

The titles of the sections can be edited, but the core concept of the heading must remain. The order of the sections is not mandated. Tutors are encouraged to discuss the proposal outline with the learners.

Logbook or research journal

Learners must also submit a logbook, sometimes referred to as a research journal. They should be encouraged to decide on the form and format of the journal for themselves but should be reminded that it is a professional document. The purpose of the journal is to enable learners to complete the short reflection/self-evaluation section within the proposal.

A concise summary of the proposal document and logbook/journal is provided in Appendix A and Appendix B.

4 Key proposal headings

Problem that the proposed project will aim to address

A problem is something that needs to be addressed or solved in order to improve the service for patients, service users, clients etc. Problems have two elements (Ellis and Levy, 2008):

1. The current state differs from the ideal.
2. There is currently no acceptable alternative that patients, service users and clients can take advantage of.

A good way to identify a problem is to ask small, simple questions (Creswell, 2019):

- What is the issue I need to address?
- Why is this problem important?
- How will the intervention I propose help to solve the problem?
- Who will benefit from my proposed project?

Literature review

“A literature review is a written summary of journal articles, books and other documents that describes the past and current state of information on the topic of your research study” (Creswell, 2019, p79). The “research study” in this instance is a service improvement project proposal.

The aim of the literature review section is to do at least one of several things. For example:

- Ground the proposal in published, peer reviewed research evidence.
- Confirm that the problem identified is a real problem.
- Confirm that service users care about the problem and want it solved.
- Confirm that the intervention proposed will help to solve the problem
- Confirm that there is little or no evidence in the literature of a similar intervention.
- Confirm that similar interventions to the one proposed have been carried out

and have worked.

This is not an exhaustive list.

Creswell (2019)¹ suggests a simple process for locating and reviewing literature:

1. Identify key terms to use in the search for literature
2. Locate literature relevant to the problem by searching for journal articles, textbooks, policies and guidance, standards etc. Journal/textbook databases and the internet will be valuable tools to use. However, don't forget the hierarchy of evidence: systematic reviews at the top, background information (Wikipedia, dictionaries, websites, opinions) at the bottom.
3. Evaluate and select the literature for the review. Not all the texts found will be useful. Review the article abstracts and summaries and discount irrelevant articles – there isn't time to read everything.
4. Organise the literature found. Save or print the literature. Read it, highlight important passages of text, take notes, summarise the key points, identify the authors' conclusions.

Tip – don't re-write what the authors have written, use your own words.

5. Synthesise the literature – what are the key themes in the literature found? Try using a methodological matrix (table) or a literature map (like a mind map) to help identify themes.
6. Write the literature review. If steps 1 to 5 have been completed, step 6 is much easier than just jumping right in. Discuss the themes in relation to the problem you have identified. At the end, summarise briefly what it is proposed.

Ethics and participant consent

If the intervention or project was going to be carried out, ethics approval and participant consent would need to be sought. However, it is a *proposal* for an intervention/project that is being created. Learners need to consider how they would ensure that the service improvement project was ethical and would not harm or

¹ Creswell writes clearly and succinctly about research using very accessible language. Although the textbook cited is about educational research, the concepts, frameworks and templates can be used equally well in healthcare research.

disadvantage service users if it was carried out. They should evidence knowledge of relevant ethics processes, panels or committees relevant to their placement context and education institution.

Learners also need to consider how they would gain participant consent and maintain participant and data confidentiality when appropriate.

Reflection/self-evaluation

Reflection is an essential part of the research or service improvement process, no matter what methodology is used. A short section must be included where learners reflect or evaluate their knowledge understanding. This could include:

- What they have learnt about involving service users, patients and clients in service evaluation projects.
- The process of creating the proposal.
- Locating and analysing relevant literature.
- Identification of further problems.
- Reasons why their chosen intervention would not be successful.

This is a *short* section, and it is unlikely that learners will be able to include all these points within the suggested section word count (300 words). They should be encouraged to write concisely and be selective about what they include. Depth of reflection is preferable to breadth.

What if the proposed project won't work?

Learners may spend a large amount of time reviewing literature, planning the proposal and gathering background data only to find out that their planned intervention has not worked for other researchers. This is part of the research, project proposal development, and learning, process. Not all interventions work.

Rather than encouraging learners to start again and to choose a more potentially successful project proposal, they should be encouraged to critique what they have presented and to reflect on their learning.

There is no requirement for the proposed project to be potentially successful. Making mistakes and is a valuable learning experience and learners should not

receive lower grades because they have identified and reflected on their project's weaknesses.

Reference list/bibliography

All sources of information, including images, must be referenced both within the text and in the reference list/bibliography at the end of the work. The Harvard format of citation should be used. Consistency of referencing format is more important than the version of Harvard that learners use.

Learners could be encouraged to use referencing tools or managers such as Mendeley, EndNote, Word's inbuilt Citations & Bibliography feature or RefWorks. There are many others both free and paid for.

5 Employer engagement

Centres are strongly advised to work with employers during delivery and assessment of the unit and Pearson-set assignment.

Real world examples of service improvement projects carried out by workplace peers, practice supervisors or placement managers are valuable learning opportunities.

Within health and social care, many clinical practitioners carry out improvement projects as part of their daily role. Learners may be able to signpost the programme team to individuals whose role is to improve services by engaging with those who use the services.

Learners should also be encouraged to seek out service improvement projects that are taking place in the clinical environment and to actively engage with the project lead.

6 Sharing of good practice

An appointed External Examiner for the centre will ask to sample the Pearson-set assignment briefs for review as part of the remote sampling request. Although this is not a mandatory requirement for centres, we strongly advise that centres seek guidance and support from their External Examiner on the Pearson-set assignment. The External Examiner may also include the Pearson-set units in the centre visit sample of student work.

The External Examiner will review and identify exemplars in all aspects of good practice.

7 Resources and useful links

Suggested resources and links that centres may find useful are shown below. Centres should choose resources that are relevant and supplement them with local resources, policies and guidance to support the Pearson-set topic chosen.

Resources cited in the text of this document are included within the References

Research and service improvement project methodologies and methods

Type of Resource	Resource Titles	Reference
Checklists for appraising different types of research article.	Critical Appraisals Skills Programme (CASP) checklists	CASP (n.d.) <i>CASP checklists</i> [online]. Available at: https://casp-uk.net/casp-tools-checklists/ (Accessed: 23rd June 2022).
Website detailing Good Clinical Practice (GCP). GCP is the international ethical, scientific and practical standard to which all clinical research is conducted.	Good Clinical Practice (GCP)	National Institute for Health and Care Research (n.d.) <i>Good Clinical Practice (GCP)</i> [online]. Available at: https://www.nihr.ac.uk/health-and-care-professionals/learning-and-support/good-clinical-practice.htm (Accessed: 23rd June 2022).
Decision making tools to help researchers decide if their study is research.	Is my study research?	NHS Health Research Authority and Medical Research Council (n.d.) <i>Is my study research?</i> Available at: http://www.hra-decisiontools.org.uk/research/ (Accessed: 23 rd June 2022).
Website with <i>many</i> service and quality improvement tools. Be discerning in your selection of tool(s).	Quality, service improvement and redesign (QSIR) tools by stage of project	NHS England (n.d.) <i>Quality, service improvement and redesign (QSIR) tools by stage of project</i> [online]. Available at: https://www.england.nhs.uk/sustainableimprovement/qsir-programme/qsir-tools/tools-by-stage-of-project/#stage-3 (Accessed: 23rd June 2022).

<p>Website with personalised care resources (registration required for some resources).</p>	<p>Resources for learners</p>	<p>Personalised Care Institute (n.d.) <i>Resources for learners</i> [online]. Available at: https://www.personalisedcareinstitute.org.uk/resources-2/ (Accessed: 23rd June 2022).</p>
---	-------------------------------	---

Personalised care and involving people in service improvement

Type of Resource	Resource Titles	Reference
<p>Journal article detailing a systematic literature review strategy to identify which behaviour change techniques are most appropriate in personalised care planning for older adults.</p> <p>As well as being about personalised care, the article shows a PRISMA (preferred reporting items for systematic reviews and meta-analyses) diagram – a tool that learners may find useful for their own literature review sections.</p>	<p>Behaviour change techniques in personalised care planning for older people: a systematic review</p>	<p>Ahmed, S., Heaven, A., Lawton, R., Rawlings, G., Sloan, C. and Clegg, A. (2021) 'Behaviour change techniques in personalised care planning for older people: a systematic review', <i>British Journal of General Practice</i>, 71(703), pp. e121-e127.</p>

The article is freely available by searching on the title.		
Website with a selection of resources and case studies about involving people (service users, patients, clients etc.) in quality improvement projects.	Involving patients	Healthcare Quality Improvement Partnership (n.d.) <i>Involving patients</i> [online]. Available at: https://www.hqip.org.uk/involving-patients/#.YrSObezMjhE (Accessed: 23rd June 2022).
Video giving a good explanation of what personalised care is.	NHS Comprehensive Personalised Care Model – explainer animation	NHS England (2018) <i>NHS Comprehensive Personalised Care Model - explainer animation</i> [video]. Available at: https://www.youtube.com/watch?v=jkzLP1_Y6Mw (Accessed: 23rd June 2022). Twitter: @Pers_Care
Website with personalised care resources. Only two have been listed but there are many more. Registration required for some resources.	Resources for learners eLearning	Personalised Care Institute (n.d.) <i>Resources for learners</i> [online]. Available at: https://www.personalisedcareinstitute.org.uk/resources-2/ (Accessed: 23rd June 2022). Personalised Care Institute (n.d.) eLearning [online]. Available at: https://www.personalisedcareinstitute.org.uk/your-learning-options/ (Accessed: 23rd June 2022). Twitter: @Pers_Care_Inst

Other useful resources

Type of Resource	Resource Titles	Reference
Video about Pearson-set assignments. Date of theme and topics release stated in the video are given as guidance only as it was created several years ago.	Training Video for the RQF BTEC Higher Nationals Pearson-set Assignments	Pearson UK (2019) <i>Training Video for the RQF BTEC Higher Nationals Pearson-set Assignments</i> [video]. Available at: https://www.youtube.com/watch?v=FkQi_I78_tw (Accessed: 23rd June 2022).

For any further additional support or guidance regarding this document, please email btecdelivery@pearson.com.

References

Creswell, J. W. (2019) *Educational Research: Planning, conducting , and evaluating quantitative and qualitative research*. 6th edn. New York: Pearson.

Department of Health (2010) *Equity and excellence: Liberating the NHS*. London: Her Majesty's Stationary Office.

Driscoll, J. (1994) 'Reflective practice for practise', *Senior Nurse*, 13(1), pp. 47-50.

Driscoll, J. (2006) *Practising Clinical Supervision : A Reflective Approach for Healthcare Professionals*. 2nd ed. edn. London.

Ellis, T. J. and Levy, Y. (2008) 'Framework of problem-based research: A guide for novice researchers on the development of a research-worthy problem', *Informing Science: the International Journal of an Emerging Transdiscipline*, 11, pp. p17-33.

National Academy for Social Prescribing (n.d.) *Social prescribing stories* [online]. Available at: <https://socialprescribingacademy.org.uk/about-us/what-is-social-prescribing/social-prescribing-stories/> (Accessed: 25th April 2022).

NHS England and NHS Improvement South West (n.d.) *Embedding Integrated Personalised Care* [online]. Available at: <https://www.england.nhs.uk/south/our-work/integrated-personalised-care/embedding-integrated-personalised-care/> (Accessed: 25th April 2022).

NHS Improving Quality (2014) *First steps towards quality improvement: a simple guide to improving services*. London: NHS Improving Quality.

Nykänen, P., Schön, U.-K. and Björk, A. (2021) 'Shared decision making in social services – some remaining questions', *Nordic Social Work Research*, pp. 1-12.

Personalised Care Institute (n.d.-a) *Social Prescribing Link Workers* [online]. Available at: <https://www.personalisedcareinstitute.org.uk/about-us-social-prescribing-link-workers/> (Accessed: 24th June 2022).

Personalised Care Institute (n.d.-b) *What is personalised care?* [Online]. Available at: <https://www.personalisedcareinstitute.org.uk/what-is-personalised-care-2/> (Accessed: 17th March 2022).

The King's Fund (2020) *What is social prescribing* [online]. Available at: <https://www.kingsfund.org.uk/publications/social-prescribing> (Accessed: 25th April 2022).

Appendix A Assessment summary 2022-2023

The assessment requirements for Unit 4 Fundamentals of Evidence-based Practice are:

- Creation of a service improvement project proposal. This should include problem, literature review, ethics, participant consent and reflection/evaluation sections.
 - Learners should submit a proposal related to the Pearson-set theme, and the topic that the centre tutor chooses.
 - The proposal should be for a service improvement project that could be done but isn't for the purposes of assessment.
 - Placement/workplace/education provider research and ethics committees are beyond the scope of a 15 credit, level 4 unit even if it is delivered longitudinally throughout the year. If the research were done, it would involve primary research with the aim of improving the service that the learner and their employer are delivering.
 - No primary research should be done for the purposes of this assessment.
 - The literature review section should explain how the learner has systematically found sources relevant to their research question(s) using appropriate search terms and inclusion/exclusion criteria.
 - The proposal should include a reflective section where the learner can evaluate their performance, learning, project management etc. They may wish to use their logbook or reflective journal entries to help them with this section. This section should be in the region of 300 words.
- Submission of a logbook.
 - A different term for "logbook" would be "research journal".
 - The journal entries should be more than lists of activities carried out. They should include the learner's formal or informal reflections on the research process and their learning throughout the unit.
 - A template that learners *could* use is provided in Appendix B.
 - Learners should decide the journal format for themselves.

- The unit learning outcomes must be met for a proposal to achieve a Pass grade.
 - Unit assessment criteria define Pass, Merit and Distinction grades.

Project proposal for a service improvement project

- No primary research should be carried out
- Project proposal related to Pearson-set theme and topic
- Detailed literature review section
- Reflection/evaluation of learning section ~300 words

Logbook/research journal

- Series of formal and/or informal reflections on learning

Appendix B Optional template for logbook/reflective journal

There is no requirement for learners to use this template. Learners should decide the format of the journal for themselves.

This template is based on Driscoll's (1994) model of reflection which is demonstrated diagrammatically in *Practising Clinical Supervision: A Reflective Approach for Healthcare Professionals* (Driscoll, 2006).

What?

For example: What happened? What did I learn? What did I miss out? What did I do?

So what?

For example: So what am I going to do about this? So what do I still need to learn? So what should I have included? So what should I have done? So what is the reason this is important to me? So what are the implications for individuals and service users?

Now what?

For example: Now what is my next action? Now what do I need to find out? Now what information do I need? Now what resources do I need? Now what am I going to do?

July 2022

For information about Pearson Qualifications, including Pearson Edexcel, BTEC and LCCI qualifications visit [qualifications.pearson.com](https://www.pearson.com/qualifications)

Edexcel and BTEC are registered trademarks of Pearson Education Limited

Pearson Education Limited. Registered in England and Wales No. 872828 Registered Office: 80 Strand, London WC2R 0RL.

VAT Reg No GB 278 537121

