

Luminus

Quarter 4: Insight for Combating Drugs Partnership Board Public Involvement

April 2024



● Shining a light on what matters to people.

Quarter 4: Insight for Combating Drugs Partnership Board Public Involvement

April 2024

If you would like a paper copy of this document or require it in an alternative format, please get in touch with us.

Involvement Strategy 24-25

Shining a light on what matters to people.

Luminus

Public involvement
Led by the Engagement Manager and Engagement Officer we will deliver a programme of face-to-face activity across Surrey

This will entail 4-5 events per month in community settings, groups or clinical break out spaces to speak to those most at risk of health inequalities.

We will focus the engagement to support the CDP in delivery of their objectives.

Whole system working
Developing and nurturing stakeholder and provider relationships. Stakeholder mapping, regular networking and meeting to ensure cohesive working.

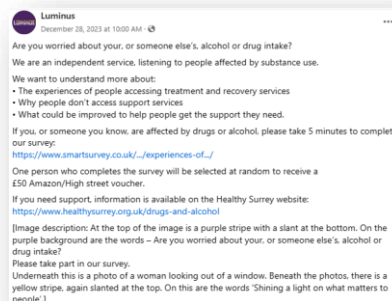
Signposting
Ensure our signposting information is up to date, accessible and available to people wanting to access services. Highlight any gaps in signposting.

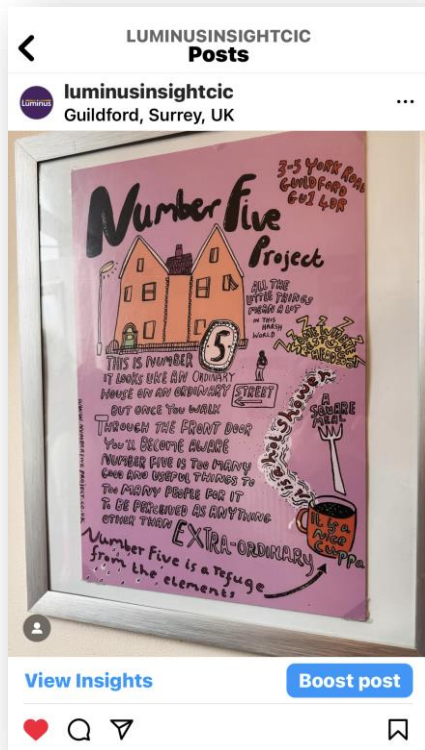
Comms and awareness
Using our established channels to communicate our service and call for evidence and experiences. Develop literature and marketing materials to hand out to public and share with stakeholders.

Reporting
We will produce a quarterly insight report to share with commissioners and the wider CDP. We will also use our insight to feedback to those that have shared experiences with us.

Communications

Some examples of the literature and social media we produced to promote our service during Q4.





Are you worried about your, or someone else's, alcohol or drug intake? **Luminus**

We are an independent service, listening to people affected by substance use.

We want to understand more about:

- The experiences of people accessing treatment and recovery services
- Why people don't access support services
- What could be improved to help people get the support they need.

If you, or someone you know, are affected by drugs or alcohol, please take 5 minutes to complete our survey:

<https://www.smartsurvey.co.uk/s/experiences-of-recovery-services/>

One person who completes the survey will be selected at random to receive a £50 Amazon/High street voucher.

To find out more about our service, please visit: <https://luminus-cic.uk/services/public-involvement-for-the-combating-drugs-partnership/>

Survey

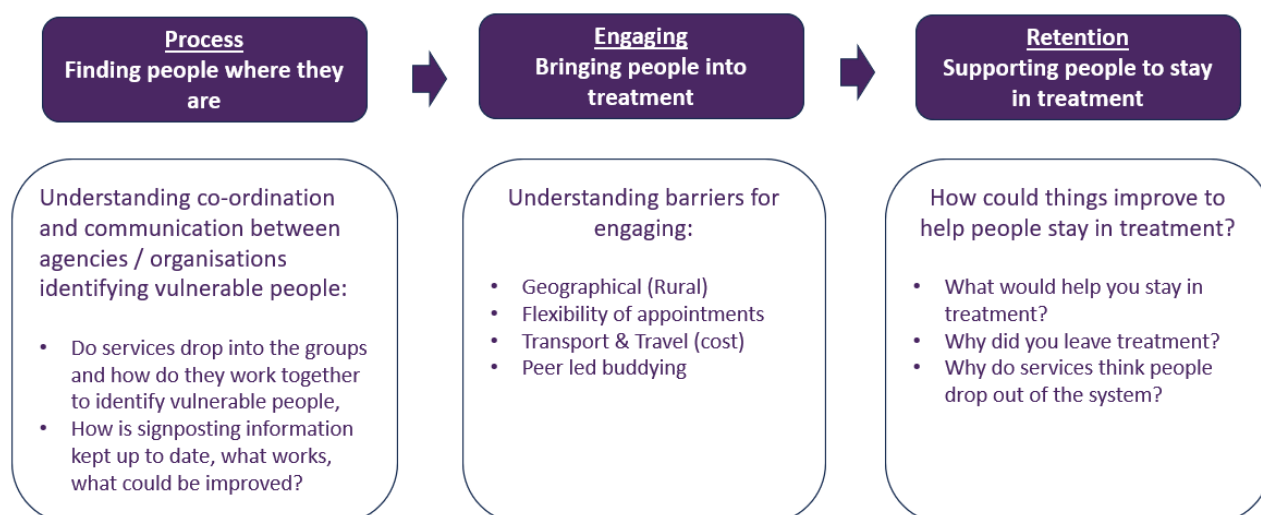
Introduction : Experience of recovery services (smartsurvey.co.uk)

During the quarter we continued with a survey to gather experiences from people that may be worried about their (or someone they know) drug or alcohol intake but are not engaging with services. This survey has continued to run and has been shared with Surrey Coalition recently.

We are planning a youth version of the survey during Q2.

Ensure the voices of a range of members of the public are heard:

Our area of focus for Q4 was around the following topic areas and key lines of enquiry:



Public involvement activity in Q4

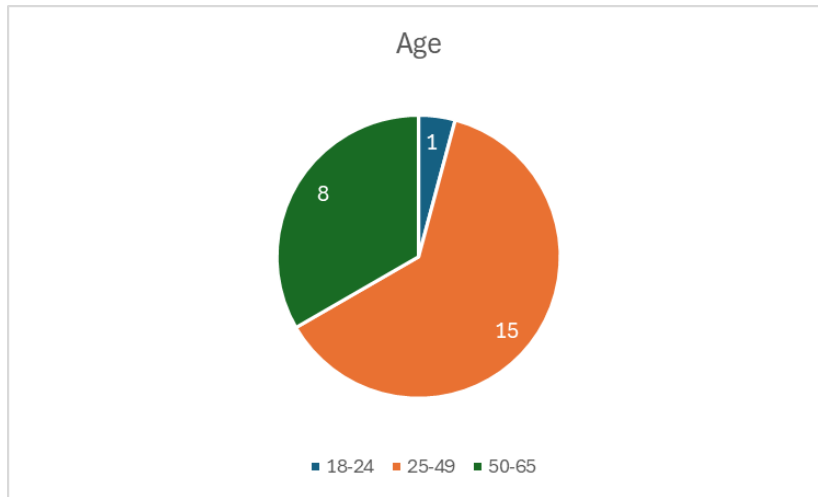
We spoke to 164 people about the service and **24** individuals shared in-depth experiences with us. During the quarter, we visited the following places:

January	Location
Guildford Action	Guildford
St Martin's Church	Old Dean, Camberley
St Mark's Foodbank	Tattenham, Surrey Downs
February	Location
Wellbeing Fair	Godalming
The Meeting Room	Ewell
North Guildford Foodbank	Guildford
St Peter's Community Drop in	West Molesey
Hurst Green Community Fridge	Oxted
March	Location
No.5 Riverside	Guildford
Crimestoppers road show	Camberley; Bagshot
St David's GP	Stanwell
Hermans pharmacy needle exchange	Stanwell
Hebrews community cafe	Addlestone
St John's Church	Walton on Thames



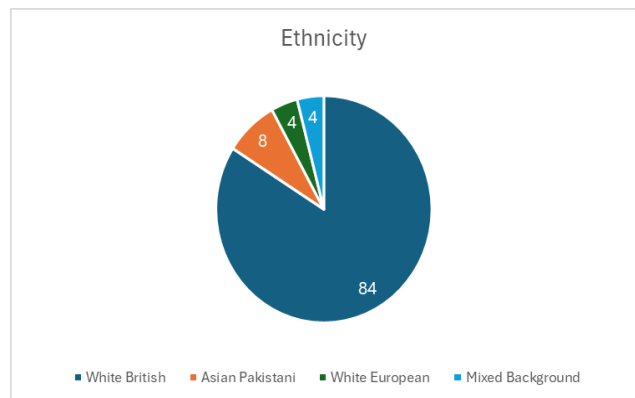
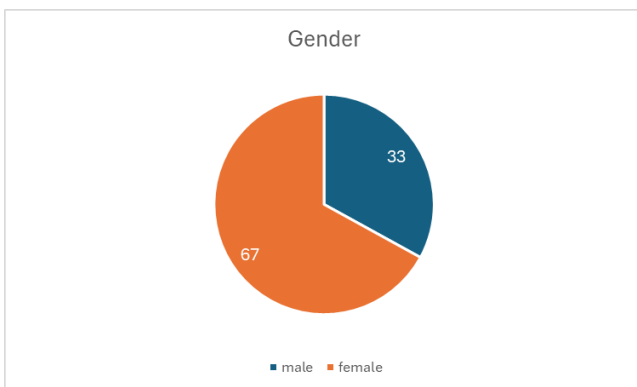
Demographics

We collected demographic information for the **24** people that shared their in-depth experiences with us. The chart below shows the number of people we spoke to in each age category.



The two pie charts below show people’s gender and ethnicity.

- Two thirds of the people we spoke to identified as male.
- 84% of the people we spoke to stated their ethnicity as White British.



Of the 24 people sharing experiences: 3 had a long-term condition, 1 had a disability and 1 was a carer.

What we have heard in Q4



There were a number of key themes that emerged from our public involvement this quarter:

1. Finding people where they are:

- Importance of having services visit charities and wrap around support organisations to reach people where they are.
- Some volunteers in support organisations are actively helping people refer to services, where people need extra support, but this is not geographically equitable.

2. Bringing people into treatment:

- Hierarchy of needs, treatment and appointments become lower priorities when food, housing, money etc. is an issue for an individual.
- Lack of flexibility of appointment times is preventing access and meaning people drop out of treatment.
- Cost of transport to getting to appointments is barrier to access.
- Inadequate mobile phones or lack of a phone /credit makes access difficult for some appointment bookings/video appointments.
- Importance of peer mentoring / people with lived experience is very important to individuals to feel that people feel empathy and have 'walked in my shoes'.
- 'One stop shop flyer' with all options would help people understand the pathway but need easy read / infographic for those illiterate or for whom English is not their first language.
- Less formal / clinical settings, and the ability to smoke outside would ease anxiety around appointments.



- We have heard that health scares can be a motivation for people to access treatment and engage with services.

3. Supporting people to stay in treatment:

- Community support (check-in and wrap around support) is very helpful in maintaining treatment and recovery engagement.
- Peer support mentoring and being able to identify with the person offering support is also a factor in maintain treatment.
- Script can make people feel trapped in the cycle of drugs, making employment difficult.

1. Finding people where they are:

- **Importance of having services visit charities and wrap around support organisations.**

"We both really need direction and help with our lives. We both have no support or friends really, not real ones. We may have been given details in the past, but we have no memories and lose paper and flyers and cards. We would never call numbers or seek help; we need people to come to us. I have no money for a bus. If they came here, it would be much easier than me coming there." **Male, 50-64, White British, Guildford**

- **Some volunteers in support organisations are actively helping people refer to services because people need extra support, but this is not geographically equitable.**

"We don't get anyone from i-access or support services visiting us but we do help refer in. We carry the knowledge mostly in our heads. Mental health is just so bad around here." **Support worker, isolation and befriending group, Ewell (Female, 50-64, White British)**

2. Bringing people into treatment:

- **Hierarchy of needs, treatment and appointments become lower priorities when food, housing, money etc. is a problem.**



"I have nothing in my fridge other than carrots currently. And today this is all I can think about. I'm hungry and I don't even have a blender so can't even make soup." **Male, White British, 25-49, Guildford**

"My typical day would be wake up, take Methadone, go to the park for a small walk, go to bed and sleep, remind partner we need to pick up script from Bellfields - I can collect hers as her carer, steal food or look for really cheap food, take coke, sleep, sometimes I have a meeting at Farnham Rd." **Male, White British, 50-64, Guildford**

- **We have heard that health scares can be a motivation for people to access treatment and engage with services.**

"It was a shock to my system knowing I have a lot of health problems as a direct result of my drinking. I started at age 12 to help numb the pain from the abuse I was experiencing from my father. I was then sent to live in a care home. I've recently been told I have a fatty liver with extensive scarring. I know if I kept drinking the same, I could die so I want to give my liver the best change to recover itself. GP has also sent me for chest x-ray and ultrasound on my stomach. I go to RSCH in a week. I was referred before Xmas. My GP is supportive and because of my Dyslexia, they see me face to face. **Male, White British, 25-49, Guildford**

"I am a recovering alcoholic and smoker. I didn't use any resources or support to stop, I just gave myself a challenge and a date and did it. I was getting out of breath quickly and always wanted another beer as soon as I had finished one. My children urged me to. I now help other people." **Male, White British, 50-65, Stanwell**

"I have stopped drinking altogether in last year. I wasn't in best of health and had an ultrasound at East Surrey hospital and they told me I had a fatty liver and needed to stop drinking. It was just sheer determination to not be ill that stopped me drinking. I think I was a problematic drinker rather than an alcoholic, but I don't know. I have had several relapses, but I just have to remind myself why I am doing it and get back on track. I did go to one AA meeting, but I found the group sharing not so fun, it just isn't me." **Female, White British, 25-49, Godstone**

- **Lack of flexibility of appointment times is preventing access and meaning people drop out of treatment.**

"We both miss i-access appointments frequently due to being asleep, forgetful, or just absent mindedness. We do remember eventually and call them. I went to the GP too early recently but as it was a morning appointment, I fell asleep for 3 hours. No one woke me up and I then missed my appointment. I am not really able to engage in the mornings."

Male, White British, 50-64, Guildford



"I live in supported housing for the homeless in Guildford. My support worker is there to help me, and she knows me and my waking patterns, yet she always schedules me in for 4pm when I am asleep. Her meetings link in with probation and other wrap around care and support services and she then records this as 'not engaging with services'. I'm set up to fail. It is hard to keep up appointments, I need more flexibility in attending. I have tried i-access for Heroin addiction in the past, but I can't keep to the times. "

Male, White British, 25-49, Guildford

"With treatment, I don't want to be pushed into set timed appointments, I want it not to be so conformed. But the system doesn't really suit the person, that person being me. I forget to chase up appointments and end up getting discharged. In the past, I've been asleep when I've had an appointment as it was in the morning quite early, early mornings don't suit people like me." **Male, White British, 25-49, Guildford**

- **Cost of getting to appointments are barrier to access.**

"I don't use community fridges or foodbanks because I can't get there. A taxi costs too much money. I have no money for a bus. If they came here, it would be much easier than me coming there." **Male, White British, 50-64, Carer, Guildford**

- **Inadequate mobile phones or lack of a phone makes access difficult for some.**

"At the moment I don't have a phone, someone took it. I can't get another one yet as have no money, so I miss all the contact from places. Guess they could call my key worker, but they don't. I set reminders on my phone but then my phone frequently gets stolen."

Male, White British, 50-64, Guildford

"I tried i-access 3 years ago. I as moving areas a lot being street homeless so missed appointments. It was all done by phone" **Male, White British, 25-49, Guildford**

"I have a totally crap phone, it heats up so much, I do want to take a video call but it's just that my phone really can't cope. Also, I've had issues with no credit on my phone a lot and sometimes my phone has been stolen or confiscated when I have been caught stealing food."

Male, White British, 25-49, Guildford

- **Importance of peer mentoring / PWLE is very important to people feeling empathy and 'walking in my shoes'.**

"I'd massively prefer someone with lived experience to work with me. It would motivate me and be authentic." **Male, White British, 24-49, Ewell**



"I also don't trust people very well. I get very anxious meeting new people. I hate being judged." **Male, White British, 25-49, Guildford**

"I kept getting asked to go back in my past and it's too triggering. I was abused by my father. I don't wish to talk about it all the time. Consistency is key also. They would often re arrange my appointments and send me a message cancelling just 30 mins before. By this time, I had been walking from one end of Guildford to the other to reach Farnham Rd hospital on foot. The staff that saw me there are out of touch and patronising. They talk down to me. Live in my shoes first and then preach but these people haven't. It would truly help if they had." **Male, White British, 25-49, Guildford**

- **'One stop shop flyer' with all options would help people understand the pathway but need easy read / infographic for those illiterate or for whom English is not their first language.**

"I also need translation services sometimes but don't know how to access help." **Male, White European, 50-54, West Molesey**

"My friend is a functioning alcoholic. I am really worried about him. I've seen him deteriorate rapidly. At the weekend, he looked awful. He is drinking 1.5 litres of Vodka a day. I mean, who does that? I am so scared he will die. He says he goes to AA, and it works but it's clearly not true is it? Do you know where I can signpost him to? I've also tried to go to Al-Anon myself and understand how to support him but it's just so sad watching." **Male, White British, 50-64, Old Dean**

"I want to arm myself with information so I'm prepared. We are worried about social media and peer pressure. Ideally, I want a leaflet that details all the types of drugs and educate myself and my children along with FAQ's." **Female, Asian Pakistani, 25-49, Camberley**

"I smoke a lot. It costs me a fortune, I want to stop or massively cut down. I'm here at the food bank because money is so limited. I tried vaping but it started to hurt my kidneys, so I stopped. I didn't realise that you could get prescription vapes that gradually reduce nicotine." **Female, White British, 50-64, Oxted**

"For some of the people that come here with drug and alcohol issues, leaflets don't always work. A lot can't read or write. They have come from a mixture of backgrounds and not all stayed in school." **Manager at isolation and befriending group, Ewell (Female, 50-64, White British)**



- **Less formal / clinical settings, ability to smoke outside would ease anxiety around appointments.**

"I have tried AA for my drinking but it's not for me. It's too hard to share my experiences in such a formal, group environment."

Male, White European, 50-64, West Molesey

"I did go to one AA meeting, but I found the group sharing not so fun, it just isn't me."

Female, White British, 25-49, Godstone

"The i-access meeting room was so stuffy room and unwelcoming. Attitudes like theirs just made me want to go home and call my dealer and do more. And in fact that is what I did."

Male, White British, 25-49, Guildford

"It's really hard to locate them [i-access] at Farnham Road, the signage is terrible."

Male, White British, 25-49, Guildford

"The treatment meeting room I go to is so formal and unwelcoming. They also won't allow you me to smoke on their grounds outside the office, so my anxiety goes through the roof, if we could smoke it would calm us. I feel people don't understand what it's like, they can't relate unless they have been through the same."

Male, White British, 25-49, Guildford

3. Supporting people to stay in treatment:

- **Community support or GP (check in and wrap around support) is very helpful in maintaining treatment and recovery engagement.**

"My son went to the GP for some support and also to cut down on drinking. GP did a test to show him how many units he was drinking. He was signposted to One You Surrey."

Male, White British, 50-64, Stanwell

- **Peer support mentoring and being able to identify with the person offering support is beneficial to staying on track.**

"I've had loads of support. The thing that has helped me the most is the group meetings. They were run and facilitated really well. I-access are so professional. I've been given loads of coping mechanisms to help me with my addiction."

Female, White British, 50-64, Shepperton



- **Script is making people feel trapped in the system of drugs for life**

“Feels like when I ask to reduce my medication ml quantity, I get a 'computer says no' type response. I feel like by having me on a script, it's just keeping them in a job. Problem is by staying on a script, I can't legally drive even though I have a license but didn't declare my history. How can I get a job if I have to go to the pharmacy every day? I want a proper life now. I want to be off the bloody benefits and contribute but I feel I'm imprisoned by a lifetime of script.” **Male, 25-49, White British, Ewell**

People who don't identify as having a substance use issue

“I smoke weed, it really chills me out. It's not a problem for me. Might be for some but am ok.” **Male, Mixed background, 25-49, West Molesey**

“It's cheaper for me to vape than smoke so that's why I do. I've been smoking for 3 years. Not interested in intervention really.” **Male, White British, 25-49, West Molesey**

Case studies from Q4

25-49, Male, White British, Ewell resident - Opiate User

“I live on my own in Ewell and have my flat for 9 years. My girlfriend died last year. It's been really, really hard. I am with i-access, I have been for 15 years. I referred myself. Was given details by someone at a community group. I see someone from i-access every 2 weeks at Horizon. I cycle there as it's too far on foot and don't like public transport. Feels like when I ask to reduce my medication ml quantity, I get a 'computer says no' type response. I feel like by having me on a script, it's just keeping them in a job. I feel used every time I meet with my key worker. I am on a Subutex script at Ricky's Pharmacy. I have to go here every day. I collect my meds and go home usually. It's embarrassing but the staff there are really nice. I-access don't seem at all interested in me reducing my medication. When I was totally clean for 2 years, they still refused to consider taking me off the script. Problem is by staying on a script, I can't legally drive even though I have a license but didn't declare my history. How can I get a job if I have to go to the pharmacy every day? I want a proper life now. I want to be off the bloody benefits and contribute but I feel I'm imprisoned by a lifetime of script. When I've been using, I've used needle exchanges. I have relapsed, don't get me wrong. Each time have not had intervention or extra support. I've got through it on my own. I'd massively prefer someone with lived experience to work with me. It would motivate me and be authentic. I come to the Meeting room most days they are here for breakfast and lunch



and pick up some bread or whatever they have for at home. I see a few of my friends here too." **Male, 50-64, White British, Guildford – Opiate User & a carer**

My GP is Austen Road. Want to change to Dapdune. I have heard they are more supportive. They don't listen to me at all. I'm like invisible to them. I've been going to i-access for over 10 years. I go every 2 weeks in person. I find the journey there difficult. I am in pain with my back, I have an old injury that has left me in chronic constant pain. I don't have money for the bus. I was going on the same day as my partner, but they have scheduled us on different days which is making it hard to support each other.

My partner tried to kill herself recently by taking all my medication and hers. She was taken to RSCH A&E. I've no one to help me with suicide watch, it's all on me. I'm her carer and she is abusive to me, but I put up with it. She doesn't like me having my own friends or going anywhere and she will physically assault me. We live together at Riverside. She views the world as a really bad place, everything makes her anxious. There is no help for her or my mental health.

We get pushed to get help / support for our addiction but what about our wellbeing? We both really need direction and help with our lives. We both have no support or friends really, not real ones. We may have been given details in the past, but we have no memories and lose paper and flyers and cards. We would never call numbers or seek help; we need people to come to us.

We get attacked often by so called friends and neighbours. One day we are friends and doing Coke, other days they are pushing us in the road or calling the police on us or stealing from us. It's ridiculous. We will never stop using Cocaine, it's our only enjoyment. I started on Heroin after a friend suggested it would help my back pain which it did, but I got utterly hooked. i-access have me on a script for Methadone which I get every few days from Boots in Bellfields. I am bad at remembering and take my medication sometimes in the morning, sometimes in the evening.

We both miss i-access appointments frequently due to being asleep, forgetful or just absent mindfulness. We do remember eventually and call them. At the moment I don't have a phone, someone took it. I can't get another one yet as have no money, so I miss all the contact from places. Guess they could call my key worker, but they don't. I miss a lot as I forget [due to pain and drug use]. I went to the GP too early recently but as it was a morning appointment, I fell asleep for 3 hours. No one woke me up and I then missed my appointment. I am not really able to engage in the mornings. I'm also on Gabapentin for nerve pain. But nothing touches the pain like Coke. I need Coke to sleep and chill out. I could never stop either drug. But I can't work, I can't get money as I'm stuck in cycle of methadone.



I can't get a job because I have over the maximum limit of Methadone. I deliberately relapsed on Heroin to get higher amount of Methadone. I can't drive as have Coke in my system all the time. I buy the cheapest food, or I steal it. I don't use community fridges or foodbanks because I can't get there. A taxi costs too much money. My typical day would be; wake up, take Methadone, go to the park for a small walk, go to bed and sleep, remind partner we need to pick up script from Bellfields - I can collect hers as her carer, steal food or look for really cheap food, take coke, sleep, sometimes I have a meeting at Farnham Rd. It takes me ages to get there when I do remember as can't walk far, fast due to chronic pain. I have no money for a bus. If they came here, it would be much easier than me coming there. I also want same appointments with my girlfriend otherwise we have to walk there twice. I set reminders on my phone but then my phone frequently gets stolen. I have no real purpose for the day, just to get through it.

Male, 25-49, White British, Guildford

I've lived in in town for about a year now. I'm currently living in supported homeless accommodation. Came here after losing my partner. Was up North but have family connections here. I have just referred myself to treatment services because I am an alcoholic and smoke Crack. Alright, I have tried a few times before and it's not worked. I'm in quite a bad place now if I'm honest. I have experienced a really a bad breakup and lost a lot of people due to addiction. I had to leave my girlfriend as she was a crack addict. She refused to get help, and, in the end, it was so toxic and would have destroyed me had I not left. Drinking and drugs is all around me, everywhere when I go out. I find it impossible to not drink as well but I want to be sober.

I really want to work again; I want a life. I'm signed off due to an injury, I'm a chef by trade. I want to start again and make something of my life. I'm 43, it's not all over yet! With treatment, I don't want to be pushed into set timed appointments, I want it not to be so conformed. But the system doesn't really suit the person, that person being me, I know about treatment options through the homeless drop in that I go to for breakfast. The treatment meeting room I go to is so formal and unwelcoming. They also won't allow you me to smoke on their grounds outside the office, so my anxiety goes through the roof, if we could smoke it would calm us. I feel people don't understand what it's like, they can't relate unless they have been through the same.

I have a totally crap phone, it heats up so much, I do want to take a video call but it's just that my phone really can't cope. Also, I've had issues with no credit on my phone a lot and sometimes my phone has been stolen or confiscated when I have been caught stealing food.

I've done a referral to Catalyst which was easy, to give me some more support for my mental health. I'm also waiting to hear back from Mind Matters but people are telling me they won't work with me because of my substance use. Guess I could lie, it just seems like hard work to



get clean. I forget to chase up appointments and end up getting discharged. In the past, I've been asleep when I've had an appointment as it was in the morning quite early, early mornings don't suit people like me. I can easily spend £800 a month on drugs. But I can't afford it. I have to beg to pay for it or steal. I have nothing in my fridge other than carrots currently. And today this is all I can think about. I'm hungry and I don't even have a blender so can't even make soup.

I do go to drop ins for breakfast and get a few items like bread and cheese. I tried to come to North Guildford Foodbank too. Just last week I went as someone told me about it, but I got totally lost in the dark. I live the other side of Guildford and am on foot, so it isn't easy. The following week, I walked there from Stoke after double checking the location. It was pouring with rain and dark but at least I made it. I also walk to the treatment provider as well. I walk all over town. I don't own a bike or have money for bus or taxi. My friends are all in the same situation. At the drop in's I kind of like to keep myself to myself. I also don't trust people very well. I get very anxious meeting new people. I hate being judged.

I avoid going to see my GP, but I do have one. I don't go to the dentist. I don't have anyone look at my teeth now, I've neglected them and can't afford to pay for treatment, no one is taking on NHS patients, so I've let them deteriorate. To be honest, when I'm using, I don't care. In an ideal world, I'd be clean of all of this and working. I hope this eventually happens. I have got to go now; I need to try and find a blender for my carrots now...

Video Link to Case Study: <https://youtu.be/tjE-3-19P0w>

Feedback from frontline staff

"We have a lady from i-access come here every week. It's been really beneficial, and we can see it working. People right there in the moment want to change and can immediately. The people using our service know the days she comes. It ensures people get the help they need at the right time." **Key worker at homeless drop in, Guildford (Female, 50-64, White British)**

"For some of the people that come here with drug and alcohol issues, leaflets don't always work. A lot can't read or write. They have come from a mixture of backgrounds and not all stayed in school. **Manager at isolation and befriending group, Ewell (Female, 50-64, White British)**

"We don't get anyone from i-access or support services visiting us, but we do help refer in. We carry the knowledge mostly in our heads. Mental health is just so bad around here." **Support worker, isolation and befriending group, Ewell (Female, 50-64, White British)**



“We have a rule about not using drugs here so if we don't see it, then we don't necessarily know. They may tell you more than they tell me. If we don't see evidence, then it is usually the anti-social behaviour and that is when they would get evicted. What is so frustrating and sad is that mental health is not treated at the same time of their addiction to substances. Some people really want to get better, but they need their substance to cope as their crutch. It really gets us down as support staff. We find it hard to recruit and keep like most places at the moment. Alot of people will have had experience with i-access, we hear alot of negative feedback. **Housing team manager, hostel, Guildford (Female, 50-64, White British)**

Stakeholder meetings / Networking

We talked with the following stakeholders / service providers to understand what it is they do, explore ways to work together and hear from them, what things are working well and what could be improved.

- Neighbourhood Watch
- Surrey Police
- North Guildford Foodbank
- Custody suite
- Transform Housing
- Surrey Coalition
- Probation
- Mulberry House Women's Hostel (Salvation Army)
- Hep C Trust













Luminus signposting and safeguarding

On engagement, our team always signposts to appropriate support and care services. For example, if someone is struggling with finding a dentist, they will be given information for Dentalchoices.org. Support services are given where relevant; i-access, Catalyst, Mind Matters (if mental health exclusively), The Hope Hub, Renewed Hope, York Road Project etc., Al-Anon, AA etc.) We check in with community leaders if someone has said something we are unsure of or concerned about to ensure that the person is being supported and not alone.

- I-access
- Dental Choices
- Patchworking Garden
- One You Surrey
- Narcotics Anon
- RASAC
- Andy's Men's Club
- North Guildford Foodbank
- NHS Translation services
- GP Dapdune
- Carbon Zero
- The Hive
- NHS App
- Samaritans
- Save Haven
- Mind Matters
- Richmond Fellowship
- Healthy Surrey



Planning for Q1

For Q1, our communications/engagement activity will align with the Breaking Supply Sub-Group and look at the following key lines of enquiry.

Aim: Understanding what could be done to help stop the supply of drugs.

- **In your experience how can we prevent the supply chain of drugs?**
- **What support could be in place to stop you reoffending? (if applicable)**
- **Do you know where to go for support and advice?**

We are planning to visit the following places this quarter.

- Meeting Room, Leatherhead
- Transform Housing, Farnham
- Hep C Bus - Ashford & Epsom
- DWP, Weybridge
- Twister, Woking
- Bronzefield Prison, Ashford
- Narcotics Anon, Farnham
- Oasis, Cobham
- Safe Haven, Epsom
- Probation breakfast, Redhill (with Streetlight)



Contact us:



Contact us through any of the channels below.

We'd love to hear from you:

-  Web: luminus-cic.uk
-  Telephone: 01483 301448
-  Text: 07592 787 533 (SMS only)
-  Email: info@luminus-cic.uk

Our address is:

Luminus, GF21 Astolat, Coniers Way, Burpham, Guildford, Surrey, GU4 7HL