

Healthcare Professionals
Home Oxygen Guide

Together, for a
better life.



AIR LIQUIDE

Who We Are

Air Liquide is a world leader for industry, healthcare and the environment and is present in over 75 countries, with more than 42000 employees. Since 1902 Air Liquide has been exploring the best that air can offer to preserve life.

Air Liquide (Homecare) Ltd is the UK home healthcare entity committed to supporting the care of chronically ill patients in the home.

Our Commitment

As a leading home healthcare provider, we:

- Deliver innovative solutions
- Encourage activity and greater independence for users of home oxygen
- Train and motivate users to become more committed to their own care
- Provide a wide range of cost-effective, innovative solutions for healthcare professionals to choose from to suit user needs
- Help healthcare professionals select optimal home oxygen solutions to support and strengthen home oxygen user compliance

Our Know How

Our dedicated and experienced home healthcare team is here to give you the support you need, when you need it.

We deliver a responsive and flexible service, underpinned by a comprehensive logistical infrastructure and supported by sound technical, clinical and regulatory expertise. Our Homecare colleagues are trained to the highest standards to make sure healthcare professionals and home oxygen users experience a safe and efficient service.

We are constantly evolving our business to anticipate the market challenges in line with our values: ethics, quality, safety, efficiency and innovation.



Changes to the Home Oxygen Service

If you are a healthcare professional ordering home oxygen – then you may know that significant changes will take place within the home oxygen service in England and Wales during 2012.

Some of these changes include:

- Healthcare professional responsibility to select equipment modality
- NEW Home Oxygen Order Form (HOOF)
- Updated Home Oxygen Consent Form (HOCF)
- Development of Home Oxygen Service Assessment and Review (HOS-AR)



What these changes mean for you

The new home oxygen service specification places a greater emphasis on assessment and safety, with the responsibility of selecting the right equipment modality solution resting with the healthcare professional. This guide has been developed so that you are better able to make safe, efficacious and cost-effective equipment modality selection decisions for users of home oxygen.

The change in the HOOF – (limiting who can request what and when) means that the process of requesting and supplying home oxygen has changed fundamentally – and it is important that you are prepared and ready for the changes that will take place.



Home Oxygen Therapies

Oxygen for use at home can be classified as:

- **Long Term Oxygen Therapy (LTOT)**

Usually prescribed for more than 15 hours per day

- **Ambulatory Oxygen Only**

Usually prescribed for those who desaturate during exercise

- **LTOT with Ambulatory**

For those who meet both the above criteria

There is very little evidence indicating that Short Burst Oxygen Therapy (SBOT) is effective and in many cases patients become psychologically dependent upon its use. Please note that SBOT no longer appears as a modality on the HOOF. By contrast, Long Term Oxygen Therapy (LTOT) can prolong life and improve health status in selected patients with respiratory failure.

Websites for Guidelines:

www.nice.org.uk

www.brit-thoracic.org.uk

Websites of Interest:

www.bliss.org.uk

www.cftrust.org.uk

www.childlungfoundation.org

www.emis-online.com

www.homeoxygen.nhs.uk

www.lunguk.org

www.ouchuk.org

www.pcc.nhs.uk

www.rcplondon.ac.uk

www.uk.airliquide.com/en/homecare.html

The New HOOF

The new HOOF supports the request (and supply) of home oxygen. A valid and complete HOOF is an instruction to supply home oxygen and can only be processed if all the mandatory fields have been accurately and wholly completed.

If the mandatory fields are not completed – the HOOF will be rejected. If some of the additional information is omitted from the HOOF it may be 'soft' rejected (and we will need to speak to the healthcare professional to gain clarification). HOOF rejections will always need intervention from the healthcare professional who raised the HOOF.

The following section has been written with references from the Department of Health Paper HOOF Guidelines for HOS (for the completion of HOOF v 3.2) VS 0.1, 1st March 2011.

Please note that ALL healthcare professionals will be responsible for requesting the type of home oxygen equipment modality that is installed. It is important that you understand what is available and how it works.

Inaccurately assessing users and selecting inappropriate equipment modalities can result in poor compliance, leading to exacerbations and possible readmissions.

The new HOOF has two distinct sections:

- **Part A**
Before oxygen assessment (non-specialist or temporary order)
- **Part B**
After specialist/paediatric oxygen assessment



New HOOF Part A and B

Part A:

Can be completed as a temporary solution, prior to a formal assessment by the HOS-AR/paediatric/respiratory/specialist team.

The HOOF can be completed by a GP or non-specialist in a hospital before an oxygen assessment as a temporary order.

Part A limits the equipment modalities that can be selected to the following:

- Static concentrator
- Static cylinder(s)
- Or a combination of both

When submitting a Part A HOOF it is important that it is accurate and legible and all mandatory fields have been completed.

Part A of the HOOF should only be used for pre oxygen assessment by a GP or non specialist as a temporary order until the specialist assessment has been completed.

Part B:

Can be completed after assessment by HOS-AR/paediatric/respiratory/specialist team.

The equipment modality selection can be made from a number of options but it is important to consider the user's quality of life and lifestyle needs before selecting an appropriate equipment modality solution.

When submitting a Part B HOOF it is important that it is accurate, legible and all mandatory fields have been completed.

Part B of the HOOF should only be used after specialist oxygen assessment by a HOS-AR, paediatric, respiratory or specialist team.

Completing a HOOF

When completing a HOOF please:



Step 1:

Write in **BOLD CAPS** with a black biro.



Step 2:

Ensure that all sections are completed taking particular care of fields marked with '*' as the HOOF will be rejected if these mandatory fields are left blank.



Step 3:

Provide as much information to ensure the oxygen can be delivered safely and effectively, e.g. completing carer details (where appropriate).

Important Contact Information

HCP Support Team:

8.30am - 5.00pm Monday to Friday

Tel: **0808 202 2099**

Fax: **0870 863 2111**



New HOOF – Part A Pre Oxygen Assessment – Non Specialist or Temporary Order

Home Oxygen Order Form (HOOF)

Part A (Before Oxygen Assessment – Non-Specialist or Temporary Order)

All fields marked with a '*' are mandatory and the HOOF will be rejected if not completed



1. Patient Details

1.1 NHS Number*		1.7 Permanent address*	1.9 Tel no.	
1.2 Title			1.10 Mobile no.	
1.3 Surname*			2. Carer Details (if applicable)	
1.4 First name*			2.1 Name	
1.5 DoB*			2.2 Tel no.	
1.6 Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	1.8 Postcode*	2.3 Mobile no.	

3. Clinical Details

4. Patient's Registered GP Information

3.1 Clinical Code(s)		4.1 Main Practice name:*
3.2 Patient on NIV/CPAP	<input type="checkbox"/> Yes <input type="checkbox"/> No	4.2 Practice address:
3.3 Paediatric Order	<input type="checkbox"/> Yes <input type="checkbox"/> No	4.3 Postcode*
		4.4 Telephone no.

5. Assessment Service (Hospital or Clinical Service)

6. Ward Details (if applicable)

5.1 Hospital or Clinic Name:	6.1 Name:
5.2 Address	6.2 Tel no.:
5.3 Postcode:	6.3 Discharge date: / /
5.4 Tel no:	

7. Order*

8. Equipment*

9. Consumables*

For more than 2 hours/day it is advisable to select a static concentrator

(select one for each equipment type)

Litres / Min	Hours / Day	Type	Quantity	Nasal Canulae	Mask % and Type
		8.1 Static Concentrator Back up static cylinder(s) will be supplied as appropriate			
		8.2 Static Cylinder(s) A single cylinder will last for approximately 8hrs at 4l/min			

10. Delivery Details*

10.1 Standard (3 Business Days)	<input type="checkbox"/>	10.2 Next (Calendar) Day	<input type="checkbox"/>	10.3 Urgent (4 Hours)	<input type="checkbox"/>
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11. Additional Patient Information

12. Clinical Contact (if applicable)

	12.1 Name:
	12.2 Tel no. 12.3 Mobile no.

13. Declaration*

I declare that the information given on this form for NHS treatment is correct and complete. I understand that if I knowingly provide false information, I may be liable to prosecution or civil proceedings. I confirm that I am the registered healthcare professional responsible for the information provided. I also confirm that the patient has read and signed the Home Oxygen Consent Form.

Name:	Profession:
Signature:	Date: Referred for assessment: <input type="checkbox"/> Yes <input type="checkbox"/> No
Fax back no. or NHS email address for confirmation / corrections:	

14. Clinical Code

CODE	Condition	CODE	Condition
1	Chronic obstructive pulmonary disease (COPD)	12	Neurodisability
2	Pulmonary vascular disease	13	Obstructive sleep apnoea syndrome
3	Severe chronic asthma	14	Chronic heart failure
4	Interstitial lung disease	15	Paediatric interstitial lung disease
5	Cystic fibrosis	16	Chronic neonatal lung disease
6	Bronchiectasis (not cystic fibrosis)	17	Paediatric cardiac disease
7	Pulmonary malignancy	18	Cluster headache
8	Palliative care	19	Other primary respiratory disorder
9	Non-pulmonary palliative care	20	Other
10	Chest wall disease	21	Not known
11	Neuromuscular disease		

When completing a HOOF it is important that it is accurate and legible. Part A HOOF is to be used **ONLY** for Pre Oxygen Assessment by a GP or non specialist or as a **temporary order** until assessment has been completed.

1. Patient Details

1. Patient Details			
1.1 NHS Number*	9997776666	1.7 Permanent address* 16, THE CAGED WALK LONG TOWN BORCETSHIRE	1.9 Tel no. 01557 775 533
1.2 Title	MR		1.10 Mobile no. 0777 777 777
1.3 Surname*	OPENHOUSE		
1.4 First name*	ALFRED		
1.5 DoB*	12/10/1923		
1.6 Gender	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	1.8 Postcode* BC26 9AA	

All fields highlighted and marked with an ‘*’ are mandatory and the HOOF will be rejected if they are not completed.

- 1.1. **NHS Number:** This is a mandatory field and the HOOF will be rejected without it. NHS numbers for England and Wales are ten (10) digits long.
- 1.2. **Title:** Please insert the patient’s title, e.g. Mr, Mrs, Miss, Ms, and Dr.
- 1.3. **Surname:** This is a mandatory field.
- 1.4. **First name:** (this should be the patient’s registered or given name). This is a mandatory field.
- 1.5. **Date of Birth:** This is a mandatory field.
- 1.6. **Gender:** Please indicate using an ‘X’ the patient’s gender.
- 1.7. **Permanent address:** This is a mandatory field and at minimum should have the first line of the patient’s address. This is the address to where the oxygen equipment will be delivered.
- 1.8. **Postcode:** This is a mandatory field and must include the patient’s full post code.
- 1.9. **Tel no:** This is the patient’s telephone number at their permanent address and will allow Air Liquide (Homecare) Ltd to make contact with the patient to confirm delivery.
- 1.10. **Mobile no:** If the patient has a mobile number please provide it to allow Air Liquide (Homecare) Ltd to make contact with the patient to confirm delivery.

2. Carer Details (if applicable)

2. Carer Details (if applicable)
2.1 Name DOREEN BROWN
2.2 Tel no. 01557 888 533
2.3 Mobile no.

- 2.1. **Name of Carer:** Complete this box if the patient has a full or part time carer who will be there at time of oxygen installation/delivery.
- 2.2. **Tel no:** Please provide as an alternative number to the patient’s or if the carer should be contacted instead of the patient directly.
- 2.3. **Mobile no:** Please provide as appropriate.

3. Clinical Details

3. Clinical Details		
3.1 Clinical Code(s)	I	
3.2 Patient on NIV/CPAP	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.3 Paediatric Order	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Fields that are not highlighted or marked with an '✱', still help us to capture important regional information.

Please complete the HOOF in as much detail as you can, as this gives your regional NHS teams a much greater level of management information.

- 3.1. **Clinical Code(s):** Please use section 14 of Part A for the code(s) to input the primary and secondary conditions.
- 3.2. **Patient on NIV/CPAP:** Please indicate using an 'X'. **The HOS Supplier will NOT supply NIV/CPAP equipment or the connection to attach oxygen to NIV/CPAP** but will need to be made aware the patient is on other modalities. The healthcare professional supplying the NIV/CPAP is responsible for ensuring that the oxygen can be connected to the machine.
- 3.3. **Paediatric Order:** Please indicate using an 'X'.

4. Patient's Registered GP Information

4. Patient's Registered GP Information	
4.1 Main Practice name:✱ CAINE & ARKWRIGHT	
4.2 Practice address: 272, THE ROSE WALK LONG TOWN, BORCETSHIRE GP CODE NXXXXX	
4.3 Postcode✱ BC42 4DG	4.4 Telephone no. 01557 888 4433

- 4.1. **GP Main Practice name:** This is a mandatory field and must be where the patient is registered as a patient.
- 4.2. **Practice address:** Please complete and provide at minimum the first line of the address.
GP CODE: Please provide GP Practice Code.
- 4.3. **Postcode:** This is a mandatory field and is essential for correct billing.
- 4.4. **Telephone no:** If you are not completing this section it is essential that either section 5 or 12 are completed and includes telephone number.

5. Assessment Service (Hospital or Clinical Service)

5. Assessment Service (Hospital or Clinical Service)	
5.1 Hospital or Clinic Name: ST ELSEWHERE	
5.2 Address ANY TOWN CITY WALK, BORCETSHIRE	
5.3 Postcode: BC16 3BZ	5.4 Tel no: 01557 888 223

Please only complete this section if you are an Oxygen Assessment service (hospital or clinical service). If you are not an Oxygen Assessment service please ensure you refer the patient for a formal oxygen assessment.

6. Ward Details (if applicable) (for non specialist hospital teams)

6. Ward Details (if applicable)	
6.1 Name: MEDICAL WARD	
6.2 Tel no.: DIRECT LINE 01557 888 1111	
6.3 Discharge date: 27 / 03 / 2012	

This section must be completed where the patient is being discharged from hospital. Air Liquide (Homecare) Ltd need this information to make contact and agree the date and time so the patient has no delay of oxygen therapy on discharge.

If the Part A HOOFF has been completed by a non specialist hospital team please include contact name and mobile telephone numbers or direct ward lines so that the home oxygen co-ordinators can contact the healthcare professional to reject/clarify HOOFF requests, or to contact home oxygen users who have not yet been discharged (and who may need to discuss and confirm supply arrangements).

If the Part A is completed by a GP, this section can be left blank.

7. Order*

7. Order*	
Litres / Min	Hours / Day
4	16

This is a mandatory section. For each equipment modality please complete the required litres per minute and the number of hours oxygen that will be needed per day.

Please note the total combined hours/day for all equipment modalities should not exceed twenty four (24) hours.

Please note that the flow rate should not exceed 15 litres per minute.

8. Equipment*

8. Equipment*

For more than 2 hours/day it is advisable to select a static concentrator

Type	Quantity
8.1 Static Concentrator Back up static cylinder(s) will be supplied as appropriate	1
8.2 Static Cylinder(s) A single cylinder will last for approximately 8hrs at 4l/min	

This is a mandatory section. Selecting the right equipment modality to meet the home oxygen users needs is the responsibility of the healthcare professional.

The equipment in Part A allows for either a concentrator or cylinders to be ordered as it is being installed prior to a formal assessment or it is only required on a temporary basis (e.g. during exacerbation or post hospital discharge). If other types of equipment modalities are required please refer to a Home Oxygen Assessment Service and Review (HOS-AR).

- 8.1 An oxygen concentrator is recommended for those who have hypoxaemia requiring more than 2 hours of oxygen per day as it will not run out and does not require frequent deliveries. Backup cylinder(s) for emergency use (e.g. a power failure or machine breakdown) will be delivered with the concentrator.
- 8.2 A static oxygen cylinder (not for ambulatory use) should be ordered when oxygen is being used for less than 2 hours per day. However, there is no evidence to support use of short burst oxygen to relieve breathlessness of patients with oxygen saturations of 92% and above.

Please contact HCP Support Team on **0808 202 2099** for more information.

9. Consumables*

9. Consumables*

(select one for each equipment type)

Nasal Canulae	Mask % and Type
3	



This is a mandatory section. Unless it is a clinical requirement to have more than one type of consumable, select only one consumable per equipment modality. Regular replacements will be supplied by Air Liquide (Homecare) Ltd.

- Medium Concentration Masks:- this type of mask should not be used for flow rates of <4 l/min as there is a potential for a CO₂ build up in the mask dead space
- Non Rebreather & Partial Rebreather Masks:- this type of mask should not be used for flow rates of <10 l/min as the reservoir bag may not re-inflate sufficiently. This type of mask should not be used with bubble humidification.

- Nasal Cannulae are available in a variety of sizes and designs to meet and deliver a variety of flow rates
- Air Liquide (Homecare) Ltd supply nasal cannulae that can deliver oxygen to a maximum rate of 15 l/min

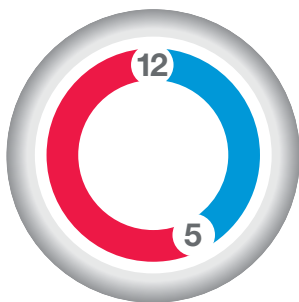
10. Delivery Details*

10. Delivery Details*		
10.1 Standard (3 Business Days) <input type="checkbox"/>	10.2 Next (Calendar) Day <input checked="" type="checkbox"/>	10.3 Urgent (4 Hours) <input type="checkbox"/>

This is a mandatory section.

10.1 Standard Delivery – 3 Business days

- Standard delivery option should be selected for the majority of HOOF's



- HOOF faxed **before** 5.00pm on Thursday – 3 working days
Thursday, Friday, Monday, delivery on Tuesday
- HOOF faxed **after** 5.00pm on Thursday – 3 working days
Friday, Monday, Tuesday, delivery on Wednesday

10.2 Next Day – Calendar Day

- Next day delivery should be used for next day discharge from hospital following an exacerbation of an ongoing chronic problem prior to a formal assessment. The user will only receive equipment that is outlined on the Part A HOOF
- Next day can also be used following assessment at a HOS-AR/specialist service.
Section 5 or 6 must be completed

10.3 Urgent – (Previously Emergency delivery) Delivered within 4 hours

- Urgent deliveries must only be used where there is an urgent, non-emergency need for oxygen to be delivered to a users address and the healthcare professional must ensure that someone will be able to take delivery
- This is a costly service and should be used only where deemed essential for patient care
- This service is available 24/7 and deliveries shall be made within 4 hours
- **A reason must be given in Section 11**

11. Additional Patient Information

11. Additional Patient Information

Please use this section to provide additional detail which will aid in the successful delivery of the oxygen, e.g. special language needs, any disabilities, patient lives on a high floor in flats and/or reason for Urgent (4 Hour) order (as described in Section 10.3).

12. Clinical Contact (if applicable)

12. Clinical Contact (if applicable)


12.1 Name: DR NIELS MARSHALL

12.2 Tel no. 01557 888 1111

12.3 Mobile no.

- This is a mandatory section if you have not supplied the information in sections 4.4 and 5.4
- This will be the contact that Air Liquide (Homecare) Ltd will use if there are any clinical queries

13. Declaration*

13. Declaration*		
I declare that the information given on this form for NHS treatment is correct and complete. I understand that if I knowingly provide false information, I may be liable to prosecution or civil proceedings. I confirm that I am the registered healthcare professional responsible for the information provided. I also confirm that the patient has read and signed the Home Oxygen Consent Form.		
Name: DR NIELS MARSHALL	Profession: GP	
Signature: 	Date: 26/03/2012	Referred for assessment: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Fax back no. or NHS email address for confirmation / corrections:		

This is a mandatory section and must be signed by a registered healthcare professional who is agreeing that they take responsibility for the information on the HOOF and that the patient, their carer or guardian has read and signed the Home Oxygen Consent Form (HOCF) for the order

On completion of the HOOF please fax it to **0870 863 2111**

- All of the fields in this section are mandatory and must be completed prior to the HOOF being faxed
- Any part that is not completed will result in the HOOF being rejected
- The healthcare professional must fax from and include a fax number that is a validated safe haven location to maintain patient confidentiality
- Only NHS mail @nhs.net addresses can be used to send anything that may contain Patient Identifiable Data (PID)
- A new HOOF is only needed when there is a change in:
 - Flow rate and hours per day
 - Equipment modality

REMEMBER you do not need to raise a HOOF for holidays when there is no change to flow rate, hours per day or equipment modality.

There is no need to issue a new HOOF for a change of address **BUT** please contact Air Liquide (Homecare) Ltd on **0808 202 2099** so that we can update our records.

14. Clinical Code

14. Clinical Code			
CODE	Condition	CODE	Condition
1	Chronic obstructive pulmonary disease (COPD)	12	Neurodisability
2	Pulmonary vascular disease	13	Obstructive sleep apnoea syndrome
3	Severe chronic asthma	14	Chronic heart failure
4	Interstitial lung disease	15	Paediatric interstitial lung disease
5	Cystic fibrosis	16	Chronic neonatal lung disease
6	Bronchiectasis (not cystic fibrosis)	17	Paediatric cardiac disease
7	Pulmonary malignancy	18	Cluster headache
8	Palliative care	19	Other primary respiratory disorder
9	Non-pulmonary palliative care	20	Other
10	Chest wall disease	21	Not known
11	Neuromuscular disease		

- This is a mandatory section
- These codes are to be used in section 3.1 of either Part A or Part B of the new HOOF
- These codes provide essential regional NHS reporting information

The importance of selecting the correct equipment modality

The technical sheet inserts illustrate equipment that is available from Air Liquide (Homecare) Ltd.

Equipment modality selection is the responsibility of the healthcare professional.

Pre-installation desk based assessment

We will contact the patient by telephone as part of a pre-installation supplier assessment to ensure that the equipment modality requested on the HOOF can be installed as requested by the healthcare professional.

If during this desk based assessment the home oxygen service co-ordinator identifies **any** possible risks to the user that relate to the **safe use and or installation of the equipment modality** that has been selected, they will contact the healthcare professional on the number provided in section 4, 5, 6 or 15 on the HOOF.

We will contact the healthcare professional to agree **possible alternatives** with the home oxygen service co-ordinator.

If the healthcare professional changes the equipment modality – a new HOOF must be completed.

The original HOOF will be rejected.

Important Contact Information

HCP Support Team:

8.30am - 5.00pm Monday to Friday

Tel: **0808 202 2099**

Fax: **0870 863 2111**



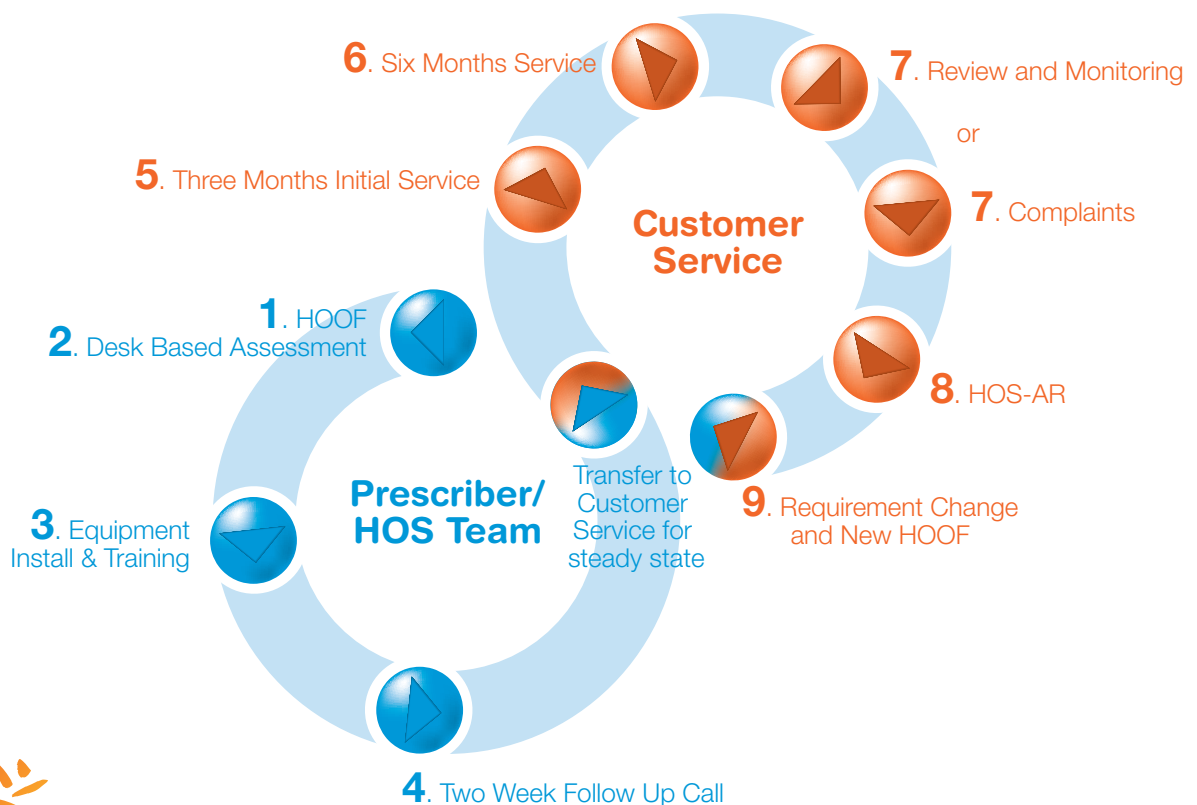
The Home Oxygen Service

Home Oxygen Service Co-ordinator/ Prescriber Support Team

1. HOOF
2. Desk Based Assessment
3. Equipment Installation and User Training
4. Two week follow up call

Customer Service Team

5. Initial Service
6. Six Monthly Service
7. Review, Monitoring or Complaints
8. If additional/different needs identified by HOS-AR – new HOOF raised
9. New HOOF Received (back to 1)



More About Our Teams



Home Oxygen Service Co-ordinator Prescriber Support Team

The home oxygen service team is lead by a Respiratory Nurse, and supported by a respiratory nurse advisor and team of home oxygen service co-ordinators.

This team receives and checks HOOFs from healthcare professionals – engages whenever a risk or issue is identified and will also work with you to provide relevant feedback and information.

The team process HOOF's, complete desk based assessments with home oxygen users and arrange for the initial delivery of the equipment modality as selected by the healthcare professional. The team will answer any questions the users may have before and during the early days of supply.

During the first two weeks of home oxygen supply – the team complete follow up calls with the home oxygen users to make sure that they are using the equipment correctly, safely and compliantly.

When the home oxygen user demonstrates they are comfortable, confident and competent when using the equipment that has been installed and are also satisfied that they can start to order replenishments, responsibility for ongoing user support will be transferred to the experienced and dedicated customer services team.

Customer Service Team

Our trained customer services team is responsible for supporting home oxygen users who may have questions, concerns or complaints about the home oxygen service. The team also provide reminders and tips on how best to use the equipment and are a reassuring support for those less confident users.

The team operate during normal working hours of 8.30am – 5.00pm, but this is a 24/7 service and healthcare professionals and users can contact the team for advice, assistance and urgent support.

The customer service co-ordinators are able to carry out telephone fault finding support for those users who are concerned that their equipment is not working properly, and will always talk users through some simple checks and steps to trouble shoot before initiating a technician call out.

Homecare Technicians

This team is responsible for the installation of the equipment and for training the user and making sure they are safe and compliant. The team completes initial and routine ongoing field based risk assessments monitoring home oxygen installations and reporting any non-compliance or safety issues.

The team also deliver routine replenishments to users.

Homecare technicians **NEVER** adjust equipment flow rates without a valid HOOF and **NEVER** give patients advice about their treatment or alternative equipment modalities. Technicians **ALWAYS** refer user concerns about their oxygen therapy to the prescriber support team so that it is escalated to the healthcare professional.



Healthcare Professionals Home Oxygen Guide



Air Liquide (Homecare) Ltd

Alpha House, Wassage Way, Hampton Lovett, Droitwich, WR9 0NX.