



YEAR IN REVIEW

your healthcare

2017/18

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Welcome to our annual report for 2017/18

Welcome to Your Healthcare's 8th annual report!

First and foremost, we'd like to say a big thank you to all our staff who we feel, provide the best possible community health and social care they can for the residents of Kingston and Richmond.

They provide a wide range of services from supportive breastfeeding clinics to end of life care. This is evidenced in our financial performance for the year.

During the past year staff have improved many of our services by transforming them by making innovative changes in the way they care for and respond to people's needs.

This year's annual report proudly takes you on a brief tour of some of their innovations. For example, intergenerational care has been a hot topic in the news this year and we implemented and are seeing the benefits of it at our dementia care home, Amy Woodgate.

Being a social enterprise allows us to be nimble and when we see an area where we can improve, our independently led teams have the freedom to implement

changes with minimal bureaucracy.

Staff are encouraged to make appropriate innovative changes as we have a distributed leadership approach and give them the freedom to innovate the way in which they work. All members of staff embrace our five freedoms, listed in Our Manifesto, which gives them the belief and opportunity to make differences and improve services for the community we serve.

Like other care providers, we operate under a challenging economic environment, rising operational costs with static or declining funding but we maintained our high quality services delivery.

The fact that we are a social enterprise also means that we are mandated to put back any surplus that we have into the organisation, giving residents of Kingston the full benefit of every penny invested in Your Healthcare.



Bringing young and old together

It's not mainstream practice yet but across the globe intergenerational care is increasing with many studies highlighting its benefits. Kingston residents are already seeing its advantages.

Playtime Nursery in Chessington has teamed up with Amy Woodgate, our residential and day care centre for people with dementia to let young and old share activities together.

Having researched and seen the evidence to support intergenerational activities, Playtime Nursery approached Amy Woodgate asking whether they would be interested in hosting the children.

It was a resounding 'yes' at Amy Woodgate and since September 2017, the children, in groups of six, visit once a week.

Almost every child at the nursery, with parental consent, is a regular at Amy Woodgate and gets involved in their activities. The children sing birthday songs for residents, join in on Easter egg hunts, listen to music, help with water painting, stroke the animals when the farm comes to visit and chat to residents.

Shelly Mahoney, Manager at Playtime Nursery said, "The children love going to Amy Woodgate. We go on the bus, which is quite exciting for the children and they get a biscuit when they arrive. Some of the children can even tell you precisely how they get to Amy as they're so familiar with the routine!"

"It gives them an opportunity to do things they wouldn't normally do and for those that have grandparents who live far away it's an opportunity for them to associate with other 'grandparents'."

"Some of the children are getting quite confident being at Amy Woodgate now and really join in and get on with the activities."

George Tong, Day Centre Manager said: "It's great having the children come to visit. You can really see our residents' faces light up when they interact with them."



850,000 people live with dementia in the UK according to the Alzheimer's Society and over 1,500 are diagnosed and living in Kingston with numbers set to increase. Many others are already living with mild dementia but have no formal diagnosis.



“Our main role is early intervention and to support the schools with whole school health initiatives.

“We work with students on a one to one basis, do group work, assemblies, train staff so they can deliver PSHE effectively and deliver parent talks.

“We also deal with specifics such as anger management, anxiety, exam stress, self-esteem, weight related worries, exercise, smoking, alcohol and drugs.”

Jennie Murchie
Health Link Worker

Improving mental health in secondary schools

Mental health is high on the national agenda and at a local level our Health Link Workers are working in secondary schools to support students in all areas of their health and wellbeing.

Most people have had to cope with exam pressures at secondary school but today’s students have additional pressures such as the need to be ‘liked’ on social media and the need to conform to particular body shapes. These pressures amongst others result

in many students displaying signs of mental health problems.

To help students cope with the increasing pressures of secondary school life, our Health Link Workers (HLWs) are actually based within Kingston’s secondary schools.

They focus on four areas:

- Mental health and wellbeing
- Substance misuse
- Healthy lifestyles
- Sexual health.



Our HLWs have employed many initiatives in 2017/18 to help students cope with life. For example:

- They instigated Snapback in Kingston, a resilience programme for year 7s to build up their resilience transferring from primary to secondary school. The team trained and created a teacher pack for year 7 members of staff.
- They also helped St Philip’s School, Chessington attain an AcSEED award, a mental health accreditation given to schools showing best practice in supporting staff and students around wellbeing.
- The team hold annual mental health conferences for all Kingston schools and invite several year 9 students to attend. These students then become mental health ambassadors. During the conference they create action plans for their schools looking at how they will raise awareness and reduce stigma.
- One of our HLW’s is a Youth Mental Health First Aid trainer who delivers a two day course a number of times throughout the year to schools and other professionals in Kingston including parents, nurses, counsellors and emergency services.

Using IT technology to improve people's lives

Embracing technology is essential if we are to 'move with the times' and being a social enterprise allows us to do that.

Using tablets to help children

Our Children's Speech and Language Therapy team is firmly in the 21st century using tablets to help children and their parents. During clinical sessions, the therapist takes a video of parents interacting with their child. They play back the video giving the parents instant video analysis of their own play and communication skills with their child. This enables them to immediately identify their own and their child's skills to build on and enhance. Watching the video back with the therapist, parents are often pleased and surprised to notice things they weren't aware of while playing. The children also love participating in onscreen assessments.

Using video after a stroke

Traditionally, our community neurological rehabilitation team (CNRT) recorded patients' progress using Neurological Outcome Measures but knew that it was sometimes difficult to capture all their

progress. To change this they purchased a video camera using monetary donations given to the service. They are now videoing people's gait at the start, middle and towards the end of people's rehabilitation. The team also record patients at discharge.

Darren Beales, Community Neuro Rehabilitation Team Lead, said: "Videos are helpful to show progression but also for staff and patients to analyse movement and performance."

Interactive table improves lives of those with dementia

Amy Woodgate, our specialist resource centre for people with dementia, has installed a Tovertafel, aka a magic table, to stimulate residents by getting them to interact with the lights and colours on the table.

The Tovertafel is designed to help those at a later stage of their dementia by encouraging them to be more active. It consists of a series of interactive games that are projected on a table. The light displays, for example a moving ball, which encourage players to reach out towards the ball and the shapes move in response to their hand and arm movements.

George Tong, Day Centre Manager said: "Lots of our residents have now used the table and have really enjoyed responding and interacting with the lights and colours. Some residents have interacted enough to play a simple game with others."

"We've also had families who have come in to use the table with their relative which is lovely to see. It's a great cross generational activity which the old and the young can enjoy together."



District nursing can change lives

Former landscaper and Kingston resident, David Jenkins, increasingly became more isolated from the community as his mobility deteriorated.

The 72 year old had been self-sufficient all his life and was reluctant to rely upon services for his basic needs resulting in further isolation. His home started to become unclean and cluttered as he struggled with his mobility and other chronic illnesses.

Our District Nursing team started visiting him three years ago and their regular visits resulted in building a rapport and eventually

trust with David. He began to accept their visits more regularly which provided him with a voice to raise his concerns when he felt his health was deteriorating.

The district nurses became his advocates and presented his case to a multidisciplinary team (MDT). They identified certain services and professionals who could help David. For example, a professional was brought in

to help David declutter his home at his own pace.

The MDT team also identified other services which could assist him to go out shopping, enabling him to get back in control of his own life. Regular wound dressings with the district nurses also improved his mobility and lifted his low mood.



Daniela Murashiki, Community Staff Nurse, said: *“David is such a lovely character and he spoke often about his past and being in control. That’s when I realised that we needed to give him his independence back as much as we could.*

“I’m so pleased that he began to trust us enough and is now back on his feet feeling in control of his own life. I think working as a multidisciplinary team with other services really helped to give him a holistic package of care that caters for all his needs.”

David was a former landscaper who worked at large stately homes looking after their land. He helped to design herbaceous borders, put in attractive seating and developed orchards.



“I couldn’t do without them. They are fantastic. They do me good.”

David Jenkins



“It’s been really good. The programme has helped me build up. I’ve enjoyed coming here.”

Kapilan Balakumar

“It’s been brilliant. It’s given me more confidence and strength.”

Caryl Cheal

“I can walk a lot better now. The physios have been really good.”

Michael Benton

People with neurological conditions exercise in local gyms

In the past year, our Community Neurological Rehabilitation Team (CNRT) has kickstarted new exercise classes for people with neurological conditions at local leisure centres.

The team runs its own drop-in gym for people but realised that individuals with a certain level of ability could benefit from exercising in the local community rather than our specialised gym. Many people, however, didn’t feel confident enough to exercise in a local gym due to their impairments.

time when the gym would be available. They also negotiated a discount for those wishing to carry on exercising once they finished their classes with us.

Groups were set up for 10 people at a time with two members of CNRT staff. Classes were set up and run for eight weeks, twice a week on Tuesdays and

Fridays. They last 1.5 hours and there are weekly educational discussions as well. They started in January 2018.

The ongoing plan is for these classes to continue in collaboration with gym staff facilitating shared learning between services for the greater gain in our community.

Darren Beales, Community Neuro Rehabilitation Team Lead said: *“It’s important that people feel a part of the local community and recognise that there is nothing to stop them from integrating back into society.”*

The team knew they would need funding to cover the cost of entry fees into the leisure centres and won grant funding of £3,389.60 from the Health Innovation Network who supported the plan.

Armed with the funds, the team spoke to a variety of partners including Get Active and Tolworth Leisure Centre to arrange a





Creating a national apprenticeship route into speech and language therapy

Our trailblazing children's speech and language therapy leads are part of a national team developing a new government approved standard to launch apprentices into speech and language therapy careers.

Our SLT leads, alongside the Royal College of Speech & Language Therapists (RCSLT), colleagues from seven speech and language therapy services across England, two universities and Skills for Health are developing a speech and language therapy training standard allowing more people to access the profession through degree apprenticeships in addition to the more traditional routes of onsite university degrees. Employers can only offer an apprenticeship job if there is a government approved standard for that role.

The trailblazer group is currently developing a rigorous training programme in line with other speech and language training programmes across England. Curriculum guidance set by the RCSLT is being used to help set the standard. It also links with the Health and Care Professions Council (HCPC) who regulate health, psychological and social work professionals.

Our therapy leads are joint deputy chairs of the group and have represented the RCSLT at the Health Education England apprentice trailblazer events. The HEE is mandated to initiate new apprenticeship standards to help people into more occupations and career pathways.

An apprenticeship is a combined package of work and study. The tuition an apprentice receives is paid for by the government's levy fund, but the employer is responsible for paying the apprentice a wage for the work they do in the workplace.

Jane Chapman and Carmel Brady, Joint Children's Speech and Language Therapy Leads, said: *"We're so delighted to take part in this exciting new initiative which Your Healthcare has supported us to be part of. RCSLT officially launched the development of the standard in July 2017 and it's generating lots of healthy debate within Your Healthcare and in the profession."*

Once the standard is approved, it is expected that those employers on the trailblazer group will take on an apprentice.



Improving the lives of people with respiratory problems

Jo Ambrose with the help of our pulmonary rehabilitation programme, has turned her life around after a diagnosis of severe chronic obstructive pulmonary disorder (COPD).

Jo, aged only 59, was diagnosed with mild COPD, a disease of the lungs, three years' ago, but being able to still function normally, didn't take the diagnosis too seriously. Her life revolved around horses on a farm in Kent, breathing in the dust and mould spores from hay and straw. She was also a smoker.

Jo lived on the farm for 12 years but moved back to Surbiton last year. She expected her breathing to improve but even having left the dusty environment of the farm, she now lived on a bus route with poor air

quality and her breathing did not improve.

During the cold winter of 2017/18 she developed a chest infection which got so bad she had difficulty breathing. It was confirmed that Jo now had severe COPD.

Her GP referred her to our pulmonary rehabilitation programme designed to help people with lung problems.

The programme, based at Surbiton Health Centre, is run twice weekly for eight weeks and has a maximum attendance of 15 people in each group.

The classes are two hourly sessions and individually tailored. Each person undertakes an initial endurance walk assessment and will repeat this at certain intervals during the course. There are education talks which cover subjects such as how to manage breathing, weight management and keeping fit.

The sessions are split into two: building muscle strength and cardiovascular exercises. They all begin with warm up stretches and end with cool down exercises.



Florence Icmat, Lead Physiotherapist said: *"We are so pleased with Jo's progress. Before the pulmonary rehab programme she could only walk 4.5 minutes on a slow speed on the treadmill and at the end of the programme she could walk non-stop for 20 minutes at a high speed."*

"We are so proud of her."

"What's been really great about the programme is the level of support I've received from staff and other people on the course. I feel they could have been judgemental towards me, having been a smoker but that wasn't the case. Everyone was so positive and it was such a relaxed and friendly atmosphere."

"It's been absolutely fantastic for me. I'm like a different person, fitter, healthier and more active. I've found that helping my physical health has also improved my mental health. I've also quit smoking using the NHS stop smoking services and have lost weight."

Jo Ambrose





Implementing Kingston Coordinated Care

The last couple of years have seen the development and now the implementation of a programme of work that offers increased depth and breadth of service provision. This programme of work is known as Kingston Coordinated Care (KCC).

The aim of KCC is a common vision and blueprint for how the future of health, social care and the voluntary sector will work together to support local residents' needs.

KCC is now at the implementation phase.

Diane Chalmers, Frontline Services Lead, said: *“Kingston Coordinated Care is so important. It brings all the partners of Kingston together to coordinate better care for each individual. It will enable us to work with the person to coordinate their needs and wishes into their own care plans.”*

KCC incorporates and builds upon a number of work streams:

- **Active and Supportive Communities** – This supports the development of active and supportive communities in which people are enabled to stay healthy, well and manage their own

conditions wherever possible. Part of this is to ensure good access to quality information about local resources and services.

- **Single Point of Access (SPA)** – This supports a Single Point of Access which can triage referrals and ensure they are actioned appropriately by providing access to statutory services, voluntary and community sectors.
- **Maximising Independence** – This will ensure that individuals discharged from hospital or at risk of admission are given every opportunity to remain at home, gain and/or maintain their independence.
- **Locality Working** – This will ensure that future multidisciplinary team (MDT) meetings which take place in GP practices or in the wider community, address the broader health and social care needs of the person concerned, resulting in fewer acute admissions.
- **ICT** – This promotes the development and use of a single information platform accessible across all the partners enabling instant access to an

individual's records.

- **Evaluation** – This work stream focuses on collecting and evaluating the information from all of the above that positively impacts people's health and wellbeing.



South west London's child health information has gone digital

Our Child Health Information Services team has successfully built a digital online platform to provide all children's health information in one place across south west London.

The team won a £1.2m contract from NHS England in the last financial year, to provide the boroughs of Sutton, Merton, Croydon, Kingston, Richmond and Wandsworth with a digital child health information system.

The basis of the system is to transfer information digitally from various sources, for example, maternity units and GP practices to a system that provides appropriate healthcare professionals and parents with easy access.

The team's two main objectives were:

- Knowing where every child lives and how healthy they are
- Appropriate access to information for all involved in the care of children.

In May 2017, the team implemented a single child health information platform, dubbed the London CHIS Platform. Professionals across south west London, responsible for providing care for families and children were given access to the platform to support their direct care for children and young people.

The team integrated eRedbook, the online version of a child's personal child health record, on the platform in November 2017. Parents who subscribe to the eRedbook are now receiving their child's birth information, immunisation records, newborn screening and examination details directly through the London CHIS Platform.

The system also has access to national failsafe management systems to identify any children who are outside the care of the usual agencies and can indicate when children are missing preventative programmes of care.

The plan for 2018/19 is to expand the current data scope from 0 – 6 years old to 0 – 19 years old including school immunisations and a child's school information in CHIS.

However, the team's vision for the five year project is to create a step change in the way information and technology are used, providing new opportunities for collaboration between health and care

professionals and the families, children and young people receiving care.

Marjan Daneshpour, Head of Information and South West London Child Health Information Service, said: *"This system is so helpful to parents, commissioners and healthcare professionals. For parents it gives them an online record of their child's health and development. It also allows them to set their own preferences for information sharing and to see who subscribes to this information."*

"It gives professionals access to real time information, a view of a child's information at the point of care and the ability to record information about a child all in one place."



Company facts

Caring for our community

32,489 local people offered care and support on

312,821 occasions

People's care was supplemented with additional action by **your healthcare** staff on

72,438 occasions

Single Point of Access (SPA)

13,963 referrals were received in 2017/18

Rapid Response nurses

3,147 referrals were received in 2017/18

National Child Measurement Programme

This programme assesses overweight and obesity levels in primary schools.

The percentage of healthy weight children has increased by 2.4% in Year 6 this year and by 1% in Reception.

Overall in 2017/18 there are **3.5% more** healthy weight children in Year 6 than in 2010/11.



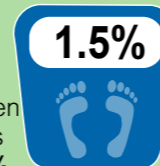
Overall in 2017/18 there are **3.1% more** healthy weight children in Reception than in 2010/11.



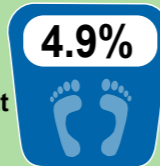
Overweight and very overweight children represent 26% of the children in Year 6. This is a **reduction of 2.6%**.



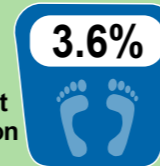
Overweight and very overweight children represent 13.9% of the children in Reception. This is a **reduction of 1.5%**.



Overall in 2017/18 there are **4.9% fewer** overweight and very overweight children in Year 6 than in 2010/11.



Overall in 2017/18 there are **3.6% fewer** overweight and very overweight children in Reception than in 2010/11.



The levels of overweight and very overweight children are at their lowest levels since we started recording the data in 2010/11.

Our Impact (care home support) team visited:

13 Nursing homes

11 Residential homes

5 Sheltered homes

Personal social and health education (PSHE) sessions

School nurses delivered:

62 Sessions delivered to 11 Secondary schools



219 Sessions delivered to 25 Primary schools



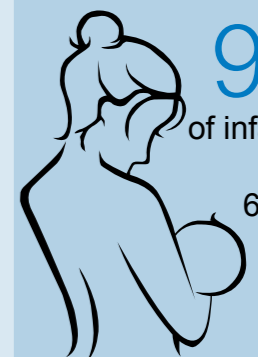
Amy Woodhouse was inspected by the CQC in March 2018 and was rated: **Good all round and outstandingly well led**

Inspected and rated

Good



96% of infants at the age of 6 - 8 weeks are totally or partially breastfed



Looking ahead

Hydrotherapy

Due to the success of running exercise classes at a local leisure centre for people with neurological conditions, our CNRT team is exploring further opportunities to develop a hydrotherapy class in a local pool. There is much research suggesting the use of exercising in water for those with long term neurological conditions is beneficial and CNRT is looking at this option including long term self-management options.



Further implementation of Kingston Coordinated Care

In the next year KCC will function in four localities, Chessington, Kingston, Surbiton and New Malden. This will give people a more local and integrated approach to health, social care and the voluntary sector.

A key part of KCC is the development of well supervised personal assistants to support people in their own homes.

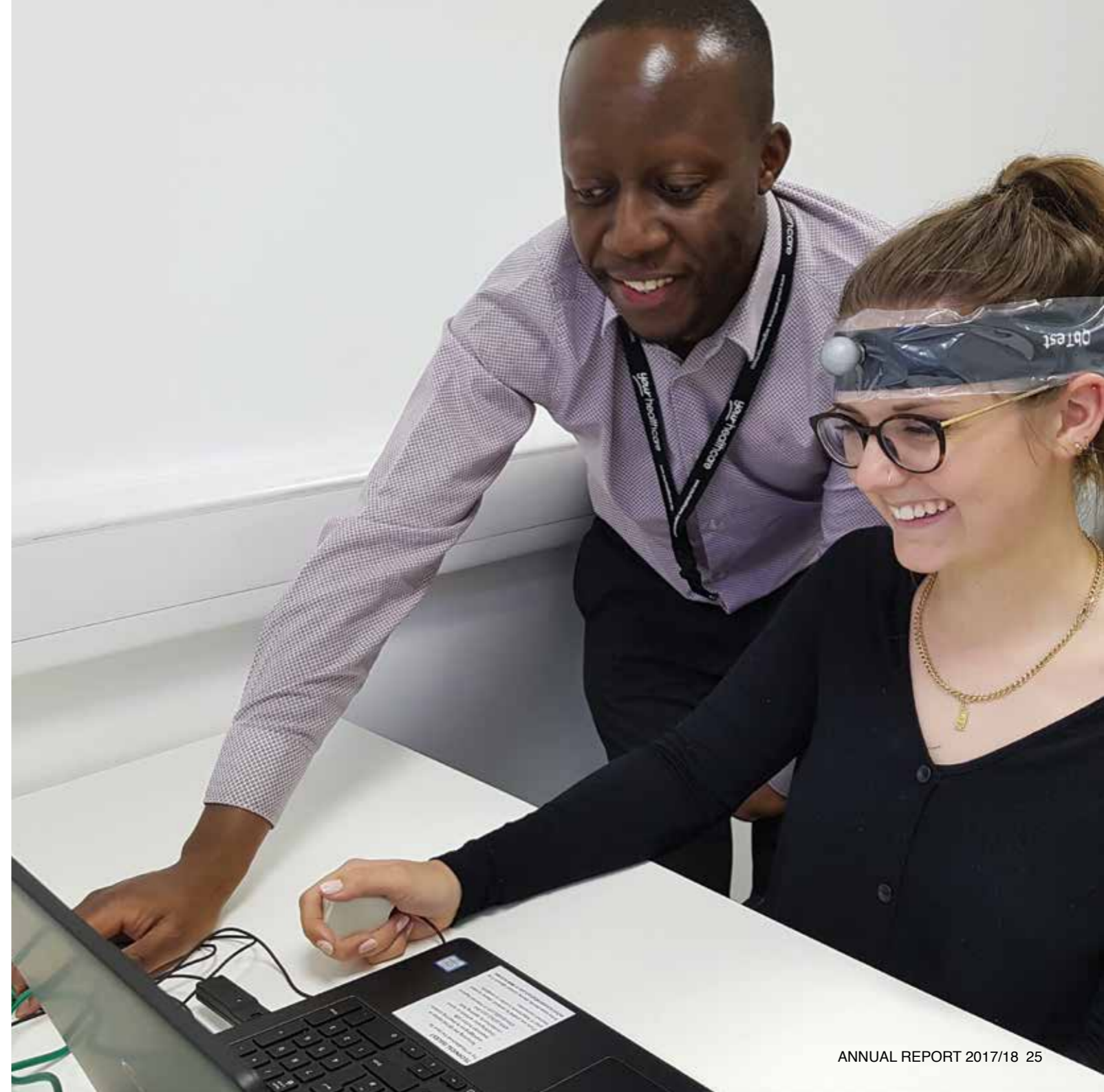


Innovative new technology helps ADHD diagnosis

In February 2018, clinicians in our adult Attention Deficit Hyperactivity Disorder (ADHD) service were trained in Qb testing to help diagnose ADHD more quickly. They expect to roll it out from April 2018.

Qb testing assesses the core symptoms of ADHD - hyperactivity, inattention and impulsivity for anyone between the ages of 6 and 60. It's a 20 minute test which asks people to respond as quickly as possible when geometric shapes appear on the computer. They wear a headband reflector and a camera above the reflector to give our ADHD healthcare professionals a motion-tracking analysis report.

Clinicians will only put forward a person for the test if they consider it appropriate and beneficial to that person.



Financial statements

The audited accounts for year end March 2018 show an operating surplus of £69,918. This surplus is available for reinvestment for delivering further benefits to the community. The company has invested £1,042,407 in capital expenditure for the year to 31 March 2018.

Below and overleaf details the income and expenditure and balance sheet for year end March 2018.

Income and expenditure account	Year end 31 March 2018 £	Year end 31 March 2017 £
Turnover	33,278,932	34,412,390
Cost of sales	(29,741,759)	(29,581,652)
Gross surplus	3,537,173	4,830,738
Administrative expenses	(3,467,255)	(3,714,807)
Operating surplus	69,918	1,115,931
Financing net income	2,169	5,948
Surplus before tax	72,087	1,121,879
Tax on surplus on ordinary activities	(43,454)	(258,212)
Surplus for the year	28,633	863,667

Turnover for the year to March 2018

Turnover for the year of £33M was mainly generated from clinical service provision, with 83% of this being received from Kingston Clinical Commissioning Group (CCG) and the Royal Borough of Kingston (RBK) with the remainder coming from other NHS organisations (Richmond CCG and the London Borough of Richmond) and local authorities. This income has been generated in line with the company's objectives to provide high quality health and social care services, accessible to the local community. Commissioned by Kingston CCG and RBK we have developed a combined health and social care provision for our local community.

Balance sheet

All amounts relate to continuing operations and comprehensive income.

	Year end 31 March 2018 £	Year end 31 March 2017 £
Tangible fixed assets	6,321,424	6,114,489
Investments	158,500	286,666
Total non current assets	6,479,924	6,401,155
Current assets		
Debtors and cash	6,324,042	8,756,436
Current liabilities		
Creditors	(4,613,734)	(7,198,847)
Net current assets	1,710,308	1,557,589
Long term creditors and provisions	(3,035,244)	(3,088,029)
Net assets	5,154,988	4,870,715
	-	-

Financial statements

Comprehensive income

There was also comprehensive income of £255,640 (2017: £229,600).

Declaration of directors' interest

Regulations require that Non-Executives and Executive Directors declare any conflict of interest if they have any links with companies undertaking or seeking to undertake business with YH. They have to make an annual declaration in a register which is updated annually.

In 2017-18, the following declarations were recorded in the register:

Non-Executive Director	Declaration
K Barrett	Trustee of Staywell Third party suppliers to YH
S Brennan	CEO of Staywell Third party suppliers to YH
J D Budd	Director, Attain
Executive Director	
S Clarke	Nurse Member, City and Hackney CCG; Director Albion CIC
E Montgomery	Shareholder of Ultrasis
K S Kumaran	None
J Sherlock	None

The last word

This Annual Report celebrates another successful year for Your Healthcare.


Your Healthcare has continued to focus on delivering an excellent quality of service to users in the face of ever-increasing pressure, both financial and structural. The pressures facing the NHS and social care in this country, of course, are well documented, and those pressures exist in Kingston as much as anywhere.

Our ability to deal with these pressures has been down to many factors, but two stand out. Our mutual structure enables us to concentrate as many resources as possible on frontline services rather than management layers, so ensuring the quality of our care is maintained. In turn, our mutuality creates the right environment for our extraordinary staff to make the right decisions at a local and personal level for what care and services individuals need.

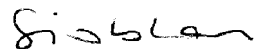
Your Healthcare has offered 32,489 residents care and support on over 72,000 occasions this year. These figures demonstrate how important our service delivery is to our community.

This report provides a snapshot of our activities throughout 2017/18. For example, we continue to provide the National Child Measurement Programme in Kingston and have been instrumental in launching the red bag scheme. Coupled with our partnership work through Kingston Coordinated Care, we feel we have significantly contributed to the health and wellbeing of our community.

Our broad membership of staff work tirelessly to look after the local community and the Partnership Board, Membership Council and Managing Director would like to extend a very special thank you to them. Their dedication and hard work ensures that all our service users receive exceptional care and attention, whether this is in frontline delivery or within our support services.



Kevin Barrett
Chairman
yourhealthcare



Siobhan Clarke
Managing Director
yourhealthcare



Liz Ogilvie
Chair Membership Council
yourhealthcare

A special thanks to
the Membership
Council Members:

Trish Chilton

Heather Cummins

Lesley Elsdon

Ann MacFarlane

Sue McDonagh

Liz Ogilvie

Michael Nutt

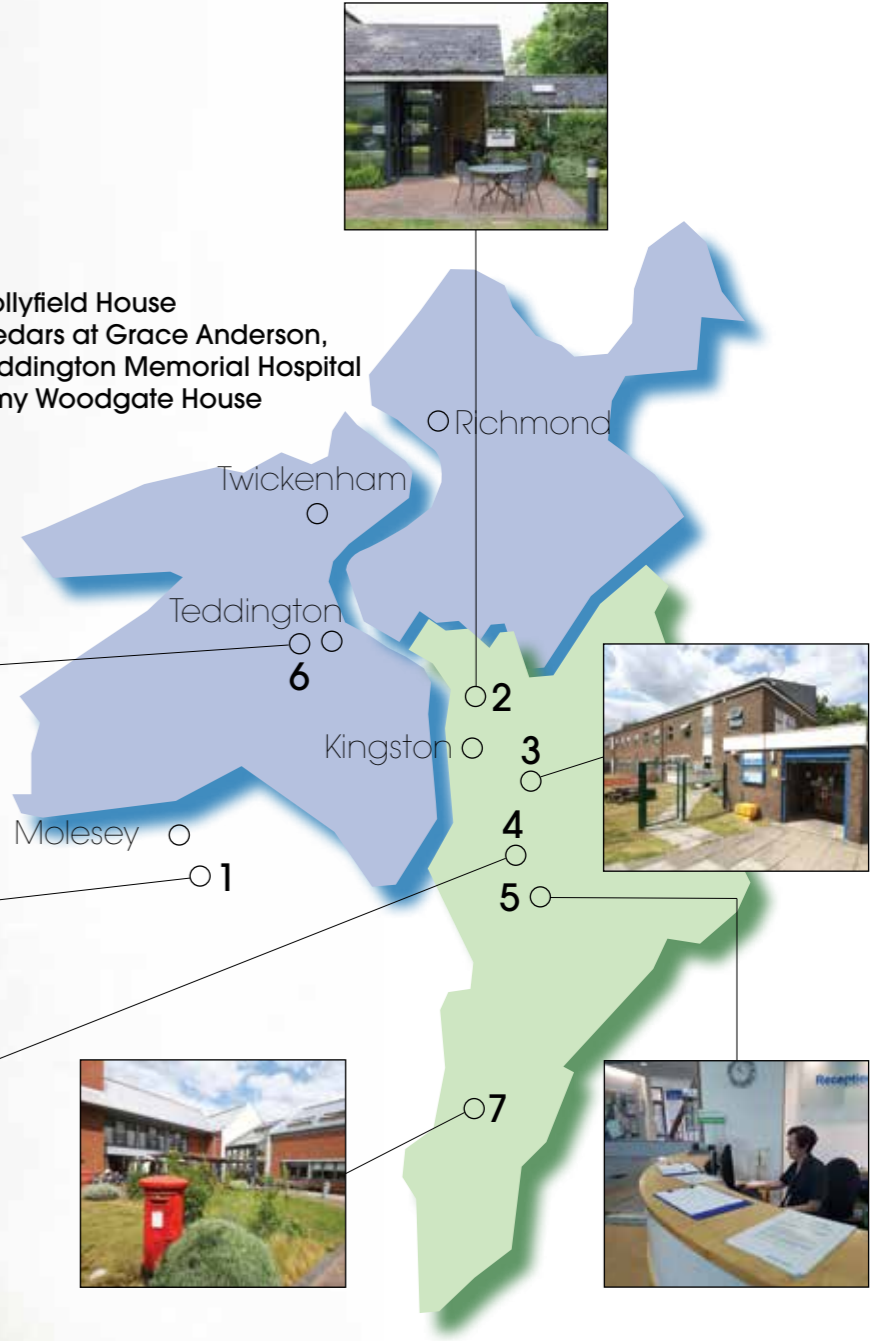
Bob Phillips

This document has been prepared and created with the generous support of our staff and dedicated editorial team.

your healthcare Locations

- 1 Wesley Lodge
 - 2 Sheridan House
 - 3 Hawks Road Clinic
 - 4 Surbiton Health Centre
- We also run services out of other community sites, e.g. local schools

- 5 Hollyfield House
- 6 Cedars at Grace Anderson, Teddington Memorial Hospital
- 7 Amy Woodgate House



your healthcare

Your Healthcare is a Community Interest Company, providing high quality, person-led health and social care services for residents in Kingston and Richmond as part of the NHS family. www.yourhealthcare.org

Company No. 06762290

Annual Report

Your Healthcare, Hollyfield House, 22 Hollyfield Road, Surbiton KT5 9AL

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If you require this document in any other language or format, please e-mail the Your Healthcare Customer Care Team within Front of House who will be happy to help.

چنانچه این سند را به زبان یا در قالب فرمت دیگری نیاز دارید، لطفاً از طریق ایمیل contact@yourhealthcare.org با تیم پشتیبانی مشتریان Your Healthcare تماس بگیرید تا با کمال میل به شما کمک کنند.

إذا كنت تحتاج هذه النشرة في أي لغة أو شكل أخرى، يرجى الاتصال بفريق خدمة الرعاية الصحية للعملاء الذي سيكون سعيداً للمساعدة

contact@yourhealthcare.org

이 문서를 다른 언어나 형식으로 원하신다면,

귀하의 헬스케어 고객센터

(contact@yourhealthcare.org)으로

이메일을 보내주시시오. 기꺼이 도와 드릴 것입니다.

Jeśli chcieliby Państwo otrzymać ten dokument w dowolnym innym języku albo w innym formacie, prosimy o skontaktowanie się z zespołem ds. opieki nad klientem Your Healthcare pod adresem e-mail contact@yourhealthcare.org.

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