

MY LCD



Annual Report

June 2019

“Our organisational footprint...and ethos as a social enterprise is unique in the local health economy”

Sheridan Teal House

2006



Society AGM

12pm - Monday
10th June 2019

Make your voice heard!



Report from the Chair



Last year I wrote about how LCD cares for people each and every day of the year. Patients don't plan when they are going to be acutely ill and I know myself how often that happens on a Friday when I will not be able to be seen by my practice until the following week! So providing primary medical and dental service - not only in the working week but also at weekends and overnight fills the gaps left by other NHS services, and significantly reduces patient attendance at Accident and Emergency departments.

Delivering care for the West Yorkshire area means that we have teams based in many sites who are both caring and well motivated – we know this because of the increasing number of compliments which we receive from both patients and other health professionals regarding individual patient care. At busy times our staff work under significant pressure and during the last year we have further developed systems and practices which help to support them and ensure that our services are both safe and effective. Recognising that not all problems require a doctor or dentist to provide advice, we operate a multidisciplinary clinical advisory service with non-clinical support to ensure that once patients are referred to us, their management is now safely tracked until completion.

We also strongly believe that by introducing technology we can now deliver smarter care – often without home visiting or a patient needing to travel to one of our centres. Significant investment in new

telecommunications means that in addition to our clinical advisory service, we are now supporting nursing and residential homes with video links in Calderdale. This provides much needed support to the staff, reduces hospital admissions, and means that the frail elderly can remain in their own home. Our aspiration is to use the experience gained from the pilot to expand video consultation into mainstream primary urgent care in the near future.

Working in conjunction with our Director of Clinical Innovation, Dr Taz Aldawoud, the 'DocAbode App' pilot is now at an advanced stage. The App enables us to access the clinical workforce required for home visiting on a geographical basis and will provide much more flexibility for our clinical workforce to work where and when they want, if they do not wish to work traditional shifts at one of our centres.

Please read on to find out more about our team approach both within the organisation and with other primary care providers across West Yorkshire. At our AGM we will be showcasing our recent achievements and also our new website developed by our Member Non-Executive Director, Reema Caddies.

I look forward to seeing you there!

Dr Georgina Haslam
Chairman

2018-19 Annual Review



April

A new Urgent Treatment Centre (UTC) opens at Pontefract Hospital, it is an exciting collaboration between Local Care Direct and Mid-Yorkshire Hospital Trust combining a 24 hour UTC Service with GP Out of Hours. The development is an immediate success contributing to the achievement of the 4 hour target in the Wakefield area.

May

The requirements of General Data Protection Regulations (GDPR) became law in the UK which had a huge impact on healthcare providers who deal with large amounts of patient data. Local Care Direct rose to the challenge embedding the requirements of the new legislation and appointing our own Data Protection Officer.

June

Local Care Direct held its Annual General Meeting at KITS in Brighouse and the event was used to showcase our current service developments to partners within the healthcare system, including premiering our new promotional videos produced to support our work in video consultation, extended access and workforce development.

July

After feedback from members, Reema Caddies initiated a project to develop a new website for the Organisation. The developer that we selected to support the team was Bradford University and the website will be officially launched at our Annual General Meeting in June 2019.

August

We were successful in our application to Health Education England to host a second group of trainee Advanced Care Practitioners (ACPs) after the success of our first group of trainees sited at King St Walk-in Centre. This type of development is part of the organisation's drive to develop and train its own workforce for the future. This new cohort joined the organisation in January and are already proving to be a great asset.

September

In line with our strategic plans to enhance our Clinical Advice Services (CAS), Local Care Direct was selected as an integral provider in the delivery of the new Leeds virtual CAS pilot service. This highlights our important role in supporting the transformation of regional services to local place based solutions. The pilot has received positive feedback from all stakeholders involved and has been extended beyond its originally planned length.

October

Local Care Direct was successful in securing some transformation money from our commissioners in the Integrated Care System (ICS) in West Yorkshire and Harrogate for the Winter period. This enabled the organisation to pilot some new ways of working across our West Yorkshire Urgent Care Service (WYUCS) relating to both pathway development and new ways of working at our busiest time.



November

Our Annual Staff Awards took place at the Cedar Court Hotel in Bradford, over 100 staff members attended and there were many worthy winners. This year's charity, as voted for by staff, was Macmillan Cancer Trust who received over £850 from our fundraising on the evening.



December

The St George's Centre in Leeds becomes the first community-based Urgent Treatment Centre in West Yorkshire. Local Care Direct is the lead service provider of the service and works with other organisations in the locality to provide additional primary care and diagnostics provision. Patients with illness can now be seen on site without onward referral, and the service also offers direct booking through the 111 service.

January

Local Care Direct was formally awarded the new Dental Clinical Advice & Booking (CAB) Service contract. This is a 5 year contract which provides a fantastic opportunity for Local Care Direct to extend its services to the whole of Yorkshire and the Humber.

February

Our King St Walk-in Centre had a successful Care Quality Commission (CQC) visit, they received a rating of "GOOD" in all areas with some practice identified as outstanding. This was a testament to the whole team – both those working at the site and those supporting them.

March

We were delighted to be successful in winning a Health Service Journal Award which was presented to us in London. The name of our award was the Partnership in Workforce Innovation and it relates to the development and implementation of the new DocAbode mobile clinical working solution which we are currently piloting in our Urgent Care service.



The View from the Bridge

HELEN CARR,
CHIEF EXECUTIVE



This year the NHS has experienced a great deal of change in the way that it is structured and managed. Much of the groundwork that we have undertaken previously to develop and grow our capabilities has put us in a great position to be a key part of this new environment. In addition our organisational footprint and status and ethos as a social enterprise is unique in the local health economy.....and alongside our staff and clinicians, remains our greatest asset.

We have established our position in providing a clinical service at scale which is providing a vital link between regional and localised bespoke services. We've had great success in Leeds where we have linked our contact centre with the local extended access service to create our first virtual hub pilot.

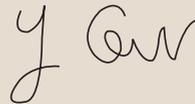
In April 2019 the West Yorkshire Urgent Care Service moved forward

to become an independent contract between LCD and all the Clinical Commissioning Groups of West Yorkshire. Our commissioners are supporting the development of this service into a new model of care which provides the opportunity to work at scale by treating over 250,000 patients each year, and supporting bespoke services to meet local population need. The new model of service will feature an increasingly multi-disciplinary approach with GP colleagues still providing a critical role but supported by developing roles of Advanced Practitioner and Physicians Associates, in addition to our current nursing and pharmacy workforce. Our workforce development plans also include the adoption of a third cohort of Advanced Clinical Practitioners, and is supporting the Physicians Associate programme at Leeds University.

In mobilising our new Dental Clinical Advice and Booking Service which covers the whole of Yorkshire and Humber we have taken the opportunity to invest in infrastructure to take the organisation forward. The service uses a new telephony system and also provides a seamless video consultation interface which we are in the process of piloting in our Calderdale Virtual Consultation Service for care homes.

Our commitment to transformation of our own services, our workforce and the way that we collaborate with other stakeholders in the system, has resulted in some fantastic outcomes for the organisation that will stand us in good stead for the future. In collaboration with partners across the system we have opened two new Urgent Treatment Centres, and our Minor Injuries Unit at Wharfedale is currently under development as the third site in West Yorkshire. Such developments are supporting patients to make the right choices and provide referral points and signposts into appropriate services.

Our role in the emerging provider groups across West Yorkshire means that we are able to provide support, influence and experience to developing solutions to meet the needs of the local population. The NHS has flagged a long overdue intention to reduce the amount of procurements for their services, and instead look at supporting local providers to work in collaboration to deliver shared outcomes, and this reflects Local Care Direct's view. We believe that we are well placed to add value and support this agenda.

A handwritten signature in black ink, appearing to read 'J G W', positioned to the right of the first text block.

Member Non Executive Director

Dear All,

As you will know, my time as a Member Non Executive Director is coming to an end. I remember commenting last year how quickly my first year passed but the second year has literally flown by.

I would like to start by saying a big thank you for your continued contributions and feedback on the new Local Care Direct Website which is now nearing completion and will be unveiled soon. I hope you will be impressed and find the site informative and easy to use. Based on initial feedback I'm sure you will.

We worked closely with Bradford University to gain insights into what we should include in the new website and also how we can engage with social media which is, and will become, increasingly important.

I also found it really interesting to get involved in a project so different to Medicines Management. If you get the opportunity I would very much encourage you to take an interest in the Member Non Executive Director role. The role does require some commitment but it's very rewarding and can be shaped by the individual's background. It's a great opportunity



to help influence the future direction of Local Care Direct.

It's so apparent over recent times how Local Care Direct has become the 'glue' joining up services combining a workforce of skilled clinical and non-clinical staff for the benefit of the public. We all play our part – it's a real team effort.

It really has been a privilege to serve as Member NED over the last two years. Thank you all for your support and in particular I would like to say a big thanks to Georgina, Helen and the Board. And last but not least, good luck to my successor.

Reema Caddies

Meet the Board &

Dr Georgina Haslam - Role: Chairman of Board

Experience: Georgina worked as a GP in Bingley, West Yorkshire until 2013. In addition she enjoyed a portfolio career for over 20 years in both commissioning new health services, and as a provider of intermediate care services which utilised a multidisciplinary clinical workforce.

Whilst Clinical Lead for the former Yorkshire Cancer Network she worked both regionally and nationally to implement improved outcomes for cancer patients. She was chair of the Clinical Executive committees in both Bradford and Airedale PCTs and as Urgent Care lead for Bradford City and District CCGs led the development of clinical governance within the NHS 111 service.

Georgina was acting Clinical Director for Local Care Direct from 2010-11 and was appointed Chairman in 2016. She is also Chair of Trustees of the Shipley based charity HALE which provides services to reduce isolation and poor health in the community, and social prescribing for GP practices in Bradford, Airedale and Craven.



Helen Carr - Role: Chief Executive

Experience: Helen has been the Chief Executive of LCD for the past 5 years, previously she was LCD's Director of Finance.

She is a financial specialist in Internal Control Environments and Procedures and has experience in internal audit, negotiation, organisational set up, acquisitions, and quality assurance.

Helen has worked with audit, legal and banking professionals at PLCs, private companies, social enterprises and charitable organisations.



Andrew Nutter - Role: Chief Operating Officer

Experience: Andrew is a founder member of Local Care Direct who joined after a career which spanned roles in journalism, public relations, general management and consultancy in the public and private sectors.

As Chief Operating Officer, he has overall responsibility for the delivery of all LCD services utilising a wide and varied portfolio of skills and experience of disciplines including quality and risk management, project and performance management. Andrew plays a key role in maintaining relationships with our commissioners and partners and the mobilisation of new services and is also a CQC Special Advisor supporting the inspection work in primary and urgent care.



Major Stan Hardy TD DL - Role: Non Executive Director

Experience: Following a military career which included attending both the UK and NATO Staff Colleges, Stan pursued a career in manufacturing both in the UK and overseas. He took early retirement in 2006 and became the Non-Executive Chair of the West Yorkshire Probation Service.

Stan is the County Lead for the Duke of York's Community Initiative, a member of the MoD's Reserve Forces and Cadets Association for Yorkshire & Humberside, a member of the Leeds Minster Council, and a Deputy Lieutenant for the County of West Yorkshire. He mentors company directors and MBA students.



Reema Caddies - Role: Elected Member Non – Executive Director

Experience: Reema qualified as a Pharmacist and has extensive experience of working across different Pharmacy organisations both within the NHS and the private sector spanning over 20 years. She has also held positions within a regulatory environment at the General Pharmaceutical Council and as a steering committee member of the West Yorkshire Pharmacy Practice Forum Group.

She joined LCD as Medicines Management Lead in 2014 and has focused extensively on staff training and development with regard to medicines' optimisation and patient care. Since 2017, Reema has been Member Non - Executive Director ensuring staff and member views are considered at Board level. The current priorities are updating the corporate website and engaging with staff to help deliver the various work streams. She is also keen to support staff engagement with local stakeholders which is seen as key to the development of LCD.



Diane Whale - Role: Director of Finance

Experience: Diane is responsible for the financial management of the organisation. She is a Chartered Accountant with over 30 years' experience in the profession, having previously worked in public practice and industry.

Diane has been involved in acquisitions, business start up and restructures and has worked with audit, banking, legal and pension professionals.



Management Team

Dawn Harvey - Role: Director of Clinical Governance and Quality

Experience: Dawn qualified as a Registered General Nurse in 1987.

She has extensive experience in the acute care setting and Emergency Departments spanning 30 years in roles as an Advanced Nurse Practitioner, Emergency Nurse Practitioner and Clinical Manager. She has worked outside the NHS for Leeds Community Safety Team as a Project Coordinator delivering training to Acute, Primary and Mental Health Trusts on recognition and management of Domestic Abuse in healthcare settings. Dawn has lectured at Leeds and Huddersfield Universities on the Emergency Nurse & Advanced Practitioner course.

She joined LCD in 2011 and now leads the Clinical Governance, Quality & Clinical speciality team and acts as both Caldicott Guardian, Controlled Drugs Accountable Officer and Clinical Safety Officer for DocAbode.



Dr Mutaz Aldawoud - Role: Director of Clinical Innovation

Experience: Dr Taz Aldawoud is a General Practitioner and holds an MBA with specialism in Strategic Management in Healthcare. Taz is passionate about creating a safer and more responsive healthcare system through the enabler of digital technologies within the NHS.

Through his role as Director of Clinical Innovation at Local Care Direct, he pioneered the development of a national award-winning Telehealth service for NHS patients.

Taz is a Clinical Board member and CCIO for NHS Bradford Districts Clinical Commissioning Group. He is also the founder and CEO of DocAbode, an award-winning digital workforce platform.



Tim Keenan - Role: Non-Executive Director

Experience: Tim is a retired accountant from Ernst and Young and specialist healthcare management consultant. He has advised successive governments on healthcare policy, and statutory regulators, health commissioners and providers on improving care and increasing productivity over many years.

He is committed to helping LCD's social enterprise model succeed in an ever changing health landscape and specifically is helping LCD staff develop their commercial and business development skills, so that they can become a partner of choice for the NHS in co-developing and delivering new models of care.



Dr Sabine Kollment-Scharl - Role: Non-Executive Director – Clinical

Experience: Sabine worked as a salaried GP in South Leeds where she was involved in a national project to reduce hospital admissions prior to joining LCD in 2004. She has worked across all LCD sites and since 2010 has covered regular OOH sessions in the Leeds area.

Sabine obtained an MBA with focus in Healthcare Management in Michigan while living in the USA before coming to England. One of her particular interests is palliative care and she is passionate about improving patient care and service development.



Olivia Butterworth - Role: Non-Executive Director

Experience: Olivia is Head of Public Participation for NHS England. Her role involves the leadership of policy, strategy and practice on involving people and communities in the design, planning and delivery of health and care services.

She is also a Trustee and Deputy Chair of LGBT Foundation, based in Manchester. They provide services for people from LGBT communities including Improving Access to Psychological Therapies (IAPT), mental health, counselling, drug and alcohol, substance use, HIV and sexual health, wellbeing, etc. Services also include a programme to improve LGBT services provided through General Practice, called Pride in Practice.

Olivia is a new member of the Board, joining Local Care Direct this year.



Notice of Annual General Meeting of Local Care Direct Limited

THIS IS NOTICE THAT the 14th Annual General Meeting of Local Care Direct Limited will be held at Junction 25 Conference and Meeting Venue, Kirkdale House, Armytage Road, Brighouse, HD6 1QF on Monday 10th June at 12pm for the purpose of transacting the following business.

- 1 To approve the minutes of the Annual General Meeting held 20th June 2018.
- 2 To receive the Directors' Report and Financial Statements together with the Auditors' Report thereon for the year ended 30th September 2018.
- 3 To consider and if thought fit reappoint Grant Thornton LLP as LCD auditors and authorise the Directors to fix the remuneration of the Auditors.
- 4 To re-elect Tim Keenan as a Non-Executive Director
- 5 To transact any other business permitted under the Rules.

By order of the Board

Paul Dean
Company Secretary
May 2019

Copies of the Directors' Report and Financial Statements for the year ended 30th September 2018 will be available at the meeting and can be obtained prior to the meeting from the Company Secretary at Local Care Direct, Unit 14, Longbow Close, Bradley, Huddersfield, HD2 1GQ (01484 421803).

Extract from the Directors' Report and Strategic Review

For the year ended 30 September 2018

The principal activity of Local Care Direct during the year was the provision of healthcare and dental services.

The Board reports the achievement of a surplus before taxation of £870,174 for the year ended 30 September 2018 (2017 - £430,330). This increase reflects the improved funding of the Leeds Minor Injuries (MIU) and Urgent Treatment Centre (UTC) contract from April 2018 and the discontinuance of certain loss-making Primary Care contracts.

LCD continued to deliver the WYUC contract as a sub-contractor to the local NHS 111 provider, Yorkshire Ambulance Service (YAS). With effect from 1 April 2019, the sub-contract with YAS ended and these contracts are now held directly by LCD. Together with the Leeds MIU / UTC, this contract accounts for approximately 69% of Group turnover. The business continues to encounter severe cost pressures in the WYUC contract, although the organisation has introduced measures to control clinical costs, which mitigate the issues to some extent. Patient activity to 30 September 2018 was almost 60% higher than the baseline levels originally envisaged, with contract funding for the year just 30% higher than the baseline. This gap between funding of clinical capacity and patient activity, together with increased acuity of cases passed from the 111 service continues to have a consequential detrimental impact on contract performance. In common with other healthcare organisations, LCD remains impacted by the diminishing pool of General Practitioners. To mitigate this, LCD is developing an innovative range of clinical roles and methods of service delivery. We have recruited a cohort of Advanced Clinical Practitioner Trainees, who are enrolled on a 2 year training programme. We have the ability to deliver some of our services via video consultation and are looking to extend this further over the coming months.

The Leeds MIU / UTC service remains challenging financially, although this has been partially mitigated within the year by increased funding. The St. George's facility was officially classed as a UTC from December 2018. It is anticipated that further financial support will be forthcoming as the

Wharfedale site moves towards UTC classification.

As indicated last year, the Manningham Medical Practice contract transferred to an alternative provider in February 2018.

Dental services delivered another strong performance in the year due to sustained high patient demand and expansion of the Dental Booking Hub.

We were recently successful in securing additional transformational funding from the Integrated Care System (ICS), which is being used to improve the WYUC service model and infrastructure and explore innovative technologies for the future. We continue to support individual CCGs across West Yorkshire with their plans for enhanced Primary Care provision.

Certain key contracts held by the Group would come to an end if they are not extended beyond their current end dates. WYUC commissioners have now confirmed that the Out of Hours and MIU / UTC services will be extended by a further year to 31 March 2020. The Dental treatment and Dental Clinical Assessment and Booking contracts ended on 31 March 2019. LCD was successful in securing the contract for the provision of Dental Clinical Assessment & Booking services across the Yorkshire and Humber region from 1 April 2019. Unfortunately we were not selected to continue providing the Urgent Dental Treatment service from 1 April 2019.

After reviewing the Society's budget and forecast to 31 March 2020 and the facilities currently available, the Board is confident that the Society has sufficient resources to continue trading for the foreseeable future. For this reason the Society has adopted the going concern basis in its financial statements.

A resolution to reappoint Grant Thornton UK LLP as auditors will be put to members at the Annual General Meeting.

This report was approved by the Board and signed on its behalf.

G Haslam

Chairman

Date: 24 April 2019

Consolidated Financial Summary

BALANCE SHEET	2018 (£)	2017 (£)
Tangible and Intangible Fixed Assets	871,340	1,022,648
Current Assets	9,446,470	7,475,801
Creditors: Amounts falling due within one year	(4,385,443)	(3,400,528)
Net Current assets / (liabilities)	5,061,027	4,075,273
Total Assets less current liabilities	5,932,367	5,097,921
Creditors: Amounts falling due after more than one year	(127,140)	(157,904)
Net Assets	5,805,227	4,940,017
Reserves	5,805,227	4,940,017

INCOME AND EXPENDITURE	2018 (£)	2017 (£)
Turnover	27,187,283	26,195,519
Cost of Sales	(19,745,654)	(19,861,733)
Gross Surplus	7,441,629	6,333,786
Other operating charges	(6,593,582)	(5,905,766)
Operating surplus	848,047	428,020
Interest receivable	26,308	6,945
Interest payable and similar charges	(4,181)	(4,635)
Surplus on ordinary activities before taxation	870,174	430,330
Tax on surplus on ordinary activities	(4,964)	(1,389)
Surplus for the financial year	865,210	428,941
Reserves brought forward	4,940,017	4,511,076
Reserves carried forward	5,805,227	4,940,017

Extract from Independent Auditor's Report

Opinion

We have audited the financial statements of Local Care Direct Limited (the Society) and its subsidiaries (the Group) for the year ended 30 September 2018, which comprise the Consolidated and Society Income and Expenditure accounts, the Consolidated and Society Statements of Financial Position, the Consolidated and Society Statements of Changes in Equity, the Consolidated Statement of Cash Flows, and the notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards including Financial Reporting Standard 102; The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the Society's affairs as at 30 September 2018 and of its Income and Expenditure for the year then ended;
- have been properly prepared in accordance with the Co-operative and Community Benefit Societies Act 2014.

Conclusions relating to going concern

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

- the Board's use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Board has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the society's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

Other information

The Board is responsible for the other information. The other information comprises the information included in the Consolidated Financial Statements, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance thereon. Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated.

We have nothing to report in this regard.

Matters on which we are required to report by exception

We have nothing to report in respect of the following matters where the Co-operative and Community Benefit Societies Act 2014 requires us to report to you if, in our opinion:

- a satisfactory system of control over transactions has not been maintained; or
- the society has not kept proper accounting records; or
- the financial statements are not in agreement with the books of account; or
- we have not received all the information and explanations we need for our audit.

Respective responsibilities of the Board and Auditors

The Board is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the Board determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error. In preparing the financial statements, the Board is responsible for assessing the Society's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Board either intend to liquidate the Society or to cease operations, or have no realistic alternative but to do so.

The Auditors' objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists.

A description of the Auditors' responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at www.frc.org.uk/auditorsresponsibilities.

Grant Thornton UK LLP

Statutory Auditor

Chartered Accountants

Sheffield

26 April 2019



Local Care Direct...

We care about people

- ✓ Delivering integrated, 24/7 urgent care for West Yorkshire and its localities
- ✓ Supporting local federations to deliver extended hours in Primary Care
- ✓ Working in partnership with acute trusts to deliver Urgent Treatment Centres and primary care support for Emergency Departments
- ✓ Managing Urgent Treatment Centres, Minor Injury Unit and Walk in Centre
- ✓ Using video consultation technology to deliver care for patients in care homes
- ✓ Specialist clinical health hub offering GP telephone assessment, remote monitoring of patients, call handling and nurse triage
- ✓ Urgent dental appointment booking services for Yorkshire and Humber
- ✓ 24/7 primary care toolkit including urgent care centres, single point of access, GP out of hours, home visiting and patient transport services
- ✓ Range of regular and emergency cover for GP practices



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01484 487262

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