

# MY LCD

Annual Report

May 2018

'Looking ahead we welcome new partnerships working within the health and social care sector, alongside putting patients first.'



# Report from the Chair



Our mission is to deliver the right care, when you need it, in the right place - and yes, during 2017-18 we did just that!

**When did we do it?** A fact (which is very often overlooked!) is that LCD provides a medical service of some description 24 hours a day, 365 days a year!

**What services did we provide?** - primary medical and dental care, both Minor Injury Units in Leeds, the Walk in Service in Wakefield, support to GP extended hours schemes, support cover for GP practices during in hours, new patient transport to practice schemes, safe haven, and tele-care support to care homes.

**How did we do it?** We introduced new systems to improve the processing of patient demand for consultations, leading to a smarter service. Our communication with patients now includes keeping them better informed regarding when they will be seen. We developed call handler advice for patient self-care whose problems could wait until another day, and proved that a lot of these problems did not need any further intervention. We continued to exercise the highest scrutiny of compliance with standards so that we know that we are as good as we can be. All staff work hard to deliver the care that they would want for their own family – even when demand is high. Our staff is our greatest asset - thank you all.

**Where are we delivering services?** - Wakefield, Pontefract, Leeds, Wetherby, Bradford, Airedale and Craven, Calderdale and Huddersfield and more....

LCD continues to provide core services across West Yorkshire tailored to the individual needs of each locality – we are able to transform a nationally mandated model into a service which really works at the local level. We do not cut corners but we aim to be as cost effective as possible.

Looking ahead we welcome new partnerships working within the health and social care sector, alongside putting patients first. We are excited by new innovations currently in development which we believe will provide up to date access to medical advice and bring further efficiencies to the service whilst maintaining high quality care.

As a membership based social enterprise we are keen to receive your feedback and I forward to seeing you at the AGM and at the presentations which will follow the meeting on service developments across our business.

**Dr Georgina Haslam  
Chairman**

# Chief Executive's Report

HELEN CARR,  
CHIEF EXECUTIVE



As I write this report we are already some months after the year end and well in to our new financial year. It has been a successful year for us in consolidating our position as both a good partner organisation and an important provider within our local West Yorkshire Strategic Transformation Plan (STP) which sets out local NHS priorities and intentions; indeed we are one of the few providers to have a West Yorkshire footprint and that is certainly something that our commissioning colleagues find useful. Local Care Direct now finds itself on Integrated Provider groups in all of our local areas in addition to the STP and network groups. This is a positive step and provides us with an environment to share our experiences and help to shape the future.

## Internal development

During the past twelve months we have worked extensively on the development of our services, particularly our over-subscribed West Yorkshire Urgent Care service and I'm delighted to say that we have seen a month on month improvement in our critical key performance indicators. This has been entirely due to our team refining processes and protocols, and defining and refining anything that can have a critical positive impact on the safe and effective delivery of our service in challenging environment.

Introducing new ways of working is necessary within the NHS to ensure that the service remains fit for purpose and makes best use of the limited resources available (both people and money) but any change of this type requires a huge amount

of behavioural change. This is the most challenging element of any new model. We have been trialling new ways of working using digital services which offer patients and clinicians new ways to access and deliver our services. Two great examples of this are:

- **Calderdale Care Home video-consulting scheme**

This provides a face-to-face clinical consultation opportunity for residents of care homes. The service is delivered from our triage hubs by a multi-disciplinary team and has been well received by Community Matrons, Care Home staff and patients. An evaluation is underway in the scheme to look at both its value for money and also understand how it can be expanded and extended in the coming months.

- **Docabode pilot and product development**

Our Director of Clinical Innovation, Dr Taz Aldawoud, has developed a new concept for accessing clinical workforce by the use of an App which can be used to offer relevant cases to clinicians on an ad-hoc and mobile basis rather than the traditional shift/site based model. Local Care Direct has been delighted to provide a pilot site for the new concept and as the development moves forward into phase two we remain a critical part of the project.

We hope that this pro-active approach to engaging with new digital models of clinical care will become the "mainstream" option for us and our patients, and allow us to work with colleagues across health and

social care to embed them in integrated service provision.

## **The future, what's around the corner and how does Local Care Direct make a difference?**

The past year has seen the environment in which we operate beginning to change at a pace, and the current provider/ commissioner lines being re-drawn to encourage providers to work together and services to be redesigned. There are several key national developments that have impacted Local Care Direct already:

- Our colleagues and prime-contractors at NHS111 are subject to a national requirement to enhance and change the specification and delivery of the 111 service. The new 111 service will be the corner stone of a regional Integrated Urgent Care (IUC) pathway which will incorporate most of the services provided by primary and urgent care providers across Yorkshire and the Humber. Whilst this does not mean that we are to be part of one organisation it does mean that the service has to fit together and deliver a safe, seamless experience for patients. Our commissioners are in the process of procuring the 111 element of the pathway, and we have offered our support to Yorkshire Ambulance Service in their aspirations for a regional service provision. Local Care Direct has a unique position as a current West Yorkshire provider in the pathway (from both a medical and dental perspective) to help our local commissioners bridge the gap between regional and local service provision, and help to secure a seamless service for our patients.
- The Department of Health has recognised that there is confusion amongst the population about Urgent Care service provision, leading potentially to increased demand on A&E services. They identified that this is in part due to a wide range of differing "walk-in" provision and have mandated a simpler and a more unified approach under the badge of Urgent Treatment Centres (UTCs). UTCs will incorporate urgent primary, minor injury and extended access services and will include direct booking by NHS111. Local Care Direct is a key local player in these services with several of our sites earmarked for conversion, and inclusion into a UTC.

I'm delighted to say that we have already been involved in the direct development and delivery of two of these sites at St Georges in Middleton and Pontefract General Infirmary....with more to follow.

## **Federation partnership and co-production**

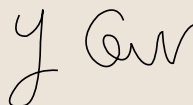
Local Care Direct is still rooted in primary care and committed to supporting its evolution and developments in whatever way that we can.

In recent years there has been a mandate for GPs to arrange themselves into a federated model on roughly Clinical Commissioning Group (CCG) area footprint; to work together to deliver services at scale, and to support integrated working with other local providers like Trusts and Local Authorities.

As a predecessor to the Federations it has been a strategic goal of Local Care Direct to support all of our local organisations. To provide resilience, to co-design and deliver services and to provide an environment where true partnership and integrated working across primary care for a 24/7 period are our goals. We've had some new services go-live already:

- Partnership delivery of Extended Access services in several areas
- Support and delivery of A&E GP streaming schemes
- Development of Local Clinical Advice services

So, whilst our largest contract is still for West Yorkshire out-of-hours services, Local Care Direct has developed its position as an important part of the landscape for the future. We fulfil a vital role in providing resilience to our local providers and a stepping stone to manage the transition from regional to local services. Our role is varied and complicated but both vital and positive for our partners and commissioners....we wouldn't want it any other way.



# Member Non Executive Director

Dear All,

I cannot believe how quickly time has passed by, as we already approach one year into my NED role. Thank you for all your contributions, comments and feedback which have already started to shape developments for our LCD Website.

I would like to take this opportunity to let you know how welcoming our LCD Board has been in helping me to settle in. Admittedly, there are always difficult decisions to be made but I can only say that central to this organisation are people that really do care about our future.

Many of you were in agreement that we needed to catch up with social media and plans are in place for this to commence - small steps to start with but with the vision of becoming something current and innovative. We are in the process of choosing a partner organisation to help develop the new website with feedback we gained from the staff survey.

Looking ahead, Local Care Direct should now easily be seen as Local Care Developments. We have been patient through periods of uncertainty and it is evident now to see how many news schemes we are becoming an integral part of. This year's AGM will include a show case event "Come and meet LCD" and I do hope you attend. It will be a chance for you to meet with local stakeholders from NHS, Education and affiliated health organisations . We already



value our commitment to staff training and development but are very excited to showcase our education faculty.

For the first time, we have decided to develop a short series of videos to promote the different services we provide at LCD so that people are more aware of the services we offer and see what a great skill mix of clinical and non-clinical staff we are.

On a personal level, I have gained so much from my first year and really enjoyed working with so many of you with regard to the various work streams that this role encompasses. Please continue to send in your comments and feedback which are all very much appreciated.

**Reema Caddies**

# Meet the Board & M

**Dr Georgina Haslam - Role:** Chairman of Board

**Experience:** Georgina has enjoyed a portfolio career including working as a GP until 2013 in Bingley, West Yorkshire.

Georgina was acting Clinical Director for Local Care Direct from 2010-11 and was appointed Chairman in 2016. She brings 20 years' experience of commissioning new patient services with a particular interest in the creation of multidisciplinary workforces to enhance patient outcomes. Whilst Clinical Lead for the Yorkshire Cancer Network she worked both regionally and nationally to improve outcomes for cancer patients. She previously chaired Clinical Executive committees in both Bradford and Airedale and as Urgent Care lead for Bradford City and District CCGs led the development of clinical governance within the NHS 111 service. She is an Honorary Tutor for the University of Leeds Medical School and Chair of Trustees of the Shipley based charity Health Action Local Engagement (HALE).



**Helen Carr - Role:** Chief Executive

**Experience:** Helen was LCD's Director of Finance until 2010. 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.



**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

**Andrew Nutter - Role:** Chief Operating Officer & Deputy Chief Executive

**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 service delivery across all LCD medical 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.



**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 lectures at Huddersfield University on the Nurse Practitioner course.

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



**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 works at a national level through his role as Clinical Adviser and 'Digital Clinical Champion' for NHS England, is a Clinical Board member and CCIO for Bradford District's Clinical Commissioning Group and is also a visiting lecturer for the University of Leeds Health Informatics department.



**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 more partners of choice for the NHS.



**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 done 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.



# Notice of Annual General Meeting of Local Care Direct Limited

THIS IS NOTICE THAT the 13th Annual General Meeting of Local Care Direct Limited will be held at Junction 25 Conference & Meeting Venue, Kirkdale House, Armytage Road, Brighouse, HD6 1QF on Wednesday 20th June 2018 commencing at 11.30am for the purpose of transacting the following business:

1. To approve the Minutes of the Annual General Meeting held 23rd May 2017.
2. To receive the Directors' Report and Financial Statements together with the auditors' report thereon for the year ended 30 September 2017.
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 Dr. Georgina Haslam as a Non-Executive Director.
5. To re-elect Stan Hardy as a Non-Executive Director.
6. To transact any other business permitted under the Rules.

By order of the Board

**Tom Colston**  
**Company Secretary**  
**April 2018**

Copies of the Directors' Report and Financial Statements for the year ended 30 September 2017 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, Pennine Business Park, Bradley Road, HD2 1GQ (01484 421803).



# Extract from the Directors' Report and Strategic Review

For the year ended 30 September 2017

The principal activity of Local Care Direct during the year was the provision of health care services. All dental work is contracted through the wholly-owned subsidiary, Dental Care Direct Limited.

The Board reports the achievement of a surplus before taxation of £430,330 for the year ended 30 September 2017 (2016 - £52,235). This increase reflects the significant additional funding of the West Yorkshire Urgent Care (WYUC) contract from April 2017, which has lifted this contract from its previous loss-making position to break-even.

Local Care Direct continues to deliver the West Yorkshire Urgent Care Contract as a sub-contractor to the local NHS 111 provider, Yorkshire Ambulance Service. The business has encountered severe cost pressures in this contract, with patient activity to 30 September 2017 almost 57% higher than the baseline levels originally envisaged, with contract funding for the year just 26% higher than the baseline and a consequential detrimental impact on contract performance. In common with other healthcare organisations, Local Care Direct is finding it increasingly difficult to secure clinical resources within budgeted costs. This problem is compounded by the competing demands for GPs from Extended Primary Care and Accident and Emergency GP Streaming initiatives. To mitigate this diminishing availability of GPs, Local Care Direct continues to utilise and develop an innovative range of clinical skills to deliver this service.

The Leeds MIU service remains particularly challenging financially as the contract is subject to a financial cap, the level of which is insufficient to cover staffing, premises and diagnostic costs. However, we are currently in negotiation with commissioners for our St George's Minor Injuries Unit to become a flagship Urgent Treatment Centre.

In line with our strategy to divest of core Primary Care delivery, the King St Medical Practice closed with effect from 31 March 2017. Both the Hillside Bridge registered list and walk in contracts ended on 31 May 2017. The Manningham Medical Practice contract is expected to transfer to an alternative provider by 31 March 2018.

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

Local Care Direct continues to work with local Clinical Commissioning Groups (CCGs) to facilitate the implementation of winter resilience and central NHS initiatives such as extended primary care opening hours and co-location of GP streaming within A&E departments. We will continue to support individual CCGs across West Yorkshire with their plans for enhanced Primary Care provision.

From 1 April 2019 our core services will form part of the Integrated Urgent Care pathway, which will align our current services to the broader urgent and emergency care framework. This is likely to be commissioned across the 111 (Yorkshire and Humber) footprint. Local Care Direct is well placed to provide a link between this regional service and local, place-based service provision.

Certain key contracts held by the Society and its subsidiary, Dental Care Direct Limited, will 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 services will be extended by a further year to 31 March 2019. Dental treatment and Dental Hub contracts have also been extended to 31 March 2019. After reviewing the Society's budget and forecast to 31 March 2019 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: 12 February 2018**

# Consolidated Financial Summary

<b>BALANCE SHEET</b>	<b>2017 (£)</b>	<b>2016 (£)</b>
Tangible and Intangible Fixed Assets	1,022,648	1,113,952
Current Assets	7,475,801	6,981,236
Creditors: Amounts falling due within one year	(3,400,528)	(3,395,444)
Net Current assets / (liabilities)	4,075,273	3,585,792
Total Assets less current liabilities	5,097,921	4,699,744
Creditors: Amounts falling due after more than one year	(157,904)	(188,668)
Net Assets	4,940,017	4,511,076
Reserves	4,940,017	4,511,076

<b>INCOME AND EXPENDITURE</b>	<b>2017 (£)</b>	<b>2016 (£)</b>
Turnover	26,195,519	25,429,441
Cost of Sales	(19,861,733)	(20,081,726)
Gross Surplus	6,333,786	5,347,715
Other operating charges	(5,905,766)	(5,315,065)
Operating surplus	428,020	32,650
Interest receivable	6,945	25,439
Interest payable and similar charges	(4,635)	(5,854)
Surplus on ordinary activities before taxation	430,330	52,235
Tax on surplus on ordinary activities	(1,389)	(5,088)
Surplus for the financial year	428,941	47,147
Reserves brought forward	4,511,076	4,463,929
Reserves carried forward	4,940,017	4,511,076

# 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 2017, which comprise the Consolidated and Society Income and Expenditure accounts, the Consolidated and Society Statements of Financial Position, the Consolidated Statement of Cash Flows, the Consolidated and Society Statements of Changes in Equity 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 2017 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.

## Who we are reporting to

This report is made solely to the Society's members, as a body, in accordance with section 87 of the Cooperative and Community Benefit Societies Act 2014. Our audit work has been undertaken so that we might state to the Society's members those matters we are required to state to it in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Society and the Society's members as a body, for our audit work, for this report, or for the opinions we have formed.

## 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](http://www.frc.org.uk/auditorsresponsibilities).

**Grant Thornton UK LLP**

**Statutory Auditor**

**Chartered Accountants**

**Sheffield**

**12 February 2018**



# 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 Minor Injury Units 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 care treatment and appointment booking services
- ✓ 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



Please let us know if you require this document in large print by calling  
**01484 487262**

Registered Office:

Sheridan Teal House, Unit 2,  
Longbow Close, Pennine Business Park,  
Huddersfield, HD2 1GQ.

Local Care Direct is registered with the  
Financial Conduct Authority  
(Registered No 29766R).

This leaflet is printed on paper from  
sustainable forests. Please recycle this  
leaflet when you have finished with it.

For more information about our products and services please visit us at [www.localcaredirect.org](http://www.localcaredirect.org) website.