



2025-26 Annual Report

Looking forward

a statement from our Chair

I know that some of you will remember the time when LCD was born out of a generational change to General Practice in 2004, when the responsibility of out-of-hours services transferred to PCTs. Some 22 years later, as we face a similar degree of change and desire for improvement in the NHS locally and nationally, we find ourselves once again at a moment of inflection.

This, therefore, is the ideal moment for us to redefine our purpose as an organisation and recommit ourselves to our values as a social enterprise. Our Board has drafted our own North Star, if you like - a statement to guide our strategic decisions, unite our collective efforts, and anchor our organisational culture.

– And this is what we created:

Our revised Organisational Purpose Statement

Based in West Yorkshire, we at Local Care Direct form a vital part of the Urgent Care Services provided by the NHS and will **always work in collaboration** with other organisations to provide the best possible care to the communities we serve.

LCD is a **values-led social enterprise**. Our purpose is to provide high-quality, unplanned healthcare for our communities with no shareholders taking profits. At LCD, we understand that to deliver our aims, we need to demonstrate that we appreciate and listen to our staff to

ensure they are motivated by the same principles and feel valued. We actively engage with the diverse communities we serve to **ensure that our services respond to their differing needs**, adapting our services as appropriate within available resources.

We have now embedded this updated Organisational Purpose into our LCD Good Governance Guide, which sets out how we will live up to these simple goals.

It was therefore really pleasing to read Helen's summary of the year as I could see clearly how we are already putting this updated purpose into effect, whether that be with innovative new services being developed with partners (such as PCAS), our enthusiastic participation in local NHS groups to develop Urgent Care and Neighbourhood Health services or our determined efforts in reducing health inequalities in the way we deliver services.

So, having redefined our purpose for a new age, we can look forward to the next phase of our evolution with renewed confidence and excitement.

Kind regards,
Tim Keenan
Chair



Contents

Looking forward	01
Reflections on 2025-26	03
Our role	04
Our services in numbers	05
Our Executive Committee	07
Our Board Members	09
Notice of Annual General Meeting (AGM)	11
Our Audit and Risk Committee	13
Key activities and figures	14
Our financial summary	15
Extract from the Directors' Report and Strategic Review	17
Independent Auditor's Report	20



Reflections on 2025–26

a statement from our Chief Executive

I always value the opportunity to reflect on the past year at Local Care Direct when preparing this report, as it provides time to step back and recognise how far we have come. As ever, it has been a busy and demanding year, with significant change, challenge and opportunity across the organisation. As Tim, our Chair, has outlined, the wider NHS landscape has changed significantly, with over half of our commissioning colleagues displaced and fundamental shifts in how services are developed and contracted.

We have continued to progress our three organisational goals: being securely embedded as a long-term provider of choice across West Yorkshire; ensuring our colleagues feel valued, respected and want to stay at LCD; and using our resources to support and enhance the health and wellbeing of the communities we serve.

All of this is underpinned by our values and culture and delivered in “The LCD Way”, ensuring quality, compassion and accountability remain central to everything we do.

We have made strong progress, while recognising there is always more to do. Highlights this year include: the ongoing work of our Health Inequalities Group delivering the Equality Delivery System; our selection as a Vanguard provider for the Paediatric Clinical Assessment Service; key enhancements within our Urgent Treatment Centres, improving national performance ratings; winning a competitive tender with Leeds Teaching Hospitals for patient streaming services; achieving an Urgent Health UK Bronze Award for Palliative Care; and implementing our new Change Roadmap model.

Alongside this, we have further strengthened our influence across West Yorkshire through roles within VCSE and Integrated Neighbourhood Health Boards, while maintaining our key position in Urgent and Emergency Care. None of this would have been possible without the dedication, professionalism and commitment of our employed and sessional colleagues, who I thank for their continued focus on delivering high-quality patient care.

Kind regards,
Helen Carr,
CEO



Our role

delivering health services

Our purpose is to care for people. Established in 2004 as a community-owned social enterprise to deliver health services across West Yorkshire, we aim to meet the needs and expectations of our patients, as well as our NHS and social care partners.

As a partner within the Integrated Care System, we play a key role across both primary and secondary care, operating 24 hours a day, 365 days a year. We work collaboratively with Urgent and Emergency Care partners to deliver high-quality services that are accessible and easy to navigate, helping people receive the right advice, care and support in the most appropriate setting and as close to home as possible.

Over the past 20 years, we have developed a wide range of services for patients across Yorkshire and the Humber. These include a centralised contact centre, GP out-of-hours services, Urgent Treatment Centres, walk-in services, extended access Primary Care, and a Dental Clinical Assessment and Booking Service, alongside a number of bespoke services for our NHS partners.

Our workforce includes
441 employees
& **279 sessional colleagues***



We operate out
of **17 sites** across
West Yorkshire



We provided healthcare services
to an estimate population of

8 million

in Yorkshire and the Humber



* Workforce figures taken from 25 April 2026

Our services in numbers

between 1 April 2025 and 31 March 2026

Last year,
we delivered

17 services for the NHS,
which saw 721,367 patient cases



We worked with our partners to deliver Urgent Community Response across West Yorkshire, providing clinical triage and GP support to

12,398 referrals



We triaged the 615 cases

that came into our Covid Medicine Delivery Unit (CMDU) service, supporting clinically vulnerable patients to access Covid-19 antivirals



We spoke to 305,901

patients in our Dental Clinical Assessment and Booking Service, helping them get urgent dental care

We deliver the West Yorkshire Urgent Care service and
this year, 255,497 patient cases
came to us during the out-of-hours period

Our Emergency Department Validation service

advised 10,207 people

that they did not need to go to an Emergency
Department and provided alternatives



We visited
20,339 patients

when they were too ill to travel to
us, and we also saw 90,557
patients in Primary Care Centres



We supported 97,773 patients

who came to our St George's and Wharfedale Urgent
Treatment Centres, and our King Street Walk-In Centre



Our Social Impact Report

has more information about our efforts during
2025-26, head to our website to view it:
www.localcaredirect.org.uk

Local Care Direct's Executive Committee

Helen Carr leads the Executive Committee, which provides strategic direction and operational leadership for the organisation and its workforce. The Committee also oversees financial performance and reports to, and acts on behalf of, the Board.

The Committee meets weekly on Monday mornings to enable timely decision-making, alongside a monthly Business Performance meeting. At these meetings, they ensure that Local Care Direct (LCD) has the necessary resources, structures and governance arrangements in place to meet required standards.



Helen Carr, Chief Executive Officer (CEO)

Helen has a background in finance as a qualified Chartered Accountant. She has experience in contracting, auditing and managing private companies, PLCs and charitable organisations. She's been in her role for 12 years and is passionate about social enterprise, putting our values at the core of all that we do.



Carol Gilchrist, Deputy CEO & Director of Operations

Carol joined LCD in 2022 after 25 years' experience at Kirklees Council, working closely with local communities. She is passionate about collaboration and has worked with partners across the West Yorkshire ICS. She is a compassionate leader who champions equality, diversity and inclusion. Carol is also LCD's Accountable Emergency Officer.



Paul Dean, Company Secretary

Paul joined LCD as Company Secretary in 2019 after a career in retail banking in senior sales, change management, and risk and governance roles. He supports the Board and key committees, ensuring effective governance, and is also Chair of HALE, a Shipley-based charity tackling health inequality.



Michael Hargreaves, Director of Finance & IT

Michael joined LCD in 2020 from a Global Tier 1 Automotive Manufacturer and has experience from a breadth of industries, including construction and software. As a Chartered Accountant, he is responsible for the financial management of LCD, ensuring we remain financially compliant. Mike is passionate about the values of a social enterprise.



Dawn Mackman, Director of Clinical Governance & Quality

Dawn has 41 years' experience across Emergency and Acute Care, and community safety at Leeds City Council. She has worked as an Emergency and Advanced Nurse Practitioner, Clinical Manager, and lecturer at Leeds and Huddersfield universities. She joined LCD in late 2011, before retiring and then returning in May 2022. Dawn also serves as Caldicott Guardian and is accountable for the governance of controlled drugs.



Dr Jonathan Ring, Medical Director

Jonathan has worked as a GP since 2009 and joined LCD in 2012. He is an Honorary Senior Lecturer at the University of Leeds, GP Trainer, RCGP Clinical Advisor, NICE GP Reference Panel Member and GMC Associate. As well as being one of West Yorkshire ICB's Safeguarding Named GPs, Jonathan takes on the additional role as LCD's Senior Safeguarding Lead.



Alison Russell, Director of Quality & Risk

Alison has been with LCD since the beginning, joining in 2004. She has worked across a variety of roles and is currently the CQC's registered manager for all of our services, ensuring we are compliant with all contractual and regulatory standards. Alison also takes on the additional role of LCD's Senior Information Risk Owner (SIRO).



Kim Anderson, Associate Director of People & Resourcing

Kim joined LCD in 2023 from the public sector, where she gained over 20 years of experience in operational and HR roles. She has worked across the Ministry of Justice in Prisons, Probation Services and the Judicial Office. With a passion for delivering for the benefit of the community, Kim was keen to move to a values-driven, third-sector organisation.



Adam Cole, Associate Director of Partnerships & Transformation

Adam has worked across the NHS, including healthcare IT providers, Trusts, CCGs and ICBs, with a focus on partnerships, service improvement and helping organisations work more effectively together. He has experience across Urgent and Primary Care, developing new models of care, strengthening relationships and delivering services using data, clear governance and structured problem-solving.



Faisal Haque, Associate Director of Operations

Faisal qualified as a pharmacist in 2009, gaining nine years' management experience in community pharmacy before joining LCD in 2018 as a trainee Advanced Clinical Practitioner. He has held several clinical and operational leadership roles and is now Associate Director of Operations, while also supporting the organisation as Values Champion.

Local Care Direct's Board Members

Tim Keenan leads the Board, which is made up of Executive and Non-Executive Directors, including one member-elected Non-Executive Director. The Board is responsible for overseeing corporate strategy and works closely with the Executive Team to ensure the organisation has the resources, structures and governance arrangements required to operate effectively.



Tim Keenan, Chair

Tim is a retired accountant from Ernst and Young and a specialist healthcare management consultant. He has advised successive governments on healthcare policy, as well as helping statutory regulators, health commissioners and providers to improve care and increase productivity over many years. He is committed to helping LCD's social enterprise model succeed.



Helen Carr, Chief Executive Officer

Helen has a background in finance as a qualified Chartered Accountant. She has experience in contracting, auditing and managing private companies, PLCs and charitable organisations. She's been in her role for 12 years and is passionate about social enterprise, putting our values at the core of all that we do.



Dr Taz Aldawoud, Non-Executive Director

Taz is a GP, holds an MBA with specialism in Strategic Management in Healthcare, and is the founder and CEO of Doc Abode, an award-winning digital workforce platform. Taz is passionate about creating a safer and more responsive healthcare system through the enabling of digital technologies within the NHS.



Olivia Butterworth, Non-Executive Director

Olivia worked at NHS England for 13 years, leading initiatives for community involvement in health services. With a background in community development, she empowers individuals in the design and delivery of health and care services. Now freelancing, she supports inclusive practices and serves as a Civil Celebrant.



Dr David Hughes, Non-Executive Director

David was a GP partner in Holmfirth for just over 37 years and retired in July 2024. He was a member of the Clinical Commissioning Group in Huddersfield since its formation in 2013 and continues to keep some clinical work, doing occasional locum for his old practice.



Dr Sabine Kollment-Scharl, Non-Executive Director

Sabine worked as a GP in south Leeds, where she was involved in a national project to reduce hospital admissions prior to joining LCD in 2004. Sabine obtained an MBA with a focus on 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.



Dr Adam Sheppard, Non-Executive Director

Retired as Senior Partner from a GP partnership after 31 years, Adam continues to work in a clinical capacity and has held senior clinical leadership roles since 2013, including Chair and clinical leader of Wakefield Clinical Commissioning Group. Adam brings his extensive knowledge of West Yorkshire Urgent Care to LCD.



Member Non-Executive Director

Position vacant.

Notice of Annual General Meeting of Local Care Direct Limited

This is notice that the 21st Annual General Meeting of Local Care Direct will take place on 18 June 2026 at 10:30 am.

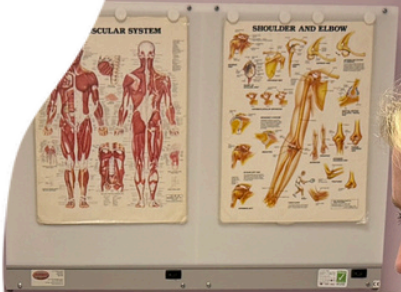
This year the event will take place via Microsoft Teams. Voting and approval will be via email and post before the day of the meeting and completed on the day. The following business will be completed:

1. To approve the minutes of the Annual General Meeting held on 19 June 2025.
2. To receive extracts of the Directors' Report and Financial Statements together with the auditor's report thereon for the year ended 30 September 2025 (please see the Annual Report).
3. To consider, and if thought fit, reappoint Grant Thornton LLP as auditors and authorise the Directors to fix the remuneration of the auditors.
4. To re-elect Dr Taz Aldawoud as a Non-Executive Director.
5. To re-elect Dr David Hughes as a Non-Executive Director.
6. To re-elect Dr Adam Sheppard as a Non-Executive Director.

By order of the Board

Paul Dean
Company Secretary
May 2026

Please note that full copies of the Directors' Report and Financial Statements for the year ended 30 September 2025 can be obtained by email via Paul.Dean@lcdwestyorks.nhs.uk



Our Audit and Risk Committee

I am pleased to introduce myself as Chair of LCD's Audit and Risk Committee, succeeding Dr Georgina Haslam. I would like to thank Georgina for her leadership and the strong foundations she has established, and I look forward to building on the Committee's previous work as we move forward.

The Committee supports the Board in ensuring effective internal controls and robust risk management, aligned with our business objectives and social mission.

During the last year, the Committee has overseen the integrity of financial reporting and monitored the overall effectiveness of our internal control environment and risk framework, ensuring existing risks are effectively mitigated and new and emerging risks are identified and assessed.

I am also pleased to confirm that our external auditors have not raised any material issues in their annual audit and

confirmed our view that LCD's financial forecasts and assumptions for the next 12 months are reasonable.

A key area of focus is the increasing role of artificial intelligence (AI) both within the NHS and across the wider community. There is no doubt that AI will present significant opportunities in the future; however, it will undoubtedly introduce new risks that will require careful governance.

As the use of AI develops, we will prioritise oversight in three key areas:

- The ethical use of AI, ensuring fairness, transparency, accountability and alignment with LCD's values.
- We need to ensure outcomes don't impact underserved communities.
- We need to ensure we understand the risk of bias and compromised data quality.

As we look ahead, there is plenty to do, particularly as AI continues to develop at pace. I'm excited to work with the team to make sure we make good use of opportunities, while keeping a clear focus on good governance and doing the right thing for the communities we serve.

Thank you,

Dr David Hughes
Chair of the Audit and Risk Committee



Key activities and figures

Reportable information incidents

We have robust measures in place to protect patient and staff data, which include the process to report and investigate any incidents relating to how we use and store confidential data. In the year April 2025 to March 2026, we did not experience any breaches that required reporting to the Information Commissioner's Office (ICO).

Emergency Preparedness Resilience Response (EPRR)

EPRR is a core function of the NHS and a statutory duty under the Civil Contingencies Act (CCA) 2004, NHS Act (2006), and Health and Care Act 2022. LCD has a robust EPRR function led by our Accountable Emergency Officer (AEO) and Deputy AEO, and overseen by the LCD Board. The AEO attends the West Yorkshire Local Health Resilience Partnership meetings, ensuring we are both supported and offer mutual aid support to our system partners. Throughout 2025-26, LCD has developed a credible number of health commander roles across the organisation and has successfully completed the NHSE Core Standards annual assurance process. Our command-and-control structure operates 24/7, and all health commanders are compliant and competent in their role.

An assessment has been undertaken of the EPRR resources and accepted by the AEO. The level of resourcing was sufficient for LCD to achieve improved compliance last year. The AEO had the appropriate budget and resources to direct the EPRR function for the year 2025-26. Kirklees Council's emergency planning department continues to be engaged as our EPRR partner to provide capacity, support, and expertise to assist LCD in having robust processes, systems, and learning opportunities in place. This year's annual exercise focused on system resilience and cyber security.



Our financial summary

The Directors are pleased to present the financial results for the year ended 30 September 2025. Local Care Direct has continued to manage its expenditure in line with income, maintaining an appropriate level of surplus. The Statement of Financial Position remains robust, supporting the organisation's ongoing financial resilience.

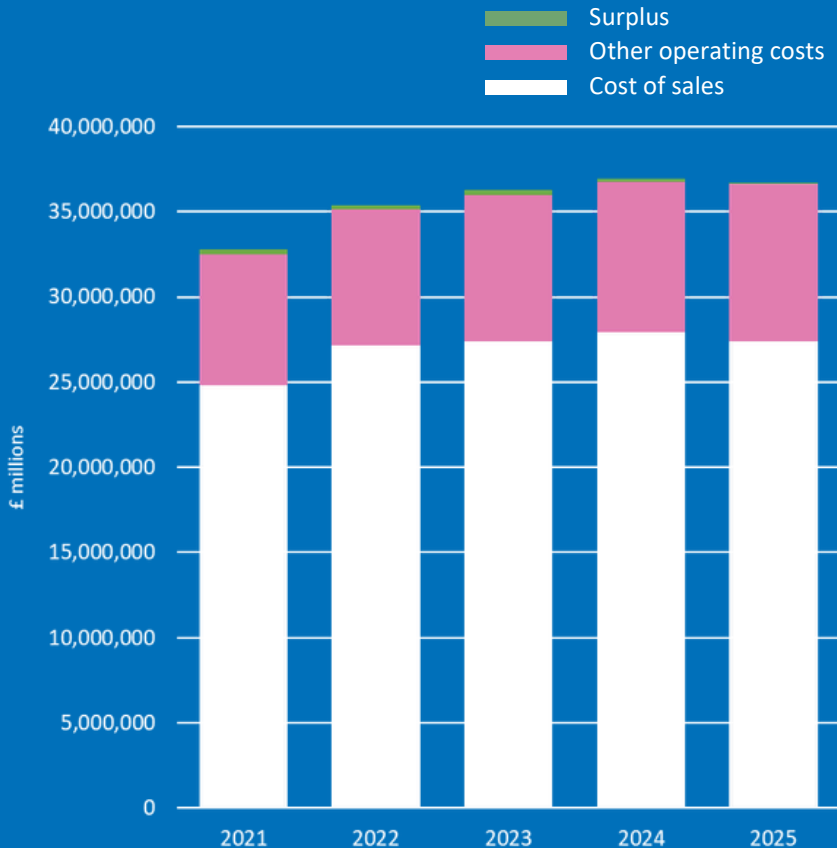
Statement of Financial Position	2025 (£)	2024 (£)
Tangible and intangible fixed assets	684,838	684,583
Current assets	11,546,250	11,544,136
Creditors: Amount falling due within one year	(4,402,449)	(4,460,238)
Net current assets	7,143,801	7,083,898
Total assets less current liabilities	7,828,639	7,768,481
Creditors: Amount falling due after more than one year	0	0
Net assets	7,828,639	7,768,481
Reserves	7,828,639	7,768,481

Statement of Financial Position	2025 (£)	2024 (£)
Turnover	37,226,670	36,823,872
Cost of sales	(27,419,500)	(27,933,379)
Gross surplus	9,807,170	8,890,493
Other operating charges	(10,060,270)	(9,228,272)
Operating surplus	(253,100)	(337,779)
Interest receivable	417,397	471,400
Interest payable and similar charges	0	(860)
Surplus on ordinary activities before taxation	164,297	132,761
Tax on surplus on ordinary activities	(104,193)	(117,850)
Surplus for the financial year	60,158	14,911
Reserves brought forward	7,768,481	7,753,570
Reserves carried forward	7,828,639	7,768,481

Understanding our income and expenditure

Turnover represents the total income received by Local Care Direct (LCD) to deliver services, generated from a range of sources, including Integrated Care Boards (ICBs) and individual GP practices.

The largest proportion of this income is allocated to cost of sales, which includes expenses directly related to service delivery, such as clinical staffing and medical supplies. Other operating costs cover areas that support multiple services or are not directly linked to activity levels, including estates and IT infrastructure. A modest surplus is retained to maintain financial stability, ensuring LCD can continue to operate effectively during periods of increased challenge.



Extract from the Directors' Report and Strategic Review for the year ended 30 September 2025

The Board reports the achievement of a surplus before taxation of £164,297 for the year ended 30 September 2025: representing 0.4% of turnover (2024 - £132,761). LCD continues to deliver the West Yorkshire Urgent Care (WYUC) contract, which incorporates the Leeds Urgent Treatment Centres (UTCs). Additionally, the organisation delivers other complementary face-to-face and remote services, such as, the King Street Walk-in Centre and Emergency Department Validation.

Activity across all services activity remains strong, with many contracts delivering levels above the original indicative values. Where services have struggled to return to pre-Covid levels, we have carried out awareness campaigns with system partners to increase patient demand.

The NHS continues to endure ongoing financial pressure. Competing demands for clinical staff, coupled with patient demand in excess of funded resources, means that LCD must dynamically monitor patient activity levels against available resources within budget. LCD's financial position remains strong but we must remain vigilant to emerging risks and potential opportunities. Contract funding uplifts remain below inflation, leading to a requirement for LCD to continuously look at developing its services and operating efficiently.

In March 2025, it was announced that NHS England would be abolished and that commissioning bodies were to substantially reduce their operating costs. Following this announcement, the system experienced increased instability after finding itself split between increasing demands and a reduced capacity to deliver. LCD is a long-standing and well-respected partner in the local commissioning environment, which has allowed the organisation to support the system during this volatile period.

The West Yorkshire Integrated Care System (ICS) is a partnership that brings together providers and commissioners of NHS services across a geographical area, with local authorities and other local partners, to collectively plan health and care services to meet the needs of their population. LCD seeks to operate at the ICS level for its core services, developing local models to meet system need in line with strategic view. LCD continues to offer constructive and innovative support to such initiatives, to improve pathways of care. As the capacity and structure of commissioning bodies evolves and reduces, it is important that LCD builds and develops its existing relationships with partners.

LCD continues to play a key role in the health economy across our ICS in West Yorkshire:

- We are an active member of the West Yorkshire Urgent and Emergency Care Programme Board.
- We are playing an active role in the development of Integrated Urgent Care (IUC) - the pathway providing clinical advice and consultation at West Yorkshire level and integrating with place-based service provision.
- We are developing and delivering new services as part of place-based pathways, within local partnership agreements.
- We are embedded within local same-day Urgent Care solutions, including redirection of ED pathways to our walk-in services, and ED Validation.
- We provide infrastructure and support to Primary Care across the region.

The Board believes the introduction of the Provider Selection Regime (PSR) has given greater stability to the organisation, and within Yorkshire and Humber, LCD remains a well-placed provider of NHS services and is valued by commissioners. The organisation has worked collaboratively with the current commissioning team to ensure it is in a strong position at the conclusion of existing contracts to facilitate re-award under PSR.

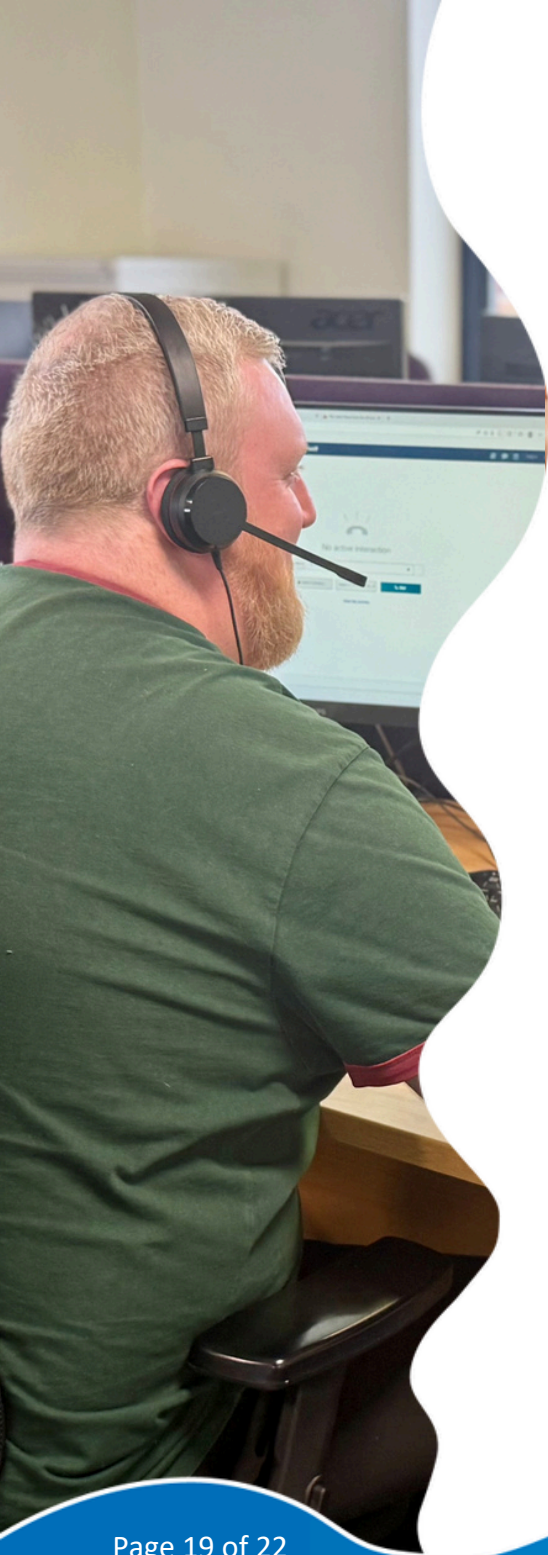
LCD's position within the system allows it to straddle the gap between Acute and Primary Care with detailed knowledge of the challenges faced.

This unique position gives LCD an opportunity to demonstrate its ability to support the system as it transitions to a more community-focused model of care. Existing services such as Urgent Community Response and ED Validation have built valuable experience in managing patients who would have previously attended hospitals.

As an arm's length organisation with the ability to set our own direction, LCD is capable of responding quickly to developing technologies. Our relatively small scale also allows us to deploy systems and services at pace to meet the need. Utilising the skills of our hub-based clinical assessment service, we have experience in successfully and safely delivering care at distance utilising technology.

Early intervention is required to successfully prevent deterioration of public health through screening and early risk identification. It also requires comprehensive work to address health inequalities alongside local agencies. LCD's services successfully developed during Covid such as Pulse Oximetry Monitoring, demonstrated that LCD is capable of operating services across a large footprint with multiple partners that can be expanded.

As an independent healthcare provider, LCD receives no funding other than that provided via its commercial contracts with ICB's, GP practices and other health bodies. To remain financially sustainable, it is vital that income from these contracts is sufficient to match the costs associated with delivering these services.



A budget is presented to the Board on an annual basis, and this is approved by the Board subject to the budget demonstrating a viable position.

Actual monthly performance compared to the budget is reviewed on a regular basis by senior management and the Board. The comparison of actual performance to budget is reviewed on a service-by-service basis as, over the medium term, every service is expected to meet the financially sustainable criterion.

LCD's key financial performance indicators centre on providing financial stability for the organisation whilst delivering on its status as a not-for-profit organisation. As a member-owned society, there is no opportunity to raise outside capital to support the operations, and as such the organisation must remain economically secure to ensure financial stability.

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

Tim Keenan
Chair
24 April 2026

Independent Auditor's Report this year's extract



Opinion

We have audited the financial statements of Local Care Direct Limited (the 'society') for the year ended 30 September 2025, which comprise the Income and Expenditure Account, the Statement of Financial Position, the Statement of Changes in Equity, the Statement of Cash Flows and 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 2025 and of its income and expenditure for the year then ended; and
- have been properly prepared in accordance with the Co-operative and Community Benefit Societies Act 2014.

Basis for opinion

We have been appointed as auditor under the Co-operative and Community Benefit Societies Act 2014 and report in accordance with that Act. We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the 'Auditor's responsibilities for the audit of the financial statements' section of our report. We are independent of the society in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

We are responsible for concluding on the appropriateness of the board's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the society's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify the auditor's opinion. Our conclusions are based on the audit evidence obtained up to the date of our report. However, future events or conditions may cause the company to cease to continue as a going concern.

In our evaluation of the board's conclusions, we considered the inherent risks associated with the society's business model including effects arising from macro-economic uncertainties such as inflationary pressures, we assessed and challenged the reasonableness of estimates made by the board and the related disclosures and analysed how those risks might affect the society's financial resources or ability to continue operations over the going concern period.

In auditing the financial statements, we have concluded that the board's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the society's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the board with respect to going concern are described in the relevant sections of this report.

Other information

The other information comprises the information included in the Annual Report, other than the financial statements and our Auditor's Report thereon. The board is responsible for the other information contained within the Annual Report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion 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 appear to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact

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 require for our audit.

Responsibilities of the board

As explained more fully in the Statement of Responsibilities of the Board, the board are 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 intends 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.

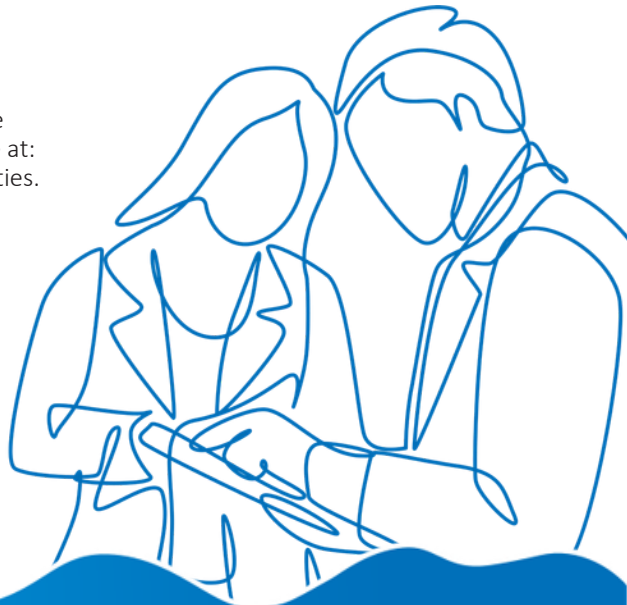
Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

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

Use of our report

This report is made solely to the society, as a body, in accordance with section 87 of the Co-operative and Community Benefit Societies Act 2014. Our audit work has been undertaken so that we might state to the society those matters we are required to state to them 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 as a body, for our audit work, for this report, or for the opinions we have formed.

Grant Thornton UK LLP
Statutory Auditor
Chartered Accountants
Sheffield
19 March 2026





More information can be found on our website:
www.localcaredirect.org

If you need this booklet in braille, audio, large print or another language, please email
info@lcdwestyorks.nhs.uk

You can also contact us on:

 01484 421803



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