



We facilitate seamlessly integrated, high quality health services whilst demonstrating a commitment to the best interests of the patient, the community and the company.

## LLR PCL Annual Review 2022/23

The right care at the right time, in the right place

# Introduction

Welcome to LLR Patient Care Locally's (PCL) second Annual Review. The Review gives us the opportunity to showcase the excellent work our providers and team delivered in the financial year 2022-2023. It is also for our shareholders and the wider healthcare community, so that everyone can see the breadth of work the company is involved in as we move forward to improve services for our patients across the ICB area.

Overall, last year was a very positive one for PCL. Our providers treated more patients and our Referral Support Service (RSS) triaged more referrals than in previous years. This, despite the Community Urgent Eye Service being decommissioned and Rheumatology referrals no longer coming through RSS.

Quality continues to be one of our priorities with safety and patient experience at the top of the list. We are very proud to report that over 96% of patients are very likely or likely to recommend our services. Our complaint rate remained extremely low with a rate of 0.05%. Our Quality Team managed the investigation process for the complainants and investigated 3 serious incidents. The learnings from these incidents and complaints have been shared with all our providers so we can make any necessary improvements across each of our services.

In a year of positive achievement, there are a few highlights you will read about:

- Our shareholders have benefitted from a dedicated equipment leasing fund. In the first round of bids, the fund has supported £254,000 of equipment.
- We have created an Enhanced Access Alliance with Derbyshire Health United (DHU) and Phoenix Health Partnership (PHP) for the delivery of Enhanced Access service to 3 PCNs.
- We supported the set-up of 7 Acute Respiratory Hubs across LLR, to prevent Emergency Department Attendances over the Winter.
- We are working with local councils and voluntary sector organisations to establish Health and Wellbeing hubs in Wigston and Oakham.



# Introduction

There have been a number of challenges as well. The greatest being a 60% reduction in funding for the Covid 19 Vaccination Programme. This meant an organisational review to ensure our future financial sustainability.

During the year we welcomed more General Practices as shareholders to give even greater coverage across LLR. We will continue to work with colleagues to expand further in the coming year.

Letting our shareholders and the wider healthcare community know what we are doing is a constant challenge. So we are pleased to tell you that you can now follow us on Facebook, LinkedIn and X (previously known as Twitter), to find out more about us and our team.



Paula Clark  
Chair  
LLR Patient Care Locally



Danah Cadman  
Chief Executive Officer  
LLR Patient Care Locally

We hope you enjoy our review and if you have any questions, please contact us:



[info.llrpcl@nhs.net](mailto:info.llrpcl@nhs.net)



# Who we are and what we do



PCL was created by LLR GPs in 2011. In 2021 we became a Community Interest Company. 93 General Practices are shareholders in the company.



PCL's aim is to provide the right care at the right time, in the right place. We provide a range of services within General Practice and Community settings. We place services in local General Practices wherever possible, which keeps NHS funding in local organisations.



PCL works with 74 healthcare providers across LLR. In 2022/23, PCL providers delivered over 79,000 patient contacts through its Primary Care+ contracts.



PCL also works at scale, providing services such as the Referral Support Service and Roving Vaccination Units, at a System level



As a Community Interest Company, PCL reinvests profits into the local healthcare system. In 2022/23, PCL established the Equipment Rental Fund.



# Who we are and what we do

## PCL's 4 Pillars of Service Delivery



### GENERAL PRACTICE +

Facilitation of non GMS contract services, eg:

- Anti Coagulations
- Acute Respiratory Infection Hubs
- Community Diagnostic Spokes

Offered to all General Practice/PCN/Feds (subsidiarity) - but delivery of service is optional.



### PRIMARY CARE+

Facilitation of specialised GP, Consultant and imaging diagnostic services in primary/community care settings, eg:

- Dermatology
- ENT
- MSK

Offered to all General Practice/PCN/Feds (subsidiarity). Only those with the specialist skills/qualifications will be considered.



### SYSTEM FACILITATION

Providing services on behalf of the System, delivering at system level, eg:

- Referral Support Service
- Roving Healthcare Units
- Health & Wellbeing Hubs



### DIRECT COMMISSIONED SERVICES

General Practice/PCNs/Feds contract PCL to deliver services, eg:

- Providing Enhanced Access (in an alliance with DHU & PHP) on behalf of General Practice.
- Providing Back Office functions on behalf of General Practice such as:
  - Payroll
  - HR Administration
  - Business Intelligence



# Quality

PCL strives for the very highest quality of care. We are continuously working to ensure that services are:



**EFFECTIVE** : Using evidence-based care to improve the healthcare services we provide.



**SAFE** : Minimising the risk of harm to all people who are cared for by PCL Providers.



**TIMELY** : PCL aims to reduce waiting times and harmful delays by working collaboratively with the local healthcare system, placing services where there is the greatest need.



**EQUITABLE** : Service delivery to those in need, regardless of who you are, where you are and how old you are. Services are delivered with care and compassion, placing the patient at the heart of everything we do.



**INTEGRATED** : Ensuring PCL and PCL Providers are integrated within the local healthcare services to enable patients to access the services they need when they need, in the right place.

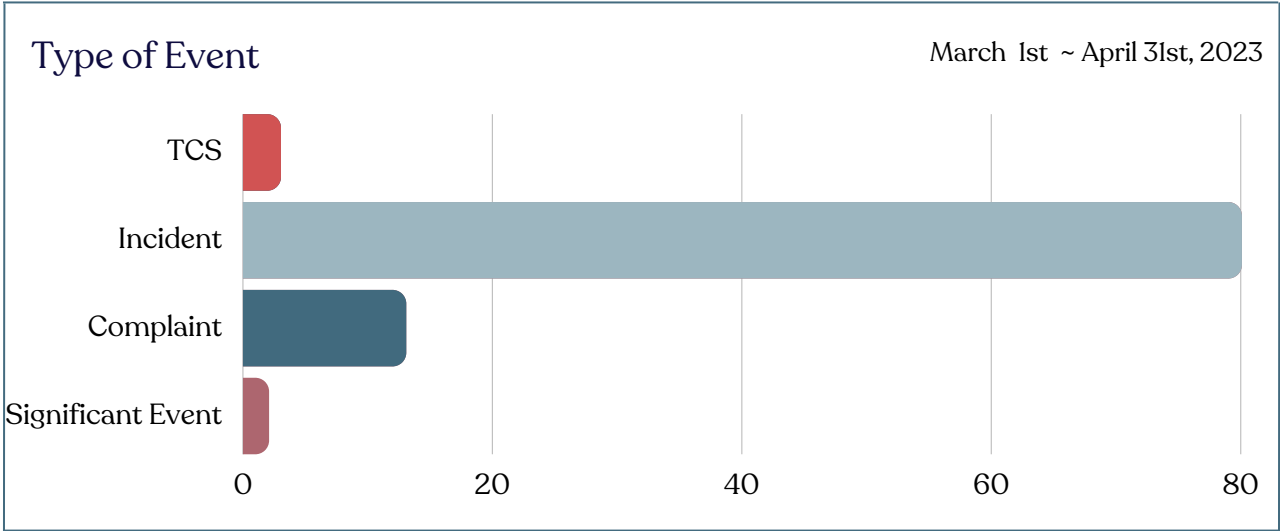


**EFFICIENT** : PCL aims to maximise available resources, avoid wastage, be cost effective and provide maximum value for the community.

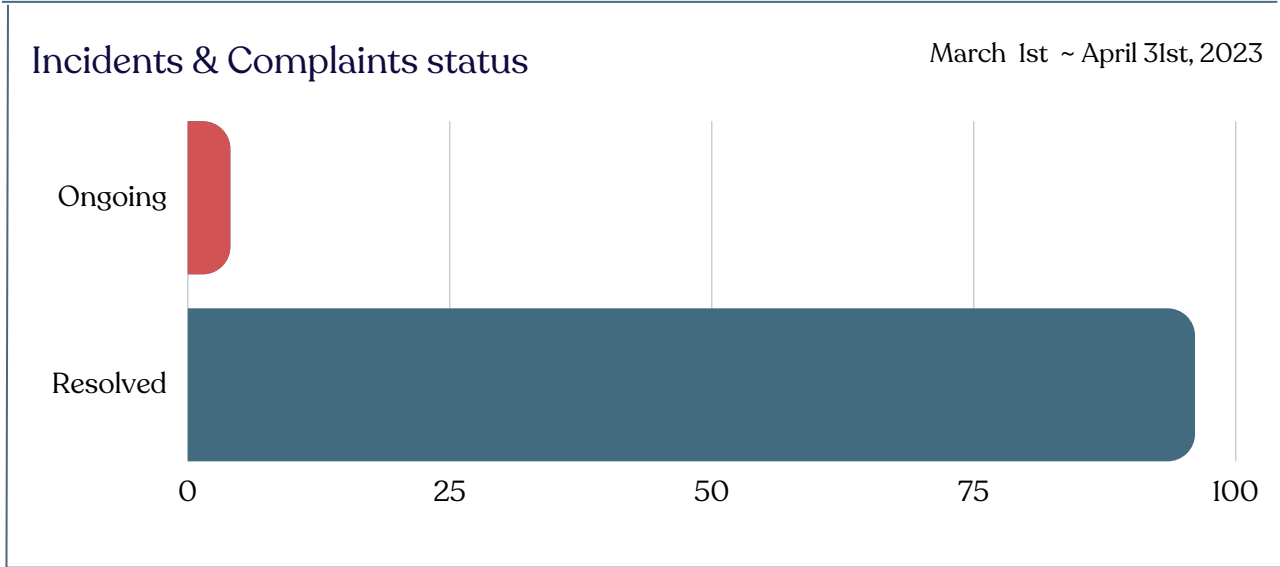


# Incidents & Complaints Dashboard

An Incidents & Complaints Dashboard was introduced in November 2021; this has now been over-taken by a web-based platform. The MEG system allows for real-time dashboards to be displayed. It seeks to monitor any issues encountered, set out by service provided and Provider. Illustrated below are the incidents shown on MEG since the system went live in March 2023. Incidents and complaints are discussed with each provider at their contract meeting and the learning is shared with all providers.



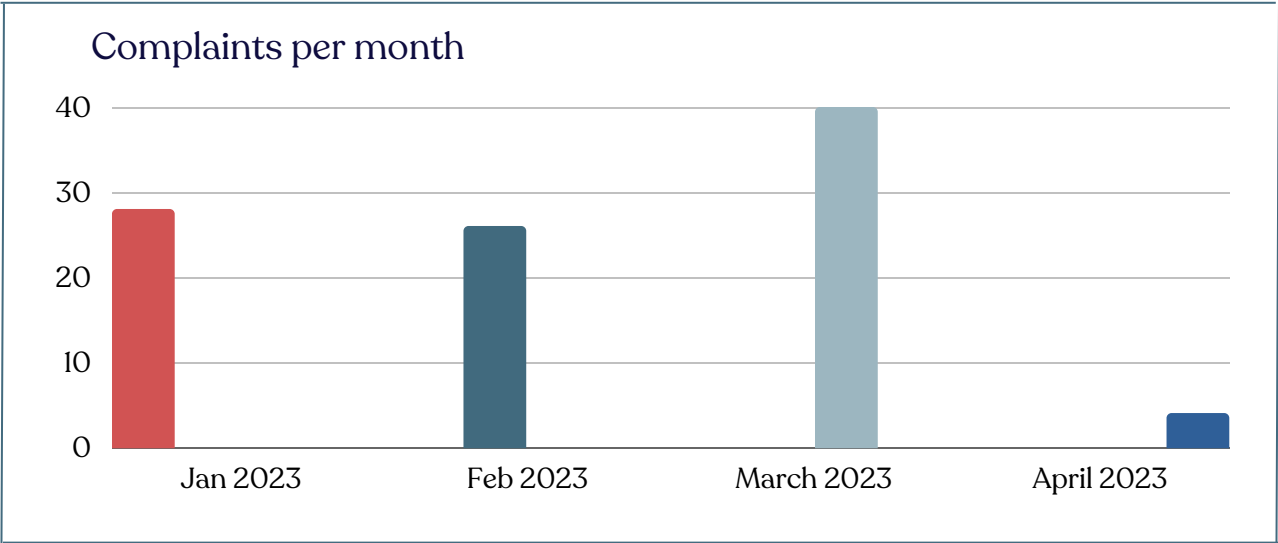
This table allows us to view types of event such as significant events, safeguarding, complaints, incidents etc. and how many we have currently received.



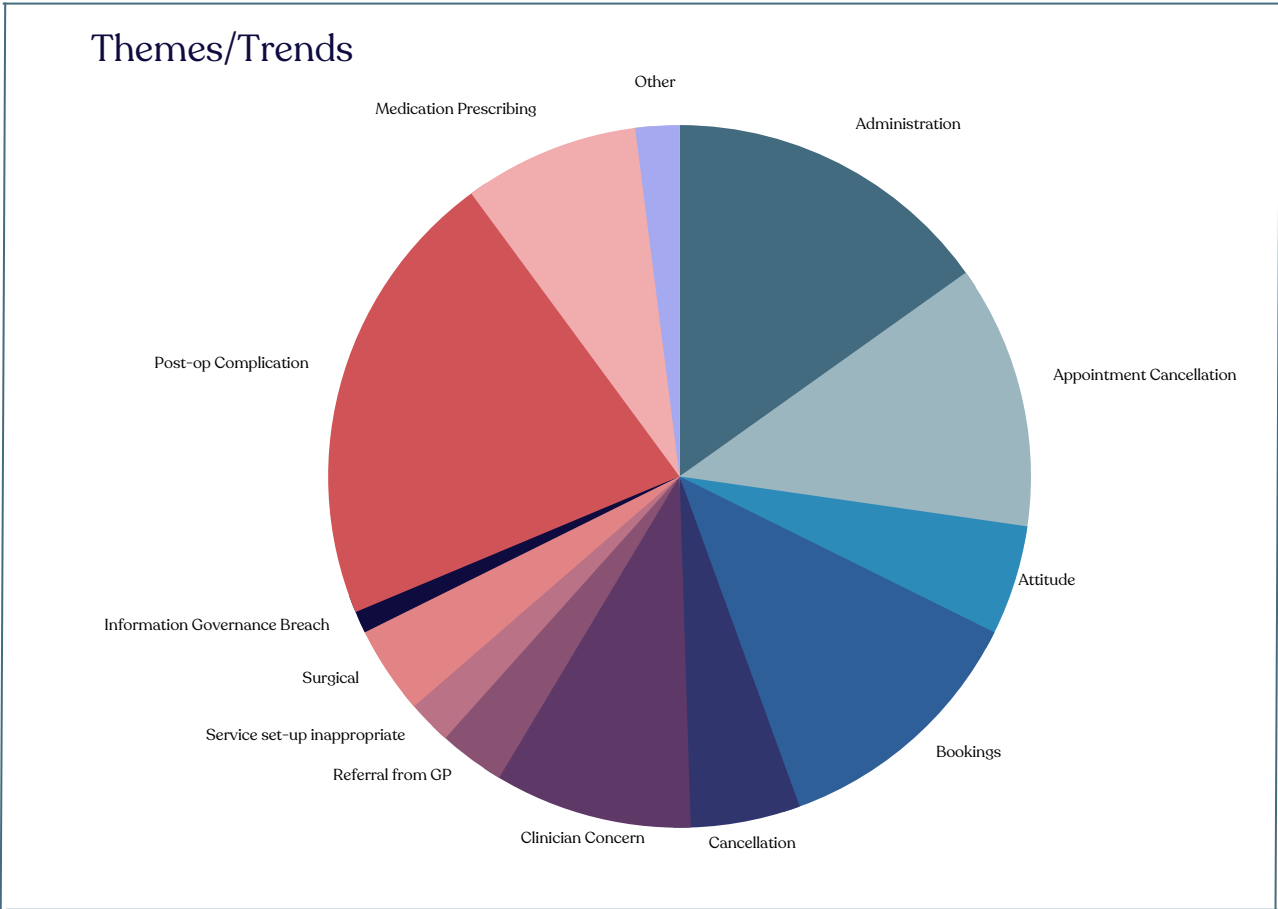
The table above allows us to see how many incidents are resolved and how many are ongoing at any particular time.



# Incidents & Complaints Dashboard



This table allows us to view incidents/complaints per month and to assess whether we have received more than we would normally expect. This acts as a warning system to allow us to view the complaints and assess where they are centred and to address any concerns being raised.



# Other PCL Services

## Referral Support Service

The Referral Support Service (RSS) provides clinical review for a range of specialities, such as MSK, ENT, Dermatology, COPD and General Surgery. When a GP refers a patient to one of these services, the referral is reviewed by a GP with a Specialist Interest (GPSI) in that clinical speciality. A decision is made as to the most appropriate clinical setting to meet the needs of the patient. The administrative team then contacts the patient to offer them a choice of location.

In 2022/23 the RSS Team triaged and processed 56,212 referrals. Where the patients are seen will varied from service to service. On average 40% of all referrals are now seen outside of an acute trust. However this ranges from 20-70% depending upon clinical service.

The RSS Team has been integral to UHL's recovery from the Covid-19 pandemic. 8,000 patients were transferred out from UHL/community hospitals and were able to receive their care sooner and closer to home, thanks to PCL services. Our team made contact with all of these patients, providing reassurance that their needs had not been over-looked and offering local options for care.

## RSS Transformation Project

The RSS Team has continued to undergo a significant transformation during 2022/23:

- Staff now use a cloud-based telephony system, installed on their laptops, in place of a desk phone, which allows the team to work remotely.
- Change in mail provider, who provides greater monitoring at a reduced cost.

The RSS Team has managed the transfer of patients from UHL waitlists for Orthopaedics, Dermatology, General Surgery, Ultrasound Guided Injections, Urology and Gynaecology. In 2022/23 we were able to establish a primary care acne services, delivered by GPSI. This means that patients no longer need to go into acute trust to be treated. This is more convenient for the patient and reduces waiting times for the trust.



## Other PCL Services

The RSS Team has also established a Dermatology Continuation In Care pathway for Paediatric patients who are in Secondary Care, transitioning to Adult Care in the Community.

As previously planned, the team merged with the Central Booking Team and thus has taken on the additional responsibility of providing a contact centre for 3 PCN's Enhanced Access for 6 days per week. The RSS Team also provides a remote reception service for 3 MSK Hubs and has also taken on the role of the Covid Contact centre.

## Respiratory Triage

Triaging through the LLR Referral Support Service, in September 2022, a 6 month trial was undertaken for the COPD pathway. Great success was achieved and this particular triage service is now a permanent feature. This is the first example of PCL using a mixed model of triaging, consisting of three respiratory consultants and one respiratory GP with Specialist Interests. The model works extremely well in that it supports continuous learning, demonstrates system integrated working as well as patients being referred to the right, most appropriate clinic in the very first instance. Prior to this triage service being set up, all COPD patients were sent into General Respiratory clinics and then referred on to the most appropriate clinic.



# Primary Care+ Services supporting University Hospitals of Leicester

## Breast Pain Service

Since the beginning of the pilot in January 2022 ~ March 2023, the programme has seen 680 women. There are three locations across LLR who provide the service. The year-long pilot has been extended so that it can be reviewed by independent auditors, Edge Health. The purpose of the audit is to assess the impact on the 2 Week Wait department, outcomes of referral and treatment and also the overall patient care journey. The review uses pseudonymised datasets and the patient satisfaction survey in order to evaluate the effectiveness and cost efficiency of the services; with a view to continuing post pilot.

## MSK One Stop Shop

Throughout 2022/23 the LLR MSK Hub has expanded and continued to grow. The Hub now hosts three specialist clinicians across three sites, covering LLR City, East and West. Between the beginning of the pilot in February 2022 and the end of the financial year 2022/23, the programme saw 1,302 patients choosing to attend the hub at a site closer to home and offering a shorter appointment waiting time than would be available in the local trust. Very few patients needed onward referral. This service was one of the first in LLR to enable two-way ICE Radiology communication via SystemOne Community Services units, ensuring the utmost safety for patient results.

## Anticoagulation Services

From 1st July 2022, PCL became the lead provider for the Anticoagulation ambulatory service for City and East practices and from 1st October 2022, the Anticoagulation Housebound provider for Leicester City. PCL now manages 73 Anticoagulation sub-contracts on behalf of LLR ICB.

## Acute Respiratory Infection Hubs

Following NHSE Guidance and funding, PCL supported the set-up of 7 ARI Hubs across LLR between 16th January ~ 31st March 2023. The ARI Service provided a same-day service for both children and adults suffering with an acute respiratory illness/complaint. The ARI Hubs received great patient satisfaction with a total of 6,131 patients accessing the service and only 99 patients (1.6%) being onward referred to ED.



# Covid-19 Vaccination Delivery

2022/23 was a particularly challenging year for the Vaccination Team. Funding for the programme was cut by 60% mid year and PCL needed to right-size its service quickly.

We are very pleased to report 15 team members continue to be employed within the LLR health economy, with 10 of those being within PCL.

PCL provided the following functions and roles to the LLR Vaccination Programme:

- Fixed sites - incl. Drive Thru', Highcross, Melton, Loughborough.
- The decommissioning of all of the above sites in the Spring.
- Pop Up/Mobile Vaccination Units.
- System Vaccine Operations Centre central communications.
- Business intelligence.
- Central Booking Team.
- Care Home and Housebound delivery focus.
- Inequalities operational support.
- Finance support.

The Mobile Vaccination Units delivered 7,345 Covid vaccinations across 112 locations around LLR. Sites chosen for the Pop Up clinics have been those with previously low vaccination uptake. The mobile units have been sited in places which make it easy and convenient for people to receive their vaccination, such as shopping centres, supermarket car parks, outside food banks and mosques.

The patient feedback has been incredibly positive. The public has said how grateful they are that the service "came to them".

The PCL team contributed to the following LLR total vaccination uptake statistics:

- Spring Campaign : Out of a total eligible population of 788,000, the vaccination team helped to deliver vaccinations to 81.7% of the cohort (644,000)
- Autumn Campaign : Out of a total eligible population of 527,000, the vaccination team helped to deliver vaccinations to 61.3% of the cohort (323,000)



# Enhanced Access

PCL formed a collaboration with Derbyshire Health United CIC and Phoenix Healthcare Partnership to provide an Enhanced Access service for Melton, Syston and Vale, Rutland and Salutem Primary Care Networks. The service went live on 1st October 2022 and will run until 31st March 2024.

The service involves the supply of GPs, Advanced Practitioners, Practice Nurses and Health Care Assistants. GPs provide remote telephone appointments on weekdays, during the hours of 18.30 - 20.00. Face-to-face nursing appointments are provided on a Saturday, between the hours of 09.00 - 17.00. These clinics have predominantly consisted of Phlebotomy, Cervical Cytology and Minor Illness. We continue to meet regularly with our Primary Care Networks in order to refine the requirements.

This is an unusual working arrangement as each partner organisation brings skills and expertise to the service. PCL is responsible for the Project and Financial Management of the scheme. We also supply Site Managers who are responsible for opening and closing the GP premises at weekends (so PCNs do not have to fulfil this function). We also provide the Central Booking Team, who are responsible for making and cancelling patient appointments.

Derbyshire Health United CIC are responsible for the Human Resources element of the scheme, the Rota Management System and supplying clinical staff to support the service.

Phoenix Healthcare Partnership are responsible for leading on Clinical Governance, supporting the on-the-day clinical delivery of the scheme and supplying clinical staff to deliver the service.

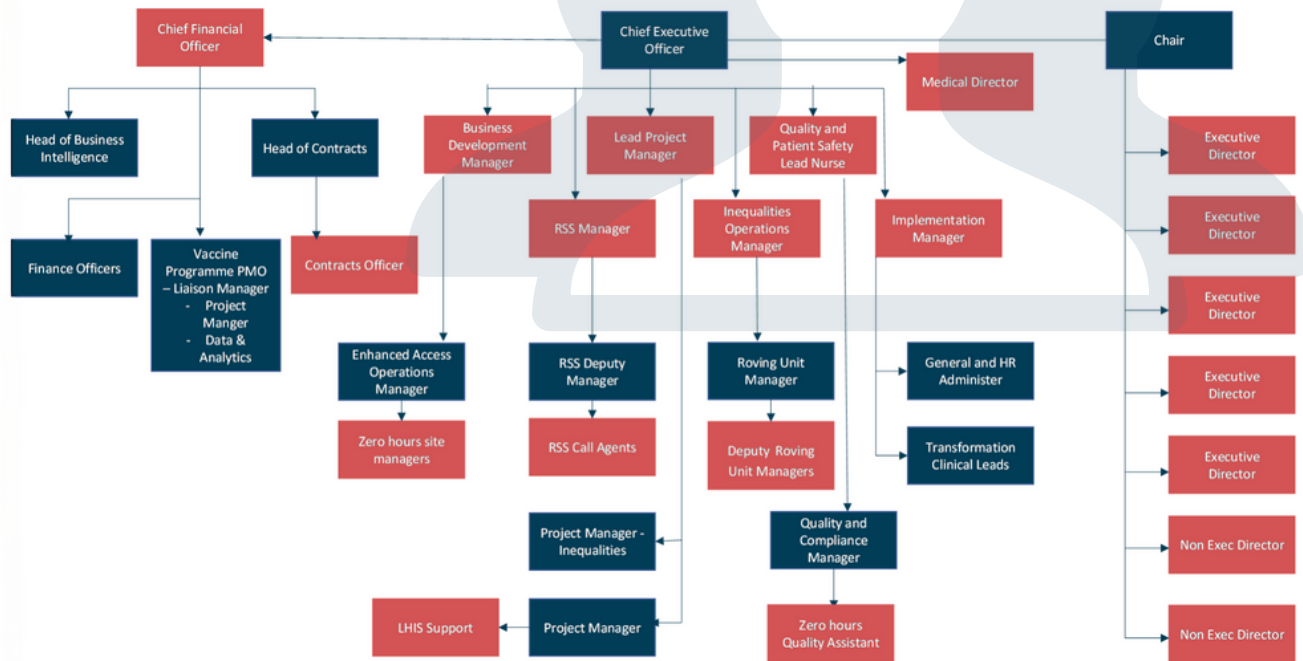
Patient feedback concerning the service has been excellent, with high levels of patient satisfaction:

- 76% of patients were extremely satisfied with their recent out of hours appointment.
- 77% of patients would recommend the out of hours service to a friend or family member.



# PCL Board and Staffing Structure

PCL has five Executive Directors and three Non-Executive Directors. The operational delivery of the company is delegated to the CEO and CFO.



In 2022/23, PCL directly employed 127 staff plus 9 seconded/agency staff.

The PCL Team covers the following operations and enabling areas:



# Provider Feedback

PCL issues an Annual Provider Survey to gain feedback on the services our team delivers and gain an understanding of how we can support providers further. PCL received an average rating of 4.8/5 from Providers for the support they received from PCL in 2022/23. Some of the great feedback received from providers is evidenced below:

PCL have been very supportive and communicative in meetings to help us successfully deliver this contract.

Any queries we have submitted have always been answered in a timely and friendly manner.

Received excellent support and advice by the PCL admin team and management team since we re-started our service in 2022. Thank you!

Contract Review Meetings are held regularly and regular communication takes place, which is great.

Very responsive and queries dealt with appropriately.

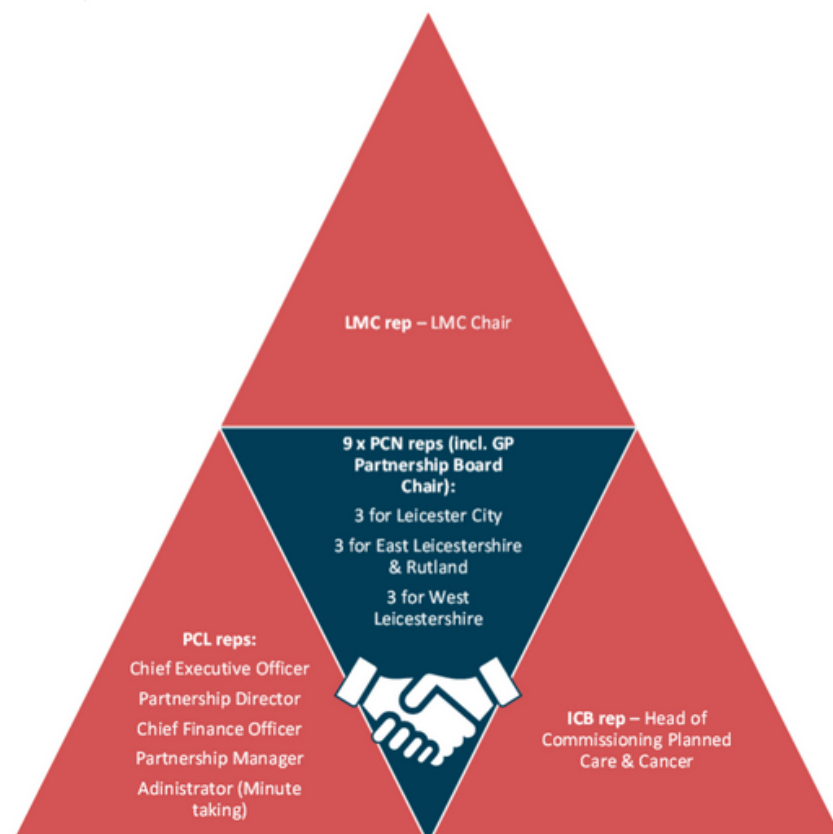


# PCL Supporting General Practice

## General Practice Partnership Board

PCL continues to facilitate a General Practice Partnership Board made up of PCN reps, PCL management, an ICB rep and a rep from the Local Medical Committee. The purpose of the Partnership Board is to provide PCNs, Federations and General Practices with a mechanism for a greater unified voice in order to shape the strategic direction of PCL and the ICS. The Partnership Board receives regular presentations and highlight reports about system transformation plans to inform and engage General Practice colleagues. The Partnership Board feeds back on the potential impact on General Practice and advocates for fairer commissioning of services in Primary Care.

This Partnership Board provides a forum for General Practice providers to collaborate with the support of PCL. The Partnership Board tasked PCL and the ICB to develop a Primary Care Commissioning Framework and supporting costing model for a consistent approach to commissioning non-core GMS services. General Practice was engaged in the development of the framework and supported it in principle for ICB approval. The ICB established a Task & Finish Group to further progress this for implementation in 2023/24.



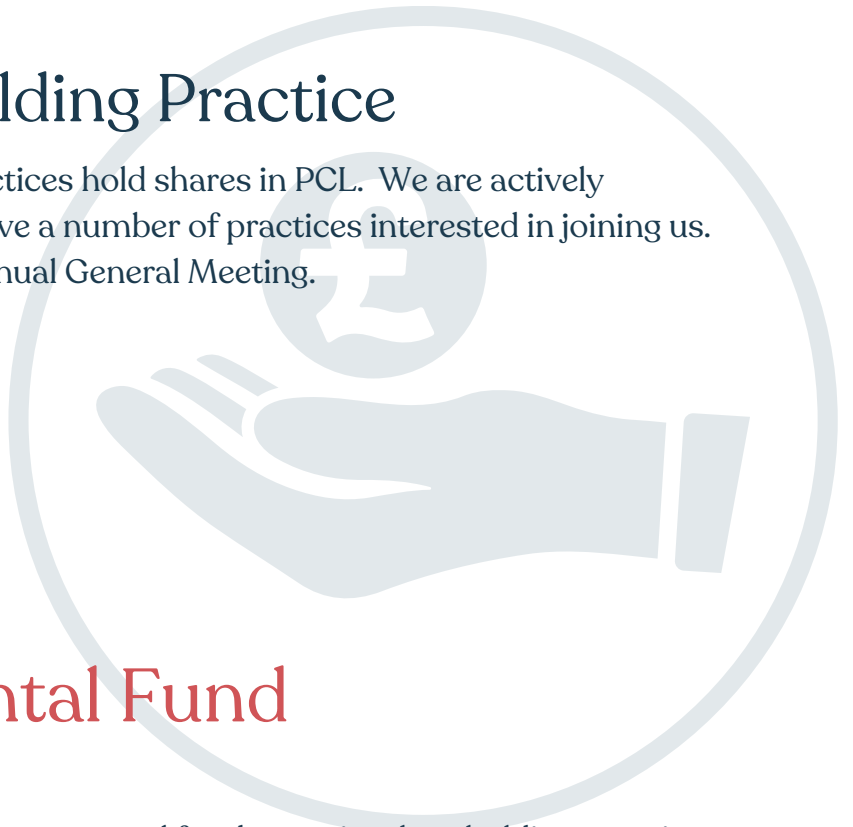
# Primary Care Transformation Clinical Leads

PCL continued to employ 23 Transformation Clinical Leads for the system, who cover a range of clinical specialities. These GPs, Consultants, Pharmacists and Optometrists provide clinical leadership in transforming patient pathways. Changes are introduced to make the patient's journey less disjointed and keep patients out of hospital wherever possible and appropriate. The Transformation Clinical Leads have now transferred to the ICB.



# Being A Shareholding Practice

Currently across LLR, 93 GP Practices hold shares in PCL. We are actively recruiting more members and have a number of practices interested in joining us. This will be agreed at the next Annual General Meeting.



## Equipment Rental Fund

PCL launched a £400,000 equipment rental fund to assist shareholding practices develop patient services, which would help to enhance primary care resilience. Maximising the services offered generates additional income for the practice whilst also supporting the expansion of general practice within the community.


The fund allows practices to bid for funding twice a year in order to buy capital equipment, for example:


- Dermascope
- Examination couch
- Suction machine
- Diathermy machine


The fund can also be used for equipment which requires updating. All shareholding practices are able to bid for this fund.

# Performance




**79,424**   
Total patient contacts  
in Primary Care+ pillar


**7,352**   
Transferred from UHL  
and treated

**97%**   
Would recommend  
both diagnostic and non-  
diagnostic services

**97%**   
Treated within 18  
weeks of referral

**83%**   
Received their  
diagnostic test within  
6 weeks of referral

**55,373**   
Referrals triaged

**7,345**   
Covid vaccines given  
from our roving units

**112**   
Pop Up Clinics

## Our Partners and workforce

**Over 120**   
Staff

**74**   
Providers giving  
exceptional care



# Coverage

Below is a summary of PCL Primary Care+ services and the number of locations available.

SERVICE	PROVIDERS	NUMBER OF SITES
Cataracts Surgery	ACHE	1
Circumcision	The Health Suite	1
Dermatology	Latham House	11
	ACHE	
Echocardiography	InHealth	24
	PDS Medical	
ENT	Burbage Surgery	13
	County Practice	
	Shefa Medical Centre	
	Latham House	
	ACHE	
Hernia	Independent Health Group (IHG)	5 for assessment
		1 for procedure
Minor Hand Surgery	ACHE	9
	IHG	
Minor Surgery	Alpine House	11
	Latham House	
	Phoenix Health Partnership (PHP)	
	Long Lane Surgery	
	ACHE	
MSK	ACHE	12
	Station View Surgery	
	County Practice	
	AMCC	
	Latham House	
Non-Obstetric Ultrasound (NOUS)	PDS Medical	7
	Diagnostic World	
Vasectomy	Heatherbrook Surgery	
	Latham House	
	Long Lane Surgery	
	Market Harborough BP	
Optometry	EMMS Healthcare	72
RSS Triage	11 Triagers working virtually	N/A
Referral Support Service	1	Virtual
H Pylori Breath Tests	East Leicestershire and Rutland GP Federation	6
Breast Pain	Limes Medical Centre	4
	PHP	
	The Health Suite	
Gynaecology	PHP	4
	Saffron Health	
	Charnwood Surgery	
	NWL GP Federation	
Image Guided Injections (UHL IPT)	ACHE	3
	PHP	
	The Health Suite	



# Financial Position

During the financial year 2021/22, PCL was able to generate a profit after tax of £864k. This position was reported by the Chief Financial Officer at the November 2022 AGM and is publicly available on Companies House. This was the first year that the company had generated such a significant profit level with the previous year (2020/2021) being £3k.

As a Community Interest Company, PCL is committed to reinvesting back into the local healthcare community across LLR, with particular recognition for the PCL shareholding practices. Thus the £864k is broken down as follows:

- £400k - put aside as upfront capital investment into the Equipment Rental Fund. During the first tranche of funding, over £254k of bids were submitted. The remainder of this value has been held to support with the second tranche of funding to allow this to be an ongoing source of support for shareholding practices.
- £250k - to support with Company resilient and reserves. With the Company turnover doubling in size from 20/21 - 21/22, PCL took on further staffing and liabilities to support growth. Therefore, part of the profit generated is being held in reserve in recognition of these additional liabilities.
- £214k - set aside to support transformation and inequalities work. This has included being able to dedicate time and resources to set up new services where there is no overhead available for PCL (such as Anticoagulation and hosting of the Partnership Board). This has also allowed PCL to be able to recruit and work on supporting system priorities such as the development of the Health & Wellbeing Hub agenda.

# Risk Management

PCL maintains a company Risk Register, which is reviewed monthly and presented to the Board. High rated risks are escalated to the Integrated Care Board (ICB) for their information. In 2022/23, PCL has automated this process. This has made logging a risk easier and more efficient in following up actions. We are also able to provide our board of directors with a dashboard that looks at risk levels and themes.

# Competing Priorities Management

Whilst PCL is not an NHS organisation, it follows the Seven Principles of Public Life, also known as the Nolan Principles:

- Selflessness
- Integrity
- Objectivity
- Accountability
- Openness
- Honesty
- Leadership

PCL is aware of external perceptions regarding the awarding of service contracts. PCL has a robust policy which has been reviewed by the company's legal team. PCL maintains a Register of Interests, which is reviewed monthly at the Board meeting.

Working within the local health economy means it is likely that Directors may have direct or indirect conflicts of interest. Conflicts of interest (and their impact on Directors participating in discussions and decision making) are considered in accordance with the meeting agenda as required.



# Information Governance

In today's world it is more important than ever to instil robust measures and regulatory compliance in order to protect data security.

PCL is registered with the Information Commissioner's Office. PCL is also registered with NHS England and undertakes annual accreditation to ensure that the IT systems, processes and handling of patient data (personal information and records) are kept safe and secure. Security is maintained and handled in line with regulatory and good practice standards. This is achieved via the Data Security and Protection (DSP) toolkit.

The DSP Toolkit is an online self-assessment tool that enables organisations to measure and publish their performance against the National Data Guardian's ten data security standards. All organisations that have access to NHS patient data and systems must use this toolkit to provide assurance that they are practicing good data governance and that personal information is being handled correctly.

In June 2023, PCL received a DSP status of "Standards Met" when assessed against the 2022/2023 data security standards. This provides both patients and commissioners with confidence that all data and records held and/or transferred by PCL are in line with NHS Standards and in keeping with the Data Protection Act.

PCL reported zero data breaches to the Information Commissioner's Office within the same reported time period.



# We Said, We Did

In the 2021/22 Annual Review, we set out our plan for 2022/23. The table below shows what we have achieved.

## What we said

Make it easier for our patients to tell us about their experiences

Develop a clinical audit to look at improving patient outcomes

Using our technology to better integrate the work we are doing for patients, their GPs, our providers and our departments.

Continue to work with the System to develop the Covid Vaccination Programme, Community Diagnostic Spokes, Anti-Coagulation Services and Enhanced Access

Support more patients to be treated in the most appropriate clinical setting by providing triage services, eg. COPD and Gynaecology.

## What we did

Patients that access our MSK Community Hub and Enhanced Access are sent satisfaction surveys after their appointment via SMS.  
Patients using our Roving Vaccine Units are given the opportunity to complete a satisfaction survey at the time they have their vaccination.

Developed for each service and providers complete every 6 months. Audit results are mapped against specific guidelines for each service ensuring quality standards are upheld and any issues brought to light.

We are now able to automatically extract provider information electronically rather than manually with spreadsheets.  
Our MSK Community Hub clinicians are able to order radiological tests and the results are returned to them, not the patient's GP.

We continue to support the Covid Vaccination Programme, with mobile and fixed sites and provide some of the administrative function of the programme.  
We have set up ambulatory and house bound Anti-Coagulation services in the City and East Leicestershire and Rutland.  
We are delivering Enhanced Access to 3 PCNs.  
Due to funding issues, the Community Diagnostic Spoke service was placed on hold.

COPD triage has been launched and has had a positive impact ensuring the patient is seen in the correct, most appropriate clinic first time.  
Whilst we have not started Gynaecology triage, PCL has transferred a number of long waiting patients from UHL's Gynaecology service and provided their treatment in primary care/community settings.



# Plans for 2023/24

As well as continuously improving on what we already do, PCL has a number of new services planned for 2023/24.

We aim to:



Further develop RSS and expand its functionality to include a virtual clinic. This will enable PCL to support both general practice and secondary care colleagues.



Introduce Community Cardiorespiratory Diagnostic Spokes at PCN Level.



Expand the Roving Healthcare Unit model beyond Vaccinations and Immunisations to bring more services to areas of health inequality.



Introduce Community Health & Wellbeing Hubs to Bell Street in Wigston and Oakham Enterprise Park (OEP). Bell Street will have a Mental Health focus initially, whilst OEP will focus on MRI provision to begin with.



Establish a General Practice Provider Collaborative, to ensure General Practice has an opportunity to bring together a common voice and be paid for more services to be delivered at a neighbourhood level.



Continue to support our shareholding General Practices in providing compassionate care to the people of their community.





The right care at the right time, in the right place



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Please visit our website and follow us on social media to find out more.

