



Leicester City **NHS**
Primary Care Trust

Making Leicester Better

Leicester City Primary Care Trust
Annual Report 2007-2008



The Chair's report



As always, the involvement of our patient and public representatives has added an immeasurable amount of value to our activities, including the Next Stage Review. Their tireless commitment has been very much appreciated, and I would like to say a particular thanks to members of the Patient and Public Involvement Forums. This has been their last year in statutory terms, pending the introduction of Local Involvement Networks (LINKs), although former members continue to participate in a number of groups across the Trust.

We are working harder to involve patients and the public in our activities, and in the development of our services. We have seen a number of initiatives this year which have helped to drive forward this agenda, and with increased investment in this area, I expect to see some exciting initiatives and developments over the course of the coming year.

Philip Parkinson
Chair

I am delighted to present this year's annual report, which heralds the significant efforts made in achieving a sustainable, stable financial position. It has been a year of many challenges, but thanks to the hard work and commitment of our Chief Executive, Tim Rideout, the management team and indeed all of our staff, we have enjoyed a successful year overall.

The financial turnaround delivered by the Trust this year has been outstanding, but it has not been our only success. We have also seen a number of other improvements and initiatives, including stepped improvements in infection control (for tackling MRSA we are now among the top 20 Trusts in the country), the opening of new purpose-built GP facilities, and the introduction of 16 new community beds in the City.

The national drive to reshape health services as part of Lord Darzi's Next Stage Review has been a significant focus for us this year. For the first time, we now have a united vision for the entire health economy in Leicester, Leicestershire and Rutland.

Chief Executive's report



This year has been challenging but overall successful. Our financial turnaround plan has been so successfully delivered that we have been able not only to deliver a recurrent financial balance, but also to deliver a significant surplus. As a result, we have announced a £27million investment plan for 2008-2009 to fund new and improved sustainable health care services. These will directly benefit the people of Leicester City.

Despite a year during which our spending on new developments in healthcare was restricted by the financial position, we have made a number of investments in improving services across Leicester City. These include the construction of new and award-winning primary care centres, and the walk-in centre at the Leicester Royal Infirmary. We have also undertaken a number of measures in preventative care, which will help to stop people becoming ill in the first place. We have already seen excellent results from these campaigns, particularly in our smoking cessation programme.

In terms of operational performance we saw a considerable improvement in all areas and met the majority of our key targets including MRSA. However, we narrowly missed the 18-week wait target for admitted patients, which was a disappointment to us. Working with our partners at the University Hospitals of Leicester NHS Trust (UHL) we have developed robust plans to improve performance in this area by

September 2008; and the additional flexibility we have, thanks to our positive financial position, will certainly help us to achieve this.

With a healthy and sustainable financial position achieved, our focus over the next year will be on improving the quality of patient care. We will invest further to improve health outcomes, and we will continue to work towards reducing health inequalities across the City, particularly in terms of access to services. We will also invest in improving services and facilities, including employing additional staff, refurbishing existing facilities, and developing new fit-for-purpose premises.

It gives me great pleasure to introduce this year's annual report. It provides a flavour of the enormous amount of work and energy put into turning around our financial position, while sustaining and improving existing services as far as possible. Our successes this year could not have been achieved without the tremendous effort of all of our staff in what has been a very challenging year. I would like to take this opportunity to thank each and every one of them.

Tim Rideout
Chief Executive

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Health profile

The Leicester health scene

Leicester has a population of around 280,000 people. Compared with the rest of England, Leicester's population is relatively young, has lower overall skill levels, and is very diverse. In the 2001 census, 34% of the population identified themselves as belonging to a minority ethnic group. Since then there has been significant movement into the City of people from Somali, Middle Eastern and African backgrounds, and more recently from Eastern European countries. In addition to the rich diversity in terms of ethnicity, other differences exist across the City in terms of socio-economic status and health experience.

Life expectancy gap

Health has improved in Leicester, and over the years there has been a steady gain in the average life expectancy of men and women living in the City. However there is still a significant difference when compared to the rest of England. Furthermore, the difference in life expectancy continues to widen between the most deprived areas within Leicester, and Leicester as a whole. Health is driven by social and economic circumstances, and many factors other than healthcare have an impact on life expectancy and wellbeing, for example education, unemployment and housing. This highlights the importance of working in partnership with Leicester City Council and other organisations across the City to address the wider issues as a whole.

Health priorities

One of the roles of the Public Health team within Leicester is to assess the health needs of the population so that gaps or inequalities in service provision and/or health outcomes can be identified and acted upon. Findings from health needs assessments, health equity audit

and other work are relayed to the local NHS, Leicester City Council, and other partnership organisations to ensure the appropriate investment is made.

Some of the key areas for action within Leicester are cardiovascular disease, stroke, and diabetes. Leicester City Primary Care Trust [PCT] has made a commitment not only to invest in treating people with these and other conditions, but also to work in partnership to help identify those at risk of developing preventable illnesses. Significant strides have already been made in screening for various cancers, including those of the bowel, breast and cervix. Good progress has also been made in supporting lifestyle behaviour change such as smoking cessation.

More information can be found in the Director of Public Health Annual Reports, which are available to download from the website at www.phleicester.org.uk.



Fountains outside Leicester City Town Hall

Our profile

What we do

Leicester City Primary Care Trust (PCT) is responsible for 'commissioning' (or buying) health services which meet the health needs of the 280,000 people living in the City.

The PCT was formed in October 2006 following the merger of Eastern Leicester and Leicester City West PCTs. We report to the East Midlands Strategic Authority, which monitors regional activity on behalf of the Department of Health. We are also accountable to the people of Leicester City, through a number of formal representative bodies, including the Leicester City Overview and Scrutiny Committee for Health, and the Leicester City Local Involvement Network (LINKs) which has recently replaced the local Patient and Public Involvement Forums.

With an annual budget of nearly £450million (2007/08), we commission a wide range of services including emergency and acute care, community-based services, rehabilitation and therapies, mental-health care, general practice (GPs), ophthalmic, pharmacy, and dentistry. Services are provided as part of the National Health Service (NHS) by various organisations including NHS hospitals, contractors, and private-sector health providers.

The PCT itself provides a number of community-based services, from health visitors and school nurses, to intermediate care and walk-in centres. Following national guidance these services were formally separated from the PCT in January 2008 to form Leicester City Community Health Services (LCCHS). While LCCHS currently falls within the legal umbrella of the PCT, it is managed and run independently. The development of national guidance and legislation over the course of the coming year will determine whether LCCHS may be legally separated from the PCT in the future.

The PCT employs a total of 1,251 employees; 1,065 of these are employed within LCCHS, and the remaining 186 undertake core commissioning roles within the PCT.

Our main priorities are to address health inequalities across Leicester City, and to improve the health of the people of Leicester by investing in services which help to prevent ill health in the longer-term. These include help to reduce/stop smoking, to increase sexual health awareness, and to support people generally to live more active, healthier lifestyles.

We work in partnership with other organisations such as Leicester City Council with the joint objective of improving the overall quality of life in Leicester City. To this end we act closely to address health, economic, social and environmental factors.

Leicester City PCT has just succeeded in delivering a significant turnaround in its finances. Facing a deficit of £25million when formed in October 2006, the PCT achieved a surplus of £2.2million for the year 2007-2008 – a total turnaround of £43.8million. Thanks to this success, in March 2008 the Trust announced plans to spend £27million on additional health services in the forthcoming year.



Our population is forecast to increase by 12,700 by 2012 – growing faster than England as a whole

Our performance

Our aims for the year

Leicester City PCT set the following goals for 2007-2008:

- i) To ensure that the organisation has the appropriate management arrangements in place to deliver our main roles and responsibilities (sometimes referred to as achieving 'Fitness for Purpose')
- ii) To secure in-year and recurrent financial balance and create a small in-year surplus
- iii) To deliver the four national service priorities as follows:
 - maximum 18-week wait from GP referral to treatment
 - reducing rates of MRSA and other health care associated infections
 - reducing health inequalities and promoting health and well-being
 - achieving financial health
- iv) To develop a robust strategic direction for the PCT

Ensuring a Trust fit for purpose

With the 2006 merger of two diverse health organisations, ensuring that Leicester City PCT was an organisation 'fit for purpose' was a high priority for us in 2007-2008.

Significant progress has been made against *Fitness for Purpose* objectives over the year, the most notable being:

- Development of a draft strategic direction for the Trust
- Development of systems and processes to ensure the Trust is capable of robust performance management as a lead commissioner of health service
- Introduction of an effective primary care contract management system, which is based on a balanced scorecard approach developed by Tower Hamlets PCT
- Introduction of a *Fitness for Purpose* quarterly performance monitoring framework
- Establishing an Organisational Development Group with clear terms of reference and membership
- Information strategy developed and implemented

Out of the red, into the black

Established in October 2006, Leicester City PCT inherited a forecasted year-end position in 2006/7 of £25.8million deficit, which amounted to 6.5% of the annual budget; £14.2million of this was recurrent. By the end of 2006/7 the Trust had successfully achieved a small surplus of £136,000.

Significant effort has been invested in 2007-2008 to turn around the financial position, and to achieve recurrent financial balance. A financial turnaround plan was developed in early 2007, and has been fully and successfully implemented. As a result, as at the end of March 2008, the Trust successfully achieved a surplus of £2.2million.

The investment into external expertise to support the Trust in developing and delivering the turnaround plan amounted to £645,300 over an 18-month period. In total, the financial turnaround amounts to £43.8million. This means that for every £1 invested we have realised a return of nearly £68 (6788%). The Trust considers this to be an excellent return on investment.

Annual Health Check

The Healthcare Commission is charged with evaluating the annual performance of NHS Trusts across the country. To enable comparisons to be made, each Trust receives a grading against two categories – 'Quality of Services' and 'Use of Resources'. The grading ranges from Weak, Fair, and Good to Excellent. This evaluation is known as 'The Annual Health Check' and is based on independent and rigorous assessment and audit.

For the year ending March 2007 the Trust scored Weak for 'Quality of Services', and Fair for 'Use of Resources'. This demonstrated an improvement from the previous year for 'Use of Resources', thanks to the Trust's success in achieving financial break-even.

These ratings were a reflection of a new organisation in the middle of a turnaround, and considerable amount of work has been undertaken since to progress the Trust's activities to result in a number of measurable improvements. The Annual Health Check results for the year ending March 2008 are not available as at the time of writing this report, but it is expected that this year's ratings will reflect the significant progress made.

Performance against national targets

National target	Detailed target	Our actual performance	Rating
Reduce cases of MRSA bacteraemia	No more than 53 cases of MRSA bacteraemia	42	✓
Appointment for Genito-Urinary Medicine (GUM) services within 48 hours	89% of patients to be offered an appointment for GUM services within 48 hours	93.4%	✓
Reducing waiting times to 18 weeks – non-admitted patients	90% of non-admitted patients to receive treatment within 18 weeks of referral from their GP	93.2%	✓
Reducing waiting times to 18 weeks – admitted patients (including day cases)	85% of inpatients to receive treatment within 18 weeks of referral by their GP	79.4%	✗
Cancer – two weeks wait	100% of patients to be seen within two weeks following urgent suspected cancer referral from their GP	99.93%	✓
Cancer – 31 days wait	98% of patients to be treated within 31 days from diagnosis	98.22%	✓
Cancer – 62 days wait	95% of patients diagnosed with cancer to be treated within 62 days of referral from their GP	95.18%	✓
Choose and Book – electronic booking	90% of all referrals made by the GP electronically at the point of referral	50%	–
A&E four hours wait	98% of patients attending A&E to be seen and treated within four hours	97.58%	✓
Smoking cessation	2,368 patients to set a quit date & have successfully quit at four-week follow up	2,380	✓
Cancer mortality	To reduce the mortality rate per 100,000 population to 121.7 (directly age standardised) for under 75 year olds	117.0	✓
Cardiovascular disease mortality	To reduce the mortality rate per 100,000 population to 134.1 (directly age standardised) for under 75 year olds	120.0	✓

✓ = met target – = underachieved ✗ = target not met

Action to be taken

18-week wait

Owing largely to significant numbers of patients on the waiting lists of certain specialities, notably orthopaedics, we did not meet the target for 85% for admitted patients to be treated within 18 weeks. We are working closely with the University Hospitals of Leicester to address the issues and aim to achieve the target by September 2008, four months ahead of the national deadline.

Choose and Book

Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital or clinic. Over the course of the year there has been a significant improvement (230% by March 2008) against the *Choose and Book* target. Despite not meeting the national target, this places the PCT in the top performing 11 PCTs for this target in the country. Work continues to improve performance in this area.

Developing strategic direction

In July 2007, Lord Darzi launched a national, clinically-led review to reshape health services. This is known as *The Next Stage Review: Our NHS Our Future*. Unlike other regions across the UK, the East Midlands is taking a more localised approach in consideration of the wide range of diversity.

Leicester City PCT is leading the local review on behalf of the NHS in Leicester, Leicestershire and Rutland, working in partnership with health organisations across the region. Significant work has been undertaken during the year to create a clinical vision for the future, which will be shared with patients, public, and other partners in Summer 2008.

Through a full public engagement process lasting some 12 weeks or more, feedback received will be used to shape the clinical vision to ensure that it meets the needs of people across the region. Proposals and options on how services might be delivered in future will then be subject to consultation later on in the year. The shape of services in the future will directly determine the PCT's own strategic objectives. These will therefore be finalised as part of the *Next Stage Review*.



Fitness groups in the City help people get fit and healthy, which can lead to a reduction in cardiovascular disease

Forty per cent of Leicester's population has an ethnic minority background



Listening to people

The Trust values feedback from patients, carers, members of the public and others, as it helps us to evaluate the quality of the services we commission and provide.

Feedback received about services provided by the local NHS is shared with relevant Board committees to help identify the areas where we do well, and those where we need to improve. In response to feedback, we are able to take action to improve services so that they can meet patients' needs more effectively. We also use feedback to bring about positive change and to inform future service developments.

This section details the number of complaints and Patient Advice and Liaison Service queries we received over the year, and some of the improvements we made as a result.

Complaints handling

In the financial year ending March 2008, Leicester City Primary Care Trust received a total of 370 formal complaints. Of these, 167 were about our PCT and 203 were about doctors, optometrists and pharmacists. A total of 90% of complainants received an acknowledgement letter within two working days, and 60% received a full response from the Chief Executive within 25 days.

Delays were largely due to the time taken to investigate the more complex cases, which often required consultation with multiple departments or agencies.

Feedback

Feedback from patients, visitors and carers is invaluable in helping the trust to identify areas where we need to improve. Some of the improvements, made as a direct result of complaints received, include the following:

- Ensuring that a full explanation is given to patients at all stages of their care
- Practices to keep patients informed of changes or initiatives through quarterly newsletters available in waiting rooms, on the NHS Choices website or the practice's own website

Owing to the many changes taking place in the Diabetic Retinopathy Screening Service there has been a disruption in the service, and this year the yearly screening has not happened at the 12-monthly interval; with new screening staff in post the team will catch up rapidly with screening and aim to have all future screenings completed on an annual basis

- A new system has been implemented by Podiatry Services to return responses on time

The trust is carrying out a total service re-design of its complaints management service and this will fall in line with proposed new Department of Health guidance on Making Experiences Count.

We will also ensure that our service subscribes to the Principles for Remedy as outlined by the Parliamentary and Health Service Ombudsman.

These principles are:

- Getting it right
- Being customer focused
- Being open and accountable
- Acting fairly and proportionately
- Putting things right
- Seeking continuous improvement

More information about these can be found on the website www.ombudsman.co.uk

Patient Advice and Liaison Service (PALS)

Patients and carers are encouraged to contact PALS with any queries they may have about their care or the service they have received. PALS also provides advice about matters relating to the local NHS, including registration with GPs and dentists.

Over the last year PALS received a total of 1,005 enquiries. This comprised 597 queries relating to dental services, 70 relating to GPs, and 338 general enquiries.

The demand for help with identifying NHS dentists and assisting with related matters increased significantly over the course of the year. In response to these needs the Trust set up a designated dental advice line in early 2008, and a new PALS officer has been recruited to deal specifically with dental matters.

Contacting PALS

Email: PALS@leicestercity.nhs.uk
Phone: 0116 295 7011 (general enquiries)
Phone: 0116 295 7017 (dental enquiries)
Fax: 0116 295 7012



Feedback from patients and carers help to evaluate areas of improvement

Looking forward

Each year, we set out our investment plans for the coming year in an Annual Operational Plan. Plans are based on sound clinical research and evidence which illustrates the priority health areas requiring our focus.

The underlying strategic aims of our Annual Operational Plan are as follows:

- We will improve the health of the local population
- We will make sure that people get equal chances of having good health and health services
- We will increase and improve health services in the community, to achieve better health and wellbeing, and to avoid unnecessary hospital visits for patients
- We will develop more personalised local health services

In the year 2008-2009 we will be focusing our investment in the following areas:

- Community services and GP services, with development work in community pharmacy and dental services
- Preventing illness caused by unhealthy lifestyles, with particular emphasis on reducing the effects of heart attacks, heart disease and strokes
- More smoking cessation services, increased access to screening services, and self-help programmes for groups such as people newly diagnosed with diabetes and people with mental health problems from BME communities
- Improving access and availability of services, such as shorter waiting times for hospital appointments and treatment and better access to psychotherapy

We will also improve the way we work by:

- Doing more to involve local people in decision-making
- Developing our commissioning expertise and ability
- Developing local commissioning with GPs (otherwise known as 'practice-based commissioning')
- Doing more to improve equality and so meet the diverse needs of local people
- Improving our partnership working with other public services such as the Local Strategic Partnership, local authority colleagues, GPs and health service providers
- Improving service performance and performance management
- Developing our workforce with more training and support for staff
- Introducing better information services and IT to make the most of new technology in order to become faster and more effective

Our full Annual Operational Plan for 2008-2009 can be found on our website at www.leicestercity.nhs.uk

New investments

Our turnaround success has enabled the Trust to invest £27million in additional and sustainable health services across Leicester City in 2008-2009.

The following are just some of the new investments we will be making in 2008-2009:

- £1m to improve stroke services
- £1m to promote healthy lifestyles through targeted programmes for school-aged children and health trainers to work with the community, eg, initiatives to tackle obesity and teenage pregnancy
- £650,000 to improve the assessment and treatment of people with learning difficulties and the development of related support services

- £550,000 to improve and expand diabetes treatment, prevention and education programmes
- Funding to employ eight more school nurses across Leicester City
- £600,000 on smoking cessation programmes
- A new £1.6m (capital) Urgent Care Centre opening at Leicester Royal Infirmary in May 2008
- £1.86m (capital) for existing GP practices to reinvest in providing new and improved services for their local communities
- £2m (capital) for improvements to existing GP premises across the City.



We will invest £27 million in additional and sustainable health services in 2008-2009

Leicester has higher than average numbers of people admitted to hospital in an emergency



The first full year – how we did

Healthcare for the future

Extended GP hours

A survey undertaken by the Trust showed that, while 80% of patients were happy with current access to their GP, 20% wanted to see improvements – that's around 56,000 people.

In response to this, Leicester City PCT launched a six-month pilot in January enabling GPs to extend their hours into the evening after 6.30pm, the weekends and on bank holidays. A total of eight practices signed up and many patients say they welcome changes that make it easier for them to see their GP.

With an investment totalling £700,000, this scheme was launched ahead of the Department of Health's target of 50% of practices working extended hours over the next 12 months. Many of our GPs have demonstrated their support for the programme, and the pilot will be reviewed later in the year to see whether it will be extended across Leicester City in the long-term.

Urgent care refurbishment

It costs significantly more to treat in Accident & Emergency (A&E) someone who would be better treated in a primary care setting. Furthermore, if more people with minor injuries and medical problems were dealt with outside of A&E, people requiring emergency care would have quicker access to better care and services.

With this in mind, the Trust has invested £1.6million in designing and developing an Urgent Care Centre based at the Leicester Royal Infirmary. Opening in May 2008, the purpose-built unit will enable the treatment of minor injuries such as the suturing of clean wounds,

and will also provide a walk-in GP service. It will open late into the weekday evenings, and 24 hours a day during weekends and bank holidays.

Investment in state-of-the-art facilities

It is a recognised fact that some of the existing health facilities in Leicester are in need of modernisation. However, it is not always appropriate simply to refurbish existing accommodation, because some buildings are not fit for purpose. The Trust has invested in a number of new centres which will allow GPs and other health professionals to move from existing premises into new, modern and state-of-the-art health centres.

These facilities are funded through 'LIFT' schemes, which involve a consortium of private and public-sector companies, which are paid back over a number of years – much like a mortgage. Investments this year include:

- **Westcotes Health Centre (£6.72million):** opened in February 2007 it offers an array of care services including community nursing, dentistry, paediatric, GPs, audiology, and dietetic services. With the capacity to introduce new services, the Primary Care Trust is currently negotiating with private providers to undertake minor surgery at Westcotes.
- **Humberstone Health Centre: (£2.63million):** this new development opened in January 2008, enabling the existing Humberstone practice to move into new, purpose-built accommodation. It currently provides general practice services and has the capacity to introduce additional services in the future.

Healthcare for the future

- **Charnwood Health and Social Care Centre (£12.86million):** the largest LIFT development of its kind in Leicester City, the centre will open in January 2009 and will provide various community-based services including nursing, midwifery, GPs, mental health, dentistry, therapy, and on behalf of Leicester City Council, social services as well as a customer services drop-in facility.

Other schemes announced this year:

- **De Montfort University:** The construction contract for this new health centre is currently out to tender, and building work is expected to start in early 2009.
- **Belgrave Primary Care Centre:** the Trust has announced plans this year to develop a new centre in the Belgrave area, and it is expected to open its doors to patients in 2010.

Three new GP practices for Leicester City

The Government announced in December 2007 plans to invest £250million across the country in key areas which experience some of the largest gaps in access to care. One of 23 trusts to benefit from the investment, the PCT set about identifying the areas of most need.

Hundreds of local people have already been involved in the extensive engagement exercise, and views have been used directly by the Trust to help pinpoint the possible locations of three future practices.

The areas identified to benefit from new facilities are Northfields, Goodwood/Crown Hills and the City centre. Decisions on exactly where the new practices will be located, and which services will be provided by each, will be taken later in 2008.

Community rehabilitation beds opened

In January 2008, 16 new beds were opened at Clarendon Mews Care Home. Working in partnership with approved care homes, a team of professionals including nurses, therapists and healthcare assistants now provides rehabilitation services in the community.

Thanks to this initiative, many City patients are able to receive their care locally and no longer have to travel to facilities based in the county. The Trust is committed to increasing community-based services, enabling more City people to receive local care in Leicester.

Heart problems? Ask DADS

Thanks to a new initiative, patients with suspected heart problems can now undertake diagnostic tests within days of seeing their GP and without going to hospital.

The Direct Access Diagnostic Services (DADS) allows GPs to book patients into clinics to undergo echocardiograms at five venues across Leicester and Leicestershire. Patients using the services are seen much quicker, and can be referred closer to home without having to see a hospital consultant first.

GPs receive the results back within 14 days of referring their patients, speeding up the time it takes to diagnose problems and arrange appointments for treatment. This is just one of the health community's initiatives to ensure that patients are seen and treated within 18 weeks of their GP referral.

Leicester City in top 20 for infection control

Over the course of the year, the NHS in Leicester City has gone from being in the bottom 20 for infection control improvements to the top 20. This is thanks to joint working between healthcare organisations in Leicester to develop and implement a host of targeted initiatives and investments.

Healthcare for the future

Working in partnership with other health community organisations, the Trust has gone above and beyond the programme launched by the Department of Health for intensive hospital cleaning.

In addition to measures undertaken at the University Hospitals of Leicester, Brookside Court, the home to a number of intermediate care beds, has undergone significant refurbishment. Flooring has been replaced in clinical areas, bays and lounges were redecorated, and finally the unit underwent a thorough deep clean.

We have also worked in partnership with NHS East Midlands to develop a DVD aimed at patients. This will help to raise awareness of the importance of hand hygiene and to encourage good practice in the community as well as in clinical settings. Other public and clinical awareness programmes have also been launched, including the *Catch it. Bin it. Kill it* initiative and the *Clean your Hands* campaign.

In March 2008, at an East Midlands Infection Control conference, the health community received high praise for the significant progress made.

Launch of cancer website

A new website, created by clinicians, patients and carers, was launched in September to provide information for people diagnosed with cancer. With over 1,000 web-pages covering almost 50 types of cancer, the site provides a rich source of information, from details of tests and treatments available and where to go for treatment, to reliable information about the disease.

The website, which was created as a result of a partnership between Leicestershire, Northamptonshire and Rutland Cancer Network and Macmillan Cancer Support, enables people and their carers to have better control over their health and wellbeing by having access to the reliable information they need.

www.lnrcancernetwork.nhs.uk

New home visiting service welcomed

In October 2007 a new out-of-hours home visiting service was launched to complement the service based at the Leicester Royal Infirmary. Aimed at those who have a clinical reason for being unable to travel to the hospital, 124 patients were seen in the first week alone.

The elderly, the frail and those with chronic or terminal conditions have all benefited from the home-visit service, which operates out of hours during weekdays, and is open 24 hours a day during weekends and bank holidays. The service provides home access to various clinicians including GPs, emergency care practitioners, senior nurses and support workers.

Green card means better end-of-life care

A simple but effective initiative was launched in June 2007 to improve end-of-life care. A single point of access was created to provide help for patients in need of end-of-life care. The helpline provides access to a range of services, including advice on pain and nausea management, and aims to support patients in moments of need. This reduces unnecessary admissions to hospital, allowing patients to stay in the comfort of their own homes.

Developed by clinical staff, the helpline number is detailed on a green card which is issued to all patients receiving end-of-life care.

Patients benefit from helpline

Launched in April 2007, a helpline has proved so successful that, within its first month alone, it was receiving more than 500 calls from patients every week.

The helpline enables patients receiving or needing community care services to call just one number to access community services staff, to request information about their care, or to raise queries and give feedback.

Healthcare for the future

Staffed by a customer services team, the helpline has made it much easier for patients to find out quickly whom to speak to about their care, and has been welcomed by all.

Equality and disability improvements

The Trust has invested in a number of measures and initiatives to improve awareness of equality and disability considerations, and to ensure that health organisations within Leicester City are taking a proactive approach to meeting relevant needs.

One of the only trusts in the country to do so, we appointed a Director of Equality and Human Rights in 2007 to drive forward the agenda and ensure that we are doing everything possible to meet the needs of our patients, public and staff.

Setting the pace for equalities in health

A new initiative has seen the Trust move towards better engagement with harder-to-reach groups and individuals with a view to reducing inequalities.

Known as 'Pacesetters', Leicester City PCT is one of 18 trusts piloting the approach to tackling inequalities in the health service. Pacesetter trusts focus on identifying and addressing inequalities that can arise from organisational discrimination and exclusion of people for reasons of age, religion, disability, gender, ethnicity or sexual orientation.

The programme has involved strong engagement with local communities. Three innovative projects have been undertaken in Leicester this year:

- **Training General Practice staff on the barriers to healthcare facing lesbians and gay men**
- **Improving screening rates for chlamydia among young men**
- **Enabling gypsies and travellers in Leicester to become 'health ambassadors' for their community**

Racing to improve health equalities

Involving a network of 20 PCTs across the country, the Race for Health programme supports the NHS in ensuring the local health service is fairer for black and minority ethnic (BME) communities. PCTs work in partnership with local BME groups to improve health, modernise services, increase choice, and create greater diversity within the NHS workforce.

Our Board of Directors marked its commitment to the programme by signing up to a number of pledges. These include a commitment to achieving and maintaining 100% compliance with race equality legislation; sustaining board-level support for race equality; and developing plans for activity and improvement on diabetes, perinatal mortality, coronary heart disease, stroke and mental health.

The PCT recently developed a new race equality scheme, which will work alongside the Race for Health programme to tackle racial discrimination and promote equality across the organisation.

As the financial year draws to a close, the PCT has been preparing for a Race for Health peer review which will explore the value of services specifically targeted to meet the health needs of BME communities. The findings of the review will help to inform our equality programme for the coming year.

Across Leicester around 23% (50,000) of adults smoke – the Trust helped 2,000 people to stop this year



Staying Healthy

Pharmacists lead the way on heart screening

Teaming up with pharmacists in the City, the PCT launched a pilot programme to offer healthy lifestyle checks to men and women aged between 40 and 70.

The programme aims to identify problems which are known to contribute to cardiovascular disease – the major cause of premature death in Leicester. Early action to address these can help people to stay healthy and reduce the likelihood of them experiencing a heart attack or stroke.

Pharmacists participating in the programme undertake a range of screening tests on patients including cholesterol and blood pressure checks. They then prepare a comprehensive personal health report detailing results and actions which need to be taken. Pharmacists also provide lifestyle advice regarding diet, physical activity and reducing smoking, as well as signposting patients to services or facilities that can help.

Where patients are identified as being at high risk, the pharmacist will help to arrange a referral to their GPs for further assessment, diagnosis and treatment as appropriate.

Leicester quitters are winners

More than 2,000 Leicester smokers kicked the habit last year, thanks to support from staff within the local NHS STOP! Smoking Service. These successful quitters have reduced their chances of developing chronic or long-term conditions like heart disease, stroke, respiratory illnesses, and cancer.

There are now more than 100 locations across the City where advice and treatment are available to help smokers to quit. These include community centres, GP practices and pharmacies. A national helpline linked to the local service also provides advice out-of-hours on **0800 022 4 332**.

Dedicated advisors are on hand to tailor treatment programmes to individual needs, including nicotine replacement therapy, or the new stop smoking drug, Champix, which is available on prescription and used as part of the STOP! Smoking Service.

Department of Health research shows people are four times more likely to succeed in giving up smoking with the kind of support offered by the STOP! Smoking Service. Every year, treating smoking-related illnesses costs the NHS around £1.7billion nationally.

Activity classes provided by Fit and Active Buddies have helped around 1,000 Leicester people live more healthy lives



Staying Healthy

FAB project, fabulous results

A leading initiative, which has helped nearly 1,000 Leicester people to live more healthy and active lives, has celebrated its fourth anniversary this year. Fit and Active Buddies – FAB for short – is helping people to make the all-important lifestyle changes they desire.

Having a mentor is the key to the whole scheme. The mentor helps to find out what sports, exercise or physical activity sparks interest and provides the support needed to take up exercise and achieve goals.

The programme was developed in partnership with Braunstone Community Association, Leicester City Council and Sport England, and offers a variety of activity classes for men and women of all ages. The most popular classes are 'Fit Chicks' for women, 'Calorie Killers' for men, and the 'Teenage Lifestyle Club' (TLC). All the classes are run together with The Community Food Project and Leicestershire Nutrition and Dietetic Service, and are aimed not only at weight management, but also at helping to make positive lifestyle changes.

Obesity leads to many avoidable health problems later in life, including type II diabetes and heart disease. The PCT is committed to helping people to increase their chances of living long and healthy lives. The Government is also committed to this agenda, having launched the £372million Healthy Weight, Healthy Lives campaign this year. It is estimated that treating the adverse effects of obesity costs the NHS nationally £7.4 billion per year.

'Read Me' to improve sexual health

A group of young people was key to the development of a new sexual health guide launched in February. Entitled 'Read Me', the leaflet helps young people in Leicester to find out where to get help and advice on relationships, sexual health and contraception.

The colourful guide folds up to the size of a CD insert and includes information on where to get free condoms, chlamydia and pregnancy tests, as well as contraceptive advice. It also contains important information on young people's rights and the law.

Developed in partnership by the PCT, Leicester City Teenage Pregnancy and Parenthood Partnership, and Connexions Leicestershire, some 40,000 copies of the leaflet have been distributed to various points across Leicester City, including schools, colleges, pharmacies, contraceptive services, Connexions, the Youth Service, housing projects, and voluntary services.

Flu jab success

Leicester was among the top 3% of PCTs in England for the uptake of the flu jab by people under 65 years of age, who have an existing long-term condition. For these people the flu can be far more dangerous.

Furthermore, more than 70% of those over 65 years took up the offer, also reflecting a year-on-year increase.

Immunisation against the flu is a key step in the strategy to help prevent older and more vulnerable people from becoming ill, particularly in the winter months.

The following are useful contacts for advice about the Staying Healthy services mentioned in this section:

Getting your flu jab

Those eligible should be contacted by their surgery between September and January each year.

Staying Healthy

Rugby players tackle chlamydia

Involving rugby players to 'tackle' the problem of chlamydia was just one of the many awareness-raising initiatives undertaken by the PCT's sexual health team this year. *Test to Play* saw a squad of 20 players tested for chlamydia on a Friday night as they came off the training ground in preparation for their local derby against De Montfort University.

Around one in ten people between the ages of 15 and 24 years have chlamydia. And because the symptoms are not always obvious, many people don't know they have it. Undiagnosed and untreated chlamydia can lead to pelvic inflammatory disease, which in turn can cause infertility. Free chlamydia screening was introduced in Leicester in 2007, and the PCT is focused on raising awareness and encouraging young people to take the test. Screening has been taking place at universities, colleges, schools and workplaces as well as more traditional venues like GPs and Contraceptive Services.

Sexual health

GUM	0116 258 5208
Contraceptive Services	0116 295 1212
Advice for young people	0116 289 8969
web site: www.ruthinking.co.uk	
Free chlamydia screening	0116 295 7822
Fit and Active Buddies	0778 538 5911
STOP! Smoking Service	0116 295 4141

Pharmacy screening services:

If you are between 40 and 70 years of age and have not had your blood pressure, cholesterol and blood glucose checked in the last year, you should approach your local pharmacist directly.



Test to Play – a chlamydia campaign – was just one of many awareness-raising initiatives undertaken by the PCT's sexual health team this year.

Patient Power

Thanks to our patient representatives

The Trust is committed to involving patients and the public in its activities, whether it's making decisions about future services or simply keeping people up to date with the latest news and events.

The Patient and Public Involvement Forums (PPIFs) were set up by the Commission for Patient and Public Involvement in Health in January 2003 to ensure that NHS Health Trusts are held to account locally. PPIFs have a number of legal powers, such as undertaking spot checks, and are genuinely able to represent the views of local people.

In addition to their principal challenge and scrutiny responsibilities, the local forums have proved a real asset to the NHS in Leicester. Many of their members sit on key decision-making committees and have added a great deal of value to the developments within the local NHS.

Each NHS health organisation is assigned its own PPIF, and Leicester City PCT's PPIF has been extremely active, and expertly co-chaired throughout by Stephanie O'Donovan and Hasmukh Jobanputra. The PPIFs were disbanded on 31 March 2008 to make way for the new Local Involvement Networks (LINKs) which will bring with them new powers to ensure NHS accountability to our local people.

The Trust would like to take this opportunity to thank Stephanie and Hasmukh in particular, in addition to all the other patient representatives – PPIF and otherwise – involved in the Trust's activities over the course of the last year.

Community nursing services hit the mark

A total of 73% of patients described Leicester's community nursing services as 'excellent' in a survey undertaken in 2007. Patients receiving treatment for various conditions commented on the care provided by community nursing professionals such as district nurses, community matrons and those providing intermediate care services.

Leicester City Community Health Services (LCCHS), the organisation which manages services on behalf of the PCT, was delighted with the results. The first in a series of patient surveys to be launched by LCCHS, the results will be used to develop and improve patient services.

Local people have their say on the NHS

Nearly 250 members of the public were involved in three separate events to test out people's views on a number of clinical visions for the future. The clinical proposals have been developed as part of the year-long review of the NHS, led by the renowned surgeon, Lord Darzi, on behalf of the Department of Health.

The audiences of each event were recruited to reflect the demographic mix of people across Leicester, Leicestershire and Rutland. Working with them were leading clinicians involved in the eight separate work streams which covered clinical care from birth, through to end-of-life care.

People in Leicester, Leicestershire and Rutland said that they wanted care closer to home – but not at the expense of expertise. People also wanted to see more NHS investment in mental health and end-of-life care. Despite the support for more investment in certain areas, attendees were keen to ensure that ideas were affordable, and that the NHS budget was spent in the best possible way.

These events were the first of their kind in the region, and those attending were extremely positive about the discussions. Views raised have been used directly to influence the shape of the visionary plans for the local NHS.

Patient Power

Public takes a view on new services locations

An initiative was launched in February to involve as many members of the public as possible in determining where three new City GP practices should be located, and what services should be delivered. The effort follows an announcement by the Department of Health to spend £250m on support for community healthcare in areas which face the highest gaps in accessing health.

Our Trust is one of 23 PCTs across the country set to benefit from the initiative, with £3.5million of the Government's overall investment planned for Leicester City.

Hundreds of people have already fed back their views at various events across the City, and as part of a postal survey focusing on key areas which experience higher levels of health inequalities in terms of accessing care.

The public engagement exercise is being supported by research which, when used together, will ensure that the optimal locations are identified. Public engagement continues into 2008/09 with plans to open the three new surgeries in 2009.

Plans go on show for new Belgrave centre

Patients in Leicester's Belgrave area are having their say on the services which should be delivered from a new multi-million pound primary care centre.

The centre will be developed on waste ground near a local recreation park, to provide modern, local, high-quality facilities for primary and associated health services. These will range from GP and pharmacy services to minor surgery, community nursing and outpatient services.

Plans and designs have already been shared with prospective patients to seek their views, and extensive public engagement will continue into 2008/09.

The scheme is part of a £40m programme to replace the City's run-down GP surgeries, and the new centre is expected to open in 2010. A second £5m centre for De Montfort University has also been approved.

St. Peters



We invested £700,000 this year in a pilot scheme to extend GP hours into the evenings, weekends and bank holidays

Working in partnership

It is a well-researched fact that addressing health issues in isolation will not result in the significant changes we need to ensure healthier, better quality lives for our local population. There are many other factors, such as unemployment, wealth, education and community or peer influences in general.

At Leicester City PCT, we believe strongly in partnership working to help to achieve common goals which ultimately will mean that Leicester is a better place to live, and that the people living here are healthier and enjoy a better quality of life overall.

We work very closely with Leicester City Council, which is our most prominent partner in making the overall improvements Leicester needs, but there are a number of other key relationships as well. Some of the key partnership working activities are listed within this section.

Choices

Free and confidential relationship and sexual health advice for young people.

Healthy Leicester

Within the Healthy Leicester partnership the PCT, Leicester City Council and Leicester Comedy Festival have joined forces to encourage healthy lifestyles.

Leicester Libraries teamed up with the Leicester City Primary Trust to bring health promotion activities to each of its libraries.

Discover Wellbeing is the start to better health, with health experts on hand to offer interactive advice and information sessions via the internet.

Leicester City children's and young people's strategic partnership

Every Child Matters is the Government's vision for improving services to all children and young people in order to make a positive difference to their lives. It adopts a multi-agency approach to helping Leicester's children and young people from pre-birth to age 19 years (and up to age 25 years for some vulnerable young people).

Leicester Integrated Services Trial (LIST)

LIST is about making a difference in one of Leicester's ward areas – New Parks. It involves working with local people and staff to remodel provision for children, young people, parents, carers and families, so that the area becomes a healthy and happy environment in which to grow up and live.

Leicester LIFTCo

Much of the City's population lives in areas or wards that are among the most deprived in England. Leicester LIFT Company was set up in 2004 to improve both the quality of primary care facilities and local access to health and social services. LIFTCo is already responsible for the introduction of the Merridale, St Peter's, Westcotes and Humberstone Health Centres, and work is progressing well on the Charnwood Health and Social Care Centre.

Leicester, Leicestershire and Rutland Local Safeguarding Children Board

This group brings together various agencies who work jointly to agree how different services and professional groups should co-operate to safeguard children in their local area. It also ensures that arrangements work effectively to bring about good outcomes for children.

Leicestershire Teenage Pregnancy Partnership

The partnership seeks to promote safer sex awareness and the avoidance of unplanned teenage pregnancy.

Community-based services enable young people to discuss issues and concerns regarding sexual health and relationships in a safe and confidential environment with trained workers whom they already know and trust.

Fit and Active Buddies (FAB)

Set up in 2003, the FAB scheme provides individual help for people wanting to change their lives but need help in doing so. The scheme runs three groups – the men-only Calorie Killers group, Fitchicks for women and TLC, the teenage lifestyle club for young people. Supported by our Trust, Leicester City Council, and Sport England, it has so far helped nearly 1,000 people back on the road to health and confidence.

Braunstone Health and Social Care Centre

The £6 million centre on Hockley Farm Road opened in spring 2005, providing a wide range of health and social care services for the people of Braunstone. Funded entirely by New Deal for Communities, the new centre brings together GPs, dentists, opticians, pharmacists, community nurses and mental health advisors.

Leicestershire Partnership NHS Trust

Leicestershire Partnership NHS Trust is dedicated to the care and recovery of people with mental –ill-health. The Trust was established in 2002 and has more than 3,000 staff members to meet the needs of its service users.

Leicester Partnership

The partnership is committed to creating an ambitious, progressive and prosperous City in which everyone has the opportunity to meet their potential regardless of age, belief, disability, gender, race, religion or sexual orientation. Our Trust Chair was appointed in Autumn 2007 as Chair of the Leicester Partnership.

Developing our staff

Staff voices heard

Earlier this year a staff survey was conducted throughout the NHS to establish those things staff are satisfied with and, more importantly, what they would most like to see improved. The response rate within the Trust was 66% – which is 11% above the average rate for the whole of the NHS.

Overall, staff are satisfied with the support they receive from managers and other colleagues, the Trust's approach to infection control, the confidential treatment of patient information, and the encouragement to report errors, near-misses and incidents.

However, there is room for improvement. Staff would like to see more resources made available to meet demands, better communications both between different parts of the Trust, and between management and staff, increased levels of pay, and more training to increase opportunities of promotion.

Steps have already been taken to address areas identified for improvement, aided by the successful turnaround in the Trust's finances. Staffing capacity is being increased in the areas of health visiting, school nursing, community matrons, complaints, infection control, communications, commissioning and quality assurance. Additionally, Knowledge and Skills Framework (KSF) targets and appraisals will be completed for all staff by September 2008; an increased training budget will be made available; and an audit and action plan is about to be introduced by the Health and Safety Executive (HSE) to help to reduce work-related stress.

Financial skills training

With the significant effort to turn around the financial position of the PCT this year, it was essential to ensure that staff were equipped with the necessary skills to manage their own areas of financial responsibility. A series of budget holder training sessions were arranged to cover topics such as financial procedures, managing a budget, forecasting, delivering efficiencies and writing business cases.

New PEC keeps clinicians involved

The Professional Executive Committee (PEC) is an important way of ensuring that local clinicians are involved in key decisions about Trust activities. It is also an excellent way of sharing information between the local clinical community and the Trust, and vice versa.

This year saw the appointment of an entirely new PEC group, and members met in June for their first developmental session. Activities included important team building activities as well as agreeing the key focuses for the forthcoming year. Members chose to focus on Accident and Emergency Services and helping to avoid unnecessary admissions or attendances at hospital; reducing health inequalities; and how best to provide clinical expertise in developing the various key Trust strategies.

Parkinson City tours

It is essential that those involved in developing health services for local people are familiar with the City. This year saw the introduction of a number of new staff including board directors, some of whom live outside the City.

Philip Parkinson, Trust Chair, is more than familiar with Leicester having lived here for the past 43 years. Philip prides himself in his local knowledge, and is locally acclaimed for his involvement particularly in the voluntary and community sectors. His passion for and knowledge of Leicester led to his recent appointment as Chair of Leicester's Local Strategic Partnership Board.

Philip regularly helps Trust staff, as well as members of partner organisations, to familiarise themselves with the Leicester 'patch' by hosting all-day tours of the City. Tours involve a detailed trip around the various Leicester wards, stopping to learn more about interesting local features and landmarks, including health and social centres and surgeries, churches, temples and other faith centres.

Celebrating our success

Westcotes gets a LIFT

The Westcotes Health Centre, commissioned by the PCT to house primary care, dental and community health services, won the best overall design award for the Leicester Local Improvement Finance Trust (LIFT) Company in an industry Oscar-style national awards scheme. The public-private partnership company is modernising health and social care premises across the City. Now it has been recognised as one of the leading companies of its kind in the country.

The design award is testament to the hard work and dedication of both the public and private sector teams. It celebrates the creation of a building which has a truly welcoming environment for its patients, visitors and staff.

Judges described the project as being inspirational to health and wellbeing within the local community.

Celebration of the achievements of nurses and healthcare assistants

The Trust celebrated the achievement of nurses and allied health professionals in a jubilant lunchtime event in December. Highlighting excellence and innovation in practice, Professor Mandy Ashton, Director of Quality Assurance, welcomed guest speaker Claire Bertschinger, the Red Cross Nurse whose work in Ethiopia inspired 'Live Aid'.

Claire shared her experiences of working in war zones for the International Committee of the Red Cross in Lebanon, Afghanistan, Sierra Leone and the Sudan. The audience was both impressed and inspired by her story of courage, commitment and compassion, and of her message that simple, everyday acts of kindness really can change lives for the better.

Eighteen nurses and Health Care Assistants, who had been nominated by their colleagues for demonstrating excellence in care, were presented with certificates of achievement and signed copies of Claire's book.

Director's MBA scores top marks

Our Director of Children's Community Services graduated from the University of Derby this year with top marks for her Masters in Business Administration (MBA). Anne-Maria Olphert received high praise from her tutors for her dissertation which focused on change within the local NHS.

Dr Christine Jones of the Faculty of Business, Computing and Law, described Anne-Maria's dissertation as 'excellent'.

Princes crowned with success

The PCT has invested in a number of key staff training programmes over the past year. One of the focuses has been on PRINCE2, which teaches a number of techniques to help ensure that change projects are well managed, and that they deliver sustainable results.

Andy Griffiths passed his PRINCE2 practitioner exams, and Mark Pierce and Hamza Vayani both passed their PRINCE2 foundation course.



Westcotes Health Centre
won the best overall
design award in a
national awards scheme

Meet our directors

The Board of Directors

During the course of the year the Trust took the decision to recruit to the full capacity of the board, which meant an increase in the number of executive and non-executive directors by three and two respectively. This was in line with the principles set out in the Combined Code of Governance.

Paul Miller, former Director of Operations, became Managing Director of Leicester City Community Health Services (LCCHS), on 1 January 2008. LCCHS falls within the legal umbrella of the PCT but is managed independently. Paul therefore ceased to be a Director of the PCT Board as at 31 December 2007.

Directors who left the Trust during the year ending 31st March 2008 were:

- **Dr Stephen Whitehead, Interim Director of Public Health and Health Improvement left the Trust on 31 July 2007**
- **Dr Charlie McGarrity, Medical Director left the Trust on 9 September 2007**
- **Andrew St John succeeded Dr Charlie McGarrity as Interim Medical Director, and left the Trust on 31 March 2008**

Details of the Directors who were in post as at 31 March 2008 can be found on pages 41-43.

Appointment and Removal of Non-Executives

During the year ending March 2008, the Appointments Commission was responsible for the appointment and removal of non-executive directors.

Directors' remuneration

The responsibility for setting the remuneration packages for the executive directors falls to the Remuneration and Terms of Service Committee of the Trust Board, details of which can be found below.

Full details of the directors' remuneration are set out on page 69 of this report.

Declarations of interest/related party transactions

All board directors are individually required to declare any interest which may conflict with their appointment as a director. Full details of declarations can be found on page 55 of this report.

Standing Committees of the Trust Board

The Trust has four principal standing committees:

- **Remuneration and Terms of Service Committee**
- **Leicester City Community Health Services Board**
- **Professional Executive Committee (PEC)**
- **Audit Committee**

Details of these committees can be found on pages 47-49.

Other Standing Committees are:

- **Reference Committee**
- **Primary Care Contracts Planning Panel**
- **Strategy and Planning Committee**
- **Finance and Performance Committee**
- **Independent Review Committee**

Executive Director biographies



1. Tim Rideout – Chief Executive

Tim Rideout became Chief Executive of the newly established Leicester City Primary Care Trust (PCT) in October 2006. Previously he held the positions of Chief Executive at West Lincolnshire PCT and Acting Chief Executive of the neighbouring East Lincolnshire PCT. Joining the NHS as a financial management trainee in 1989, Tim has held a number of senior finance posts, and has a successful track record of turning around financial and other challenges within NHS organisations.

2. Richard Chester¹ – Director of Equality and Human Rights (joined October 2007, joint role with East Midlands SHA)

Richard Chester has 18 years' experience of equality and diversity policy formulation and delivery, change management, operational management and strategic delivery within the public sector. Prior to entering the NHS in October 2007 he worked in local government and in Whitehall, in both the Home Office and Department of Health. He also has operational experience as a Registered General Nurse and Senior Operational Manager in the Prison Service.

3. Jo Yeaman¹ – Director of Communications, Marketing and PPI (joined November 2007)

Jo Yeaman was appointed to the position of Director of Communications, Marketing and PPI in November 2007. For six years Jo headed up the Communications and PR function at Derby Hospitals NHS Foundation Trust. Prior to that, Jo spent several years in the private sector, working in service improvement and communications and PR related roles. She graduated from the University of Derby with a degree in Accounting.

4. Deb Watson – Joint Acting Director of Public Health

Holding a masters degree in Public Health, Deb held a number of posts in the statutory and voluntary sectors prior to her appointment to Leicester City PCT. With over 20 years' experience within the NHS, Deb has broad experience of general management, commissioning and public health. In 2001, Deb became Assistant Director for the Leicester City Health Action Zone, and later held the post of Project Director for Leicester's Local Improvement Finance Trust (LIFT) initiative.

5. Rod Moore – Joint Acting Director of Public Health

Rod has worked as Joint Director of Public Health since 2005, having obtained a masters in Public Health. Prior to his appointment at Leicester City PCT, Rod held a number of posts in the statutory and voluntary sectors.

6. Toby Sanders¹ – Director of Primary and Community Care (joined November 2007)

Toby Sanders was appointed to the PCT as Director of Primary Care in November 2007, previously working at East Midlands Strategic Health Authority where he was the Account Director responsible for service delivery and performance across all of the NHS organisations in Leicester, Leicestershire and Rutland, as well as Lincolnshire. Prior to this, Toby worked in the acute sector as a Divisional Manager for surgery and has also held a number of positions in local government and with private sector consultancies.

¹These directors do not possess board voting rights.

Executive Director biographies



7. Sue Bishop – Director of Finance and Delivery

Sue Bishop was appointed to the post of Director of Finance and Delivery in October 2006. Before that, Sue worked in a similar role for Eastern Leicester PCT, one of the two PCTs that were merged to create Leicester City PCT. Sue has worked in a variety of finance roles across NHS Leicester for 15 years, spending time at both the University Hospitals of Leicester and Leicestershire Partnership NHS Trusts. Sue is a chartered accountant who worked in private sector industry before joining the NHS in 1993.

8. Simon Freeman¹ – Director of Information and Corporate Performance (Joint post with Leicestershire and Rutland County PCT)

Simon originally graduated from Leeds University with a degree in Pharmacology and a PhD in Biochemistry. After a short career in bench research in North America and the UK, he moved into the private sector and has joined the NHS in the last two years from the global professional services business, Cap Gemini Ernst & Young. Simon is also an MBA graduate of the University of Manchester Business School. Previously working in South Warwickshire PCT and Warwick Acute Trust, Simon was appointed to the role of Director of Information and Corporate Performance, serving both Leicester City, and Leicestershire County and Rutland PCTs.

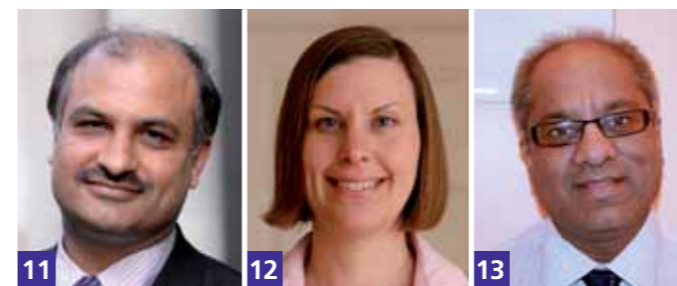
9. Prof. Mandy Ashton – Director of Quality Assurance

Mandy Ashton has worked in the NHS for 28 years in various settings – acute hospitals, regional positions and commissioning services within the Midlands and South Yorkshire. She is a visiting Professor of Nursing at De Montfort University. Her nursing career has taken her across the world working with disadvantaged people in Uganda and Labrador. She was awarded a national Florence Nightingale Nursing Leadership scholarship in 2006. This culminated in her participation at the JFK School of Government Leadership programme, Harvard University, USA, which she will complete in 2009. Mandy returned to her home town of Leicester in 2000.

10. Oliver Newbould¹ – Director of Strategy and Market Management

Oliver Newbould was Deputy Director of Performance at Newark and Sherwood PCT for several years before taking up his NHS role in Leicester. Since his arrival he has played a key part in managing the way in which Leicester City PCT commissions its healthcare services from provider organisations. He has also worked closely with his fellow directors to achieve the PCT's major financial turnaround over the past 12 months. By the end of the year 2007-2008 he notified the Board that he was moving to a new post at Nottinghamshire County Teaching PCT.

Clinical Director biographies



11. Prof Azhar Farooqi

Azhar Farooqi has been chairman of the Professional Executive Committee since 2007. He qualified in medicine from the University of Manchester in 1983, and has been a GP in Leicester since 1987. He was previously a board member of Eastern Leicester PCT. As well as his clinical interests Prof Farooqi has been active in medical research particularly in improving health care for people with diabetes, and those from ethnic minority backgrounds. He is a Honorary Visiting Professor at the University of Leicester medical school.

12. Dr Liz Siddons

Dr Liz Siddons is a part-time GP and was appointed as a member of the Professional Executive Committee and Board of Directors in June 2007. This is her first position within Leicester City PCT. Since joining she has helped to promote Choose & Book and is currently involved in improving Stroke Services. After graduating from Sheffield Medical School she moved to Leicester, where she completed her General Practice training. She joined Downing Drive Surgery in Evington as a partner in 1999.

13. Dr Bhupendra Modi

Dr Modi has been a local GP since 1992 and practices in the Belgrave area where he was schooled. His NHS experience includes sitting on the boards of primary care organisations over the last ten years. Dr Modi's expertise lies in medicines management and he is the only single-handed GP in the East Midlands who trains doctors. He was awarded a Fellowship of the Royal College of General Practitioners in 2006.

¹These directors do not possess board voting rights.

These three directors are also members of the Professional Executive Committee. See page 48 for more details about the PEC.

Non-Executive Director Biographies



1. Philip Parkinson Chair (Appointed 1 October 2006 for a term of four years)

Philip has lived in Leicester since 1964. Following ten years working in industry for SGB Ltd, he subsequently re-trained to become the Youth and Community Worker for Highfields.

He spent 28 years as Chief Executive of The Royal Leicestershire, Rutland and Wycliffe Society for the Blind (now VISTA), the City and County's largest charitable organisation.

Philip served for 32 years as a City magistrate and in 2001 was awarded an OBE for services to blind people and the magistracy.

2. Gill Brigden (Appointed 1 October 2006 for a term of two years)

Gill started her career as an art teacher in Leicester. She has worked in community education, youth work and on a support team for children and young people with emotional and behavioural difficulties.

After a short time working in the county Education Department, Gill became the Community Safety Officer for Leicestershire, working with all agencies to reduce crime, particularly violence.

For the last five years Gill has held a national post in a Home Office unit that leads on the reduction of suicide, self-harm and violence in prisons. She has recently retired.

3. Eileen Clarke (Appointed 1 June 2007 for a term of three years)

Eileen joined the public sector in August as Head of Internal Audit (subsequently renamed Corporate Assurance) at the Legal Services

Commission. Her previous experience in the private sector spanned the fields of insurance, banking and risk management, involving a wide range of management roles including management consultancy, planning, operations and internal audit. Eileen is Chair of the Institute of Internal Auditors' Technical Development Committee.

4. Patricia Mansfield (Appointed 1 October 2006 for a term of three years (Vice-Chair until 30 September 2007))

A magistrate for 21 years, Patricia has also worked for a number of well-known businesses in senior administrative posts, specialising in human resources. She is active in the voluntary sector and is a trustee of two housing associations, CLASP and other charities.

Patricia's work in the health service began in the 1980s when she was elected to represent the voluntary sector on the Joint Consultative Committee for Health and Social Services. Patricia has since held Non-Executive Director posts for the Leicester Royal Infirmary NHS Hospital Trust and Leicestershire, Northampton and Rutland Strategic Health Authority. In 1996 Patricia received an MBE for services to the City of Leicester.

5. Daxa Patel (Vice Chair with effect from 1 October 2007 for a term of one year; appointed as Non-Executive Director from 1 October 2006 for a term of three years)

Daxa came to Leicester as a child in 1966 and has lived and worked in the City for most of her life. She is a self-employed consultant involved in several national and international projects related to the internet, higher education and organisational change management. She has co-authored two books on these topics.

Non-Executive Director Biographies



Previously she held several senior management posts in higher education, and taught mathematics at De Montfort University. Prior to that she worked in various management posts in local government and the nuclear industry.

Over the last 25 years she has worked with several voluntary organisations in the City, including Belgrave Baheno Women's organisation. She is a Director and Trustee of the Belgrave Baheno Peepul Centre.

6. Fayyaz Suleman (Appointed 1 June 2007 for a term of three years)

Fayyaz leads a community cohesion organisation called Grazrootz, which brings people from different backgrounds together. He is an organisational development consultant with extensive experience of working with voluntary sector groups across the East Midlands and safeguarding work with faith-based complimentary schools. He is the Secretary of the Leicester Council of Faiths.

After graduating from De Montfort University, Fayyaz spent six years working for blue-chip companies in business analysis and IT solution design. As the East Midlands Co-ordinator for Black and Minority Ethnic Voluntary Sector Infrastructure for over two years, he was responsible for securing resources and enabling the Leicestershire Ethnic Minority Partnership (LEMP). Fayyaz holds numerous voluntary board positions, and is a member of the Leicestershire Voluntary Sector Infrastructure Consortium, the National Diversity Board for Places for People, and the National Network for the Charity Commission.

7. Ross Wilmott (Appointed 1 October 2006 for a term of two years)

Ross was elected to public office in 1980. He has held the post of Research Fellow at De Montfort University and taught at the Open University Business School. Previously leading the successful turnaround of the education service in Leicester, he has since pioneered regeneration in the City with the formation of Leicester Regeneration Company and Cultural Quarter.

Ross, a Board member of the Government's Regional Development Agency, has contributed to the work of the Sustainable Development Commission, and is a regular contributor to the work of the Institute of Community Cohesion.

8. Brian Wilson (Appointed 1 October 2006 for a term of three years)

Following directorships at British Gas East Midlands and the Retail Division of British Gas, Brian held posts as Interim Director of Finance of companies in several industry sectors.

He is Treasurer of Clockwise, Leicester's Credit Union, and a Director of the Association of British Credit Unions; a Non-Executive Director of English Churches Housing Group and Treasurer of Leicestershire Employment for Autism Today (LEAT), a charity preparing clients on the autistic spectrum, for the world of work.

Brian is an Associate of both the Chartered Institute of Management Accountants, and the Institute of Chartered Secretaries and Administrators.



A total of 73% of patients described Leicester's community nursing service as 'excellent'

Standing Committees of the Board

Remuneration and Terms of Service Committee

The Remuneration and Terms of Reference Committee is primarily responsible for reviewing and agreeing the remuneration packages relating to the Chief Executive and Executive Directors. It also oversees the arrangements for termination of employment and the settlement of other contractual terms, and monitors and evaluates the performance of individual senior officer members of the Executive Committee and other senior employees as appropriate.

Membership comprises:

- Trust Chair
- All Non-Executive Directors (see page 44-45)

Leicester City Community Health Services Board

This Committee provides oversight and strategic direction of countywide provider services, ensuring a clear separation from the PCT commissioning functions, and ensuring that services provided meet commissioning specifications.

Membership comprises:

Patricia Mansfield (Chair)	Non-Executive Director
Paul Miller	Managing Director
Gill Brigden	Non-Executive Director
Ross Wilmott	Non-Executive Director
Patsy Roseblade	Associate Director of Finance
Anne-Maria Olphert	Associate Director of Children's Health Services
David Podbury	Assistant Director for Business & Strategic Development
Yvette Canty	Assistant Director of Service Redesign and Support Services
Kam Kotecha	Assistant Director for Human Resources
Jane Holroyd	Assistant Director for Unscheduled Care
Sharon Mart	PEC Member/Allied Health Professional
Carolyn Jones	Staff Side Unison Representative
Mark Pierce	PEC Nurse
Dr Nandini Varma	Member of the PPI Forum

Standing Committees of the Board

Professional Executive Committee (PEC)

The PEC is responsible for providing clinical advice and input into the strategic direction of the Trust. Members also provide professional representation and share information between the PCT and the clinicians they represent.

Membership comprises:

Dr Azhar Farooqi	GP
Dr Liz Siddons	GP
Dr David Salkin	GP
Dr Bhup Modi	GP
Satyan Kotecha	Pharmacist
Serbjit Kaur	Dentist
Sharon Mart	Allied Health Professional (AHP)
Mark Pierce	Nurse

Co-opted members:

Dr Robin Graham-Brown	University Hospitals of Leicester NHS Trust
Dr Jane Hoskyns	Leicestershire Partnership NHS Trust
Dr John Stevenson	East Midlands Ambulance NHS Trust
Ruth Lake	Leicester City Council Social Services
Dr Adrian Brooke	Leicester City Community Health Services

Officer members:

Tim Rideout	Chief Executive
Sue Bishop	Director of Finance & Delivery
Deb Watson	Acting Director of Public Health

Audit Committee

This Committee evaluates and oversees the Trust's arrangements for governance, internal control, risk management, and internal and external audit.

Membership comprises:

Brian Wilson	Chair, Non-Executive Director
Daxa Patel	Non-Executive Director
Eileen Clarke	Non-Executive Director
Fayyaz Suleman	Non-Executive Director
Gill Brigden	Non-Executive Director

Standing Committees of the Board

Trust Board Development

Board members receive regular development on key issues such as risk management.

The Trust is currently undertaking a review of its governance structures, and part of this will include plans for development, appraisal and training of Trust Board members. This review is expected to conclude later in 2008, when a number of initiatives will be considered and taken forward by the Board.

Accountability to the public

We are committed to the NHS Code of Conduct and Accountability, the NHS Code of Practice in Openness in the NHS, and the Freedom of Information Act 2000. Under these, board members are required to declare any interests relevant to the Trust's business. These interests are published within this report and are also kept in a register at the Trust's headquarters.

We will respond to all requests for available information about the services that we commission and provide. This includes information regarding our performance against standards and targets, the way in which we commission and provide services and care, and any proposed service changes.

The day-to-day management of the Trust is the responsibility of the Chief Executive, working closely with the Board of Directors who in turn work with other members of the Trust Board to develop the Trust's strategy.

Risk strategy

The Trust continually monitors its risks as part of assurance framework arrangements. This process involves the identification and assessment of key high-level risks. The ongoing action plan is then updated, which includes the steps required to address issues identified.

Statutory and other declarations

Statement on Internal Control

The full Statement of Internal Control can be found on the Trust's website at www.leicestercity.nhs.uk

The board is accountable for internal control. As Accountable Officer and Chief Executive of this board, I have responsibility for maintaining a sound system of internal control that supports the achievement of the organisation's policies, aims and objectives. I also have responsibility for safeguarding the public funds and the organisation's assets for which I am personally responsible as set out in the Accountable Officer Memorandum.

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process to:

- Identify and prioritise the risks to the achievement of the organisation's policies, aims and objectives
- Evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically

The system of internal control has been in place in Leicester City PCT for the year ended 31 March 2008 and up to the date of approval of the annual report and accounts.

Risk and control framework

The Board of Directors is the responsible body within the Trust's structure for the management of the Trust, and the assurance framework is ultimately the responsibility of the Trust Board.

The Trust Board has a number of committees, where responsibilities are delegated through approved terms of reference. One of these is the Audit Committee. This committee has specific responsibility for monitoring the Trust's assurance framework action plan. The minutes of the Audit Committee are received and discussed by the Trust Board.

The Quality Committee is a sub-committee of the Audit Committee. This group considers and contributes to the assessment of risks, and its reports are provided to the Audit Committee.

The Trust has a risk management strategy which has been approved by the Audit Committee, and which has been widely circulated throughout the organisation. In accordance with this strategy, managers and employees have delegated responsibilities to minimise risks, and to ensure that any risks identified are monitored in a consistent way that enables the proper and thorough investigation of incidents both clinical and non-clinical, and wherever possible training is given to reduce the likelihood of such incidents arising in future. The risks identified are retained on a risk register.

All incidents are reported to the Health and Safety Committee (staff incidents) and the Commissioning and Governance Committee (patient incidents).

As necessary the framework is updated to include new situations and risk, for example the healthcare standards and the risks associated with them.

Review of economy, efficiency and effective use of resources

The Trust operates a rigorous form of monitoring in terms of budgetary control and expenditure. This has been demonstrated during the course of 2007-2008 through the reports provided to the Trust Board, which indicate success in achieving better than planned results and an effectively implemented financial turnaround plan.

Looking forward

Over the next 12 months and beyond, the Trust will continue to review all risks and where necessary take appropriate action either to reduce or eliminate these.

The Trust's committee structure and responsibilities assigned to each are being reviewed to ensure optimal operation of the Trust going forward together with effective monitoring of requirements given by the Healthcare Commission's standards for better health, and the assurance framework and other compliance issues.



Tim Rideout
Chief Executive

Compliance and public interest disclosures

Public Private Partnerships

In August 2004 the Trust signed a 20-year agreement with Primary Plus (formerly Excellcare) and Community Health Partnerships (formerly Partnerships for Health) for the design, construction and maintenance of health and social care facilities in the City. This transaction formed the Leicester LIFTCo, a company in which the Trust is a 20% shareholder. The Trust uses Leicester LIFTCo for all its major capital developments subject to value for money and affordability being met.

The first four schemes developed by Leicester LIFTCo are now operational, and are detailed as follows.

- Merridale Medical Centre opened in November 2005 at a capital cost of £2.38m
- St Peters Health Centre opened in August 2006 at a capital cost of £6.62m
- Westcotes Health Centre opened in February 2008 at a capital cost of £6.72m
- Humberstone Medical Centre opened in January 2008 at a capital cost of £2.63m

A fifth scheme, the Charnwood Health and Social Care Centre, is due to open in early 2009 at a capital cost of £12.86m.

For information on these and other schemes, please see pages 20-21 of this report.

The Strategic Service Development Plan (SSDP) for Leicester sets out the programme of work for Leicester LIFTCo. The current SSDP is due to be updated in late 2008.

Environmental

The PCT takes seriously the part it can play in securing a sustainable future for Leicester. In 2008-2009 the PCT will develop its own sustainable policy and action plan. This will include housekeeping issues, travel, construction and energy. Travel plans exist for each building constructed under LIFT and the policy and action plan will consider how this may be implemented across the PCT.

Health and safety at work

During the year, the Trust reviewed its health and safety policy. The revised policy is available on the Trust's staff intranet and has been distributed to key personnel.

Equal opportunities

Leicester City PCT aims to ensure that no job applicants or employees receive less favourable treatment on the grounds of race, age, gender, sexual orientation, faith, religion, beliefs or disability. The selection and recruitment procedures ensure that individuals are selected or promoted on the basis of their relevant merits and abilities.

All employees are given equality of opportunity and where appropriate and possible, training will be given. The Trust will make adaptations if needed to enable staff to progress within the organisation. We are committed to a continuing programme of enhancing equality and human rights for staff.

Compliance and public interest disclosures

Incidents relating to matters of confidentiality

During the year ending March 2008, the Trust experienced one 'serious untoward incident' which related to data and issues of confidentiality. This was reported to the Information Commissioner's Office. Details are provided in the table below.

Date of incident (month)	Nature of incident	Nature of data involved	Number of people potentially affected	Notification steps
March 2008	Staff payroll information found abandoned on roadside.	Payroll numbers, emails regarding payroll queries; 2 home addresses; one NI number; 1 mobile number	16	External payroll provider contacted and launched internal investigation. One person suspended immediately and later dismissed. All staff contacted personally, and follow-up letters issued.
Further action on information risk	The PCT already has robust systems to send information to payroll provider via courier. Disciplinary action completed.			

Other personal data related incidents during the year are detailed in the following table:

Category	Nature of incident	Total occurrences
I	Loss of inadequately protected electronic equipment, devices or paper documents from secured NHS premises	0
II	Loss of inadequately protected electronic equipment, devices or paper documents from outside secured NHS premises	0
III	Insecure disposal of inadequately protected electronic equipment, devices or paper documents	0
IV	Unauthorised disclosure	0
V	Other	1

Compliance and public interest disclosures

Consultation arrangements with staff

The Trust meets regularly with the Staff Joint Council, the body responsible for representing the needs and interests of staff. Key information is also disseminated via the internal magazine, staff briefings, the intranet, and through team meetings.

Pension liabilities

The PCT's employees are covered by the provisions of the NHS Pensions Scheme. The Scheme is an unfunded, defined benefit scheme that covers NHS employers, general practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales.

The full accounting policy on pension costs is outlined in Note 1(o) of the 2007-2008 Accounts. Pension entitlements for senior managers are shown in the remuneration report.

Freedom of Information Act

The Trust manages requests for information in accordance with the Freedom of Information Act, which came into force in full on 1 January 2005. Further information on how to contact us with requests can be found on the Trust's website www.leicestercity.nhs.uk.

Emergency preparedness

The PCT remains committed to protecting the health of the population of Leicester. The PCT is an active member of the Leicester, Leicestershire and Rutland Local Resilience Forum (LRF) (www.localresilienceforum.org.uk). Through this, it participates in and leads, where appropriate, the planning workstreams that deal with a range of threats as outlined and prioritised in the Community Risk Register.

We work together with other local public sector organisations to develop plans that deal with a wide range of potential challenges. These range from local problems such as the consequences of flooding in the City, through to the wider impacts of acts of terrorism, and the challenge of a global pandemic of influenza. The Trust is identified as a Category 1 responder in the Civil Contingencies Act 2004, and conforms to the duties the Act places on it with respect to preparing for emergencies.

Trust auditors

The External Auditors for the Trust for the 12 months ended 31 March 2008 were the Audit Commission.

The auditors' remuneration in 2007-2008 was £208,504. All of this remuneration relates to the carrying out of the statutory audit, and includes no consultancy work.

In addition to this, a data assurance framework audit mandated by the Audit Commission was undertaken at a cost of £41,713.

Declarations of interest

Name and Position

Sue Bishop
Director of Finance and Delivery

Gill Brigden
Non-Executive Director

Satyan Kotecha
PEC member

Patricia Mansfield
Non-Executive Director

Daxa Patel
Non-Executive Director

Tim Rideout
Chief Executive

Toby Sanders
Director of Primary & Community Care

Dr Elizabeth Siddons
PEC

Deb Watson
Acting Director of Public Health

Ross Willmott
Non-Executive Director

Brian Wilson
Non-Executive Director

Jo Yeaman
Director of Marketing,
Communications and Public
and Patient Involvement

Interest(s) Declared

Leicester LiftCo – Alternative Director

Member of the management committee of Soft Touch Community Arts company

Director and share holder of K&K Pharmacy Ltd which has two retail outlets:
Elys Pharmacy 28c Melton Road, Leicester
Kasli Pharmacy 216-218 Tomkinson Road, Nuneaton

CLASP, the Carers Organisation – Trustee/Board Member
Sorooptimist Housing (Leic) Ltd – Chairman
The Sutton Trust (Hospital Trust) – Trustee

Peepul Centre – Director of Board/Trustee

Connexions Leicestershire – Director
Special Olympics Great Britain – Director
Reepham Church of England Primary School – Governor

Leicester LiftCo – Director
Braunstone Community Association

Partner of Dr Bentley and Partners Surgery,
155 Downing Drive, Evington, Leicester LE5 6LP

Honorary life member of LASS
(Leicestershire AIDS Support Services)

EMDA – Board member
Co-op Society and Party – Member

Treasurer – Leicestershire Employment for Autism Today
Treasurer – Monday Club – Asperger Syndrome Support Group
Non-Executive Director – English Churches Housing Group

Association of Healthcare Communications – Finance Director


Promotional Activity

In accordance with the, "Code of Practice for the promotion of NHS-funded services", all providers of NHS services are required to publicly disclose the amount of expenditure incurred in relation to promotional activity.

Promotional activity can be defined as, "The cost of buying media space for promotion, including advertorial (e.g. promotion presented as if it is editorial matter), which has the purpose of influencing the choice of provider for NHS services, excluding activity such as creative work, research, wider public relations work, or any activity that forms part of a recruitment or health promotion campaign."

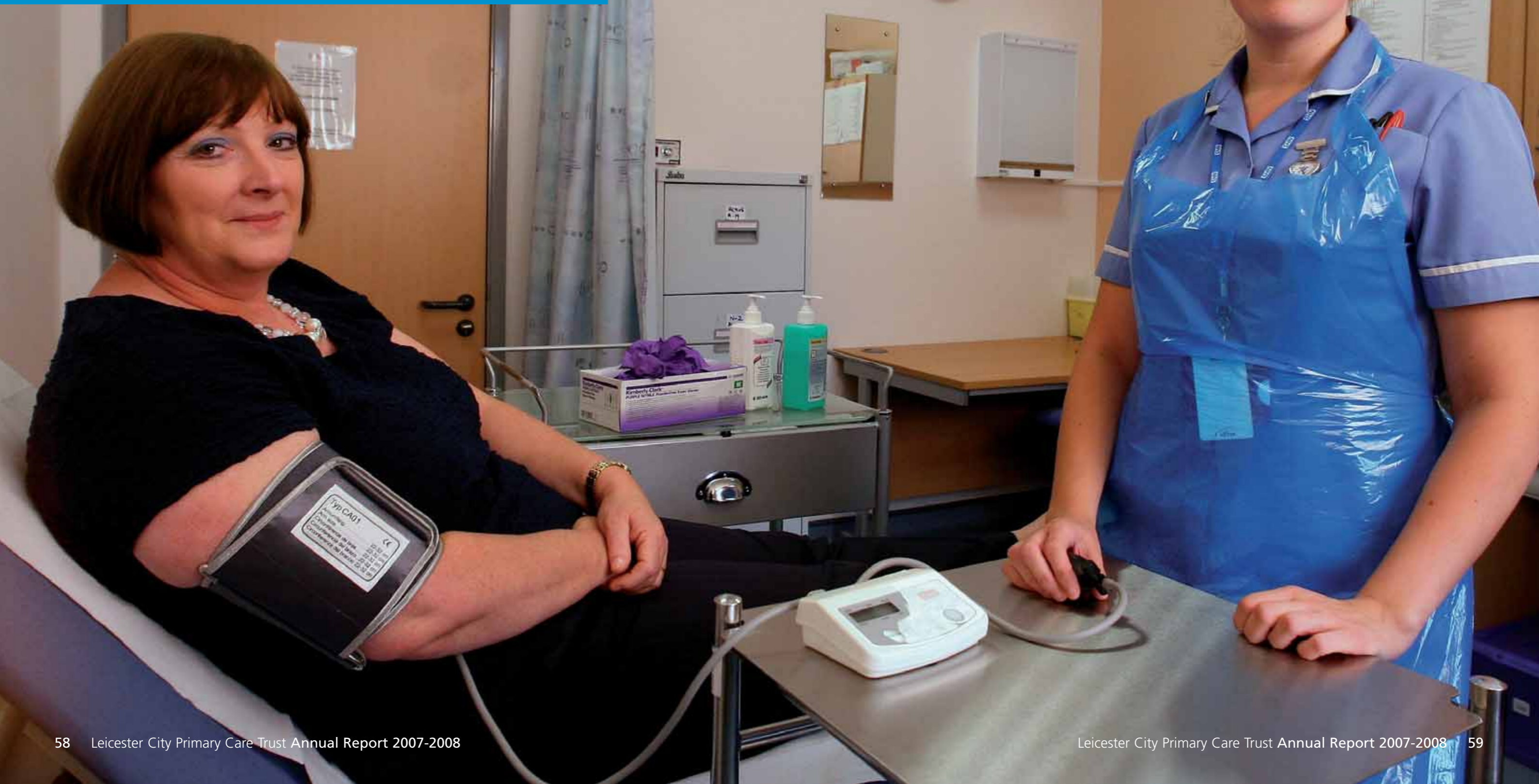
During the Financial year 2007/08, Leicester City Primary Care Trust spent £95k on specific promotional activity as defined above. The main items included within this figure are:

Expenditure	Amount (£)
Leicester Sound time	14,202
Bus ticket campaign	9,124
Leicester City Football Club Package, text for audio and scoreboard, SMS texting facilities	14,119
Roadside campaign	18,170
Campaign on buses	3,544
Follow up campaign via call centre for stop smoking project with Leicester City Football Club	3,846
Promotional items	6,877
Medicine waste campaign	10,389
Advertising with Tesco TV	2,600
Other	12,211
Total	95,082



We will make sure that people get equal chances of having good health and health services

Heart disease and stroke are the biggest causes of death before the age of 75 in Leicester



Summary financial statements

Message from the Director of Finance and Delivery

I am delighted to report on our financial performance during 2007-2008.

This year has been hugely successful in terms of turning around our financial position. Formed 18 months ago, the Trust faced a financial deficit of some £25.8million; £14.2million of this was recurrent. We developed a robust turnaround plan to address these financial challenges, aiming to achieve a small surplus by the end of the year 2007-2008.

The turnaround plan has been extremely successful. We ended the year on a sound and sustainable financial footing, and by March 2008 we achieved a healthy surplus of £2.2million. This success was above and beyond our expectations at the beginning of the year.

Our successful financial turnaround has enabled us significantly more flexibility to address the health needs of the people of Leicester. In March we announced £27million new and additional monies to invest in sustainable health services across the City of Leicester. Financed by an underlying surplus of £15.7million together with other additional government funding, this is the biggest increase in healthcare investment ever made in the City in the history of the NHS.



We are very proud to have achieved such a healthy financial position in such a relatively short time. This achievement is thanks to the determination and hard work of staff within the PCT, and I would like to take this opportunity to thank each and all of them for their contribution.

For the first time in its history, the PCT will enter the year 2008-2009 with a financial balance, and with the flexibility to invest in services, which will make a big difference to the lives of the people living within the City. I am very proud of the achievement we have made, and am sure that local people will join me and my colleagues in celebrating the investments we are now able to make into local healthcare.

Sue Bishop

Sue Bishop
Director of Finance

The following financial statements summarise our activities for the year ending March 2008. A full set of the statutory accounts is available on our website at www.leicestercity.nhs.uk, or, to obtain a hard copy, please write to The Finance Directorate, Leicester City PCT, St John's House, 30 East Street, Leicester LE1 6NB.

Independent auditor's statement to the Board of Directors of Leicester City PCT

I have examined the summary financial statement set out on pages 62 to 70.

This report is made solely to the Board of Directors of Leicester City PCT in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 36 of the Statement of Responsibilities of Auditors and of Audited Bodies prepared by the Audit Commission.

Respective responsibilities of directors and auditor

The Directors are responsible for preparing the Annual Report.

My responsibility is to report to you my opinion on the consistency of the summary financial statement within the Annual Report with the statutory financial statements.

I also read the other information contained in the Annual Report and consider the implications for my report if I become aware of any misstatements or material inconsistencies with the summary financial statement.

Basis of opinion

I conducted my work in accordance with Bulletin 1999/6 'The auditors' statement on the summary financial statement' issued by the Auditing Practices Board. My report on the statutory financial statements describes the basis of our audit opinion on those financial statements.

Opinion

In my opinion the summary financial statement is consistent with the statutory financial statements of the PCT for the year ended 31 March 2008.

Neil Bellamy

District Auditor
Audit Commission
Rivermead House
7 Lewis Court
Grove Park
Enderby
Leicestershire
LE19 1SU

12 September 2008

Financial Statements

Financial performance targets for the year ended 31 March 2008

Statutory Target 1 – The PCT is required to remain within the annual Revenue Resource Limit

Revenue Resource Limit

The PCT's performance for 2007/08 is as follows:	2007/08	2006/07	
	£000	£000	
Total net operating cost for the financial year	446,655	410,467	
Less: Non-discretionary Expenditure	3,938	3,724	
Operating Costs less non-discretionary expenditure	442,717	406,743	
Final Revenue Resource Limit for year	444,923	406,879	Note 1
Under/(over) spend against Revenue Resource Limit	2,206	136	Note 2

Note 1: The Revenue Resource limit is the budget allocated to the PCT by the Department of Health.

Note 2: For 2007/8 the PCT was set a surplus control total of £2.2m by the East Midlands Strategic Health Authority. The achievement of this is shown in the underspend against revenue resource limit.

Statutory Target 2 – the PCT is required to remain within the annual Capital Resource Limit

Capital Resource Limit

The PCT is required to keep within its Capital Resource Limit

	2007/08	2006/07	
	£000	£000	
Gross Capital Expenditure	3,210	1,579	
Add: Loss in respect of disposals of donated assets	0	0	
less: Net book value of assets disposed of	0	(1,279)	
less: Capital grants	0	0	
less: Donations	0	0	
Charge Against the Capital Resource Limit	3,210	300	
Capital Resource Limit	3,720	1,365	
(Over)/Under spend against Capital Resource Limit	510	1,065	

Statutory Target 3 – to remain within the annual Cash Limit

The PCT contained 2007/8 cash transactions within the cash limit set by the Department of Health.

Statutory Target 4 – Provider full cost recovery duty

The PCT is required to recover full costs in relation to its provider functions.

	2007/08	2006/07	
	£000	£000	
Provider gross operating cost	53,991	38,972	Note 1
less: Miscellaneous income relating to provider functions	(14,693)	(13,609)	
Net Operating Cost	39,298	25,363	
less: Costs met from PCT's own allocation	(39,298)	(25,363)	
Under/(over) recovery of costs	0	0	

Note 1: Cost of services provided by Leicester City Community Health Services (LCCHS).

Financial Statements

Operating cost statement for the year ended 31 March 2008

	2007/08	2006/07	
	£000	£000	
Commissioning			
Gross Operating Costs	417,250	519,042	Note 1
Less: Miscellaneous Income	(9,930)	(133,975)	
Commissioning Net Operating Costs	407,320	385,067	
Provider			
Gross Operating Costs	53,991	38,972	
Less: miscellaneous income	(14,693)	(13,609)	
Provider Net Operating Costs	39,298	25,363	
Net Operating Costs before interest	446,618	410,430	
Interest Receivable	0	0	
Interest Payable	37	37	
Net Operating cost for the Financial Year	446,655	410,467	

Note 1: Gross operating costs is the total spend (day to day running costs) of the PCT. This is split between the Commissioning and the Provider function of the PCT.

Financial Statements

Statement of recognised gains and losses for the year ended 31 March 2008

	2007/08 £000	2006/07 £000	
Fixed asset impairment losses	0	0	
Unrealised surplus/(deficit) on fixed asset revaluations/indexation	1102	1166	Note 1
Increase in the donated asset reserve and government grant reserve due to receipt of donated and government granted assets	0	0	
Additions/(Reductions) in the General Fund due to the transfer of assets from/(to) NHS bodies and the Department of Health	0	0	
Additions/(Reductions) in "other reserves"	0	0	
Recognised gains and losses for the financial year	1102	1166	
Prior period adjustment – other	0	0	
Gains and losses recognised in the financial year	1102	1166	

Note 1: Change in value of assets due to indexation.

Financial Statements

Balance sheet as at 31 March 2008

	Monday 31 March 2008 £000	Saturday 31 March 2007 £000	
Fixed assets	21,529	18,073	Note 1
Current assets	16,074	19,070	Note 2
Creditors: Amounts falling due within one year	(31,787)	(36,305)	Note 3
Net current assets/(liabilities)	(15,713)	(17,235)	
Total assets less current liabilities	5,816	838	
Creditors: Amounts falling due after more than one year	(263)	(263)	
Provisions for liabilities and charges	(7,884)	(4,250)	Note 4
Total assets employed	(2,331)	(3,675)	
Financed by:			
Taxpayers' equity			
General Fund	(9,316)	(9,558)	
Revaluation reserve	6,979	5,877	
Donated asset reserve	6	6	
Government grant reserve	0	0	
Other reserves	0	0	
Total taxpayers' equity	(2,331)	(3,675)	

Note 1: Examples of fixed assets are land, buildings, furniture & fittings and information technology.

Note 2: Current assets consist of stock debtors and cash. The majority of the current assets are debtors, this represents the money owed to the PCT on 31st March.

Note 3: Creditors represent to funds owed to others by the PCT.

Note 4: Provisions are funds set aside to meet a liability where the amount and timing are uncertain.

Financial Statements

Cash flow statement for the year ended Monday 31 March 2008

	2007/08 £000	2006/07 £000
Operating activities	(443,751)	(403,916)
Servicing of finance and returns on investment:	(37)	(37)
Capital expenditure	(3,210)	(397)
Net cash inflow/(outflow) before financing	(446,998)	(404,350)
Net parliamentary funding	447,003	404,353
Increase/(decrease) in cash	5	3

The cash flow statement summarises the cash coming in and out of the PCT in 2007/8.

Financial Statements

Management costs

	2007/08	2006/07
Management costs (£000s)	9,611	8,701
Weighted population (Number)	316,788	317,142
Management cost per head of weighted population (£)	30.34	27.44

The PCT measures its management costs according to the definitions provided by the Department of Health.

Better Payment Practice Code – measure of compliance

	Number	2007/08 £000	Number	2006/07 £000
Non-NHS Creditors				
Total bills paid in the year	13,063	66,261	11,515	52,212
Total bills paid within target	11,327	59,603	9,421	45,151
Percentage of bills paid within target	86.71%	89.95%	81.82%	86.48%
NHS Creditors				
Total bills paid in the year	2,523	376,890	3,569	447,301
Total bills paid within target	1,876	354,004	2,251	412,702
Percentage of bills paid within target	74.36%	93.93%	63.07%	92.26%

PCT has an administrative target relating to the Better Payment Practice Code. This requires the PCT to aim to pay all valid invoices by the due date or within 30 days of receipt of a valid invoice, whichever is later.

Related Party Transactions

Leicester City Primary Care Trust is a body corporate established by order of the Secretary of State for Health.

During the year none of the Board Members or members of the key management staff or parties related to them has undertaken any material transactions with Leicester City Primary Care Trust (2006/07 none).

The Department of Health is regarded as a related party. During the year, as per last year, Leicester City Primary Care Trust has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department. These entities are listed below:

- East Midlands Strategic Health Authority
- University Hospitals of Leicester NHS Trust
- Leicestershire Partnership NHS Trust
- Leicestershire County & Rutland Primary Care Trust
- Northamptonshire Primary Care Trust
- NHS Logistics

In addition, the Primary Care Trust has had a significant number of material transactions with other Government Departments and other central and local Government bodies. Most of these transactions have been with Leicester City and Leicestershire County Councils in respect of Free Nursing Care provision and the Intermediate Care strategy.

During the year financial transactions took place between parties related to members of the key management staff as outlined below:

GP Practice	Payments to Related Party	Receipts from Related Party	Amounts owed to Related Party	Amounts due from Related Party
	£	£	£	£
Dr AJJ Bentley & Partners	682,873	0	39,278	29,321
Dr Modi	318,052	0	19,390	10,558
Dr Longworth & Partners	1,610,558	0	101,694	246,780
	2,611,483	0	160,362	286,659

Salary entitlements of senior managers

The following details are provided for all staff who held senior management roles for the year ending 31st March 2008.

Name	Title	2007/08		2006/2007	
		Salary (in bands of 5000) £000	Other Remuneration (in bands of 5000) £000	Salary (in bands of 5000) £000	Other Remuneration (in bands of 5000) £000
Leicester City PCT					
Mr Tim Rideout	Chief Executive	150-155		120-125	
Dr Stephen Whitehead	Interim Director of Public Health and Health Improvement	35-40		111-115	
Susan Bishop	Director of Finance and Delivery	95-100		86-90	
Mr Oliver Newbould	Director of Service Design and Market Management	80-85		76-80	
Mr Paul Miller	Chief Operating Officer	95-100		76-80	
Dr Simon Freeman	Director of Information & Corporate Performance	45-50		40-45	
Philip Parkinson	Chair		35-40	16-20	
Ms Gill Brigden	Non-Executive Director		5-10		06-10
Mr Ross Willmott	Non-Executive Director		5-10		06-10
Mrs Patricia Mansfield	Non-Executive Director		5-10		06-10
Ms Daxa Patel	Non-Executive Director		5-10		06-10
Mr Brian Wilson	Non-Executive Director		10-15		06-10
Dr Bhup Modi	Professional Executive Committee member	10-15			06-10
Dr A Farooqi	GP Member (for two months only) *	35-40			01-05
Eileen Clarke	Non-Executive Director		5-10		
Fayyaz Suleman	Non-Executive Director		5-10		
Toby Sanders	Primary Care Director	35-40			
Jo Yeaman	Director of Marketing, Communications & Patient Public Involvement	25-30			
Deborah Watson	Acting Interim Joint Director of Public Health and Improvement	20-25			
Richard Chester	Director of Equality & Human Rights	40-45			
Andrew St John	Interim Medical Director	40-45			
Elizabeth Siddons	General Practitioner – PEC Member	10-15			
Rodney Moore	Acting Interim Joint Director of Public Health and Improvement	45-50			
Geoff Rowbotham	Turnaround Director	*			
Professor Mandy Ashton	Director of Quality Assurance	90-95		76-80	
Martin Hughes	Assistant Chief Executive/Trust Secretary	55-60		51-55	
Leicester City PCT Senior Executive Directors (Not Formal Board Members)					
Sharon Mart	Clinical Professional		10-15		06-10
Satyam Kotecha	Associate Member		10-15		06-10
Mark Pierce	Lead Community Matron	20-25			
DS Salkin	General Practitioner – PEC Member		5-10		
Dr S.Kaur	Dentist		5-10		06-10
Mark Wheatley	Nurse Member (Employee)	5-10	0-5	36-40	06-10
Ginder Narle	Professional Executive Committee member (Employee)	5-10	0-5	35-39	11-15
					1,208
					1,523

Note: There were no Golden Hello payments made during the year nor were there any compensation payments for the loss of office.

Note: All benefits in kind relate to leased cars

Note: Mark Wheatley, Ginder Narle's Salaries include their PEC allowances for the year

Note: Mark Wheatley, Ginder Narle and Mark Pierce Salaries are pro rata

* The Turnaround Director was remunerated by Griffin Solutions under an overarching contract to implement the Turnaround Plan. This included programme management and the provision of a full-time Turnaround Director. Griffin paid the Turnaround Director directly on a discretionary salary basis, the details of which were not disclosed to the PCT. However, the Trust can disclose that the total amount paid to Griffin solutions in 2007/08 £273559.47.

Pension entitlements for senior managers

Pension Entitlement

The Pension Scheme is an unfunded, defined benefits scheme that covers NHS employers, General Practices and other bodies, allowed under the direction of the Secretary of State in England and Wales. As a consequence it is not possible for the PCT to identify its share of the underlying scheme assets and liabilities. Therefore the scheme is accounted for as a defined contribution scheme and the cost of the scheme is equal to the contributions payable to the scheme for the accounting period. The full accounting policy can be found in the full statement of accounts. The following tables give the details of the pension entitlements for the senior managers of Leicester City PCT.

Name	Title	Real increase in Pension at Age 60 (in bands of 2500) (£000)	at Age 60 as at 31/03/08 (in bands of 2500) (£000)	Total Accrued Pension Cash Equivalent Transfer Value at 31 March 2008 (£000)	Cash Equivalent Transfer Value at 31 March 2007 (£000)	Real Increase in Cash Equivalent Transfer Value (£000)
LEICESTER CITY PCT BOARD						
Philip Parkinson	Chair					0
Ms Gill Bridgen	Non-Executive Director*					0
Mr Ross Willmott	Non-Executive Director*					0
Mr Brian Wilson	Non-Executive Director* Chair of Audit Committee					0
Ms Patricia Mansfield	Non-Executive Director*					0
Ms Daxa Patel	Non-Executive Director*					0
Eileen Clarke	Non-Executive Director*					0
Fayyaz Suleman	Non-Executive Director*					0
Toby Sanders	Primary Care Director	(2-5-5.0)	22.5-25	57	29	12
Jo Yeaman	Director of Marketing, Communications & Patient Public Involvement	3.5-4.0	20-22.5	52	28	9
Deborah Watson	Interim Director of Public Health and Health Improvement	7-7.5	77.5-80	278	221	28
Dr Simon Freeman - County Director of Information & Corporate Performance						0
Richard Chester	Director of Equality & Human Rights					0
LEICESTER CITY PCT BOARD AND PEC						
Tim Rideout	Chief Executive	7.5-10	102.5-105	312	274	38
Susan Bishop	Director of Finance and Delivery	40-42.5	62.5-65	247	204	43
Oliver Newbould	Director of Service Design and Market Management	15-17.5	65-67.5	191	142	49
Professor Mandy Ashton	Director of Quality Assurance	25-27.5	92.5-95	314	216	97
Dr Bhup Modi	Professional Executive Committee member*					0
Andrew St John	Medical Director - Public Health					0
Azhar Farooqi	General Practitioner*					0
Elizabeth Siddons	GP Partner*					0
Rodney Moore	Interim Director of Public Health and Health Improvement	15-17.5	25-27.5			0
Mr Paul Miller	Chief Operating Officer	27.5-30	110-112.5	600	462	138
Geoff Rowbotham - Consultant	Turnaround Director					0
LEICESTER CITY PCT PEC						
Sharon Mart	Clinical Professional					0
Mark Pierce	Project DII	2.5-5	22.5-25	68	48	16
Satyam Kotecha	Pharmacy Member					0
DS Salkin	General Practitioner*					0
LEICESTER CITY PCT SENIOR EXECUTIVE DIRECTORS - NOT ON BOARD						
Dr Stephen Whitehead	Interim Director of Public Health and Health Improvement	0-2.5	127.5-130			0
Martin Hughes	Assistant Chief Executive/Trust Secretary	2.5-5	57.5-60	183	159	24
Dr.S.Kaur	Dentist					0
Mark Wheatley	Nurse Member	0-2.5	40-42.5	144	129	15
Adrian Brooke	Consultant	10-12.5	107.5-110	367	321	46
Ginder Narle	Nurse Member	0-2.5	45-47.5	141	116	25

LIFTCo is already responsible for the introduction of the Merridale, St Peter's, Westcotes and Humberstone Health Centres



Management Consultancy Expenditure 2007/08

The following table itemises the amounts invested in management consultancy over the year. Reasons for using management consultants include requirement of specialist expertise and advice; short-term requirement for additional resource; and interim resource pending appointment of substantive employees.

	£'000	
Development of Operational Plans 2008/09, and delivery of 18 weeks programme	125	
Various Public Health development programmes	94	<i>Public Health support for Mosaic, NICE & NST, action plan/stroke strategy, cancer & infant mortality</i>
Chlamydia & sexual health plans	52	
Various Quality Assurance initiatives	63	<i>Largely relates to independent investigation</i>
Our NHS, Our Future strategic input	356	<i>Various specialist programme management and support services relating to the Next Stage Review Programme</i>
Completion of the turnaround plan	270	<i>Programme support for the Trust's Financial Turn around programme</i>
Primary Care	99	<i>Includes a review of the provision of specialist GP service for nursing and residential homes; support for the delivery of equitable access procurements; and project management services for primary care</i>
Leicester City Community Health Services	76	<i>Relates to specialist support around East Midlands Continuing Care; specialist health and safety reviews and advice; and a Service Co Scheme for complex care</i>
Other Management Consultancy	191	<i>Includes various research programmes, strategic guidance, investigations, VAT and other financial advisory services and developments in primary care</i>
Total	1,326	

Statement of the Chief Executive's responsibilities as the accountable officer of the Primary Care Trust

The Secretary of State has directed that the Chief Executive should be the Accountable Officer to the Primary Care Trust. The relevant responsibilities of Accountable Officers are set out in the Accountable Officers Memorandum issued by the Department of Health.

These include ensuring that:

- there are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance
- value for money is achieved from the resources available to the PCT
- the expenditure and income of the authority has been applied to the purposes intended by Parliament and conform to the authorities which govern them
- effective and sound financial management systems are in place
- annual statutory accounts are prepared in a format directed by the Secretary of State with the approval of the Treasury to give a true and fair view of the state of affairs as at the end of the financial year and the net operating cost, recognised gains and losses and cash flows for the year

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer.



Tim Rideout
Chief Executive

12 September 2008

Directors' Responsibilities

The Directors are required under the National Health Service Act 1977 to prepare accounts for each financial year. The Secretary of State, with the approval of the Treasury, directs that these accounts give a true and fair view of the state of affairs of the organisation and the net operating cost, recognised gains and losses and cash flows for the year. In preparing these accounts, Directors are required to:

- i. apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury
- ii. make judgements and estimates which are reasonable and prudent
- iii. state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts

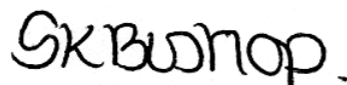
The Directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the organisation and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction of the Secretary of State. They are also responsible for safeguarding the assets of the PCT and hence for taking reasonable steps for the prevention of fraud and other irregularities.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the financial statements.

By order of the board.



Tim Rideout
Chief Executive



Sue Bishop
Finance Director

12 September 2008

Contact us

How to contact us

Leicester City Primary Care Trust
St John's House
30 East Street
Leicester LE1 6NB

For general enquiries:

0116 295 1400 (Mon-Fri 8.30am-5.00pm)

enquiries@leicestercity.nhs.uk

NB: from 1 September 2008 Leicester City PCT will be known as NHS Leicester City.

Patient Advice and Liaison Service (PALS)
St John's House
30 East Street
Leicester LE1 6NB

0116 295 7011

0116 295 7017 for dental matters, including registering with a dentist.

pals@leicestercity.nhs.uk

The Patient Advice and Liaison Service (PALS) is a service set up to help with queries from patients, carers and members of the public. Experienced assistants are on hand to help address issues with care, provide information and advice, and can also help with providing interpreters and translators.

Getting involved

If you'd like to become actively involved in the Trust's activities, or simply keep up to speed with local NHS developments, please register on our database. You can give your details to Alison Kirk by email on **alison.kirk@leicestercity.nhs.uk** or by mail to Freepost RRUE JRBR RGGT, Leicester City Primary Care Trust, 1st Floor St John's House, 30 East Street, Leicester LE1 6NB. You can also use the 'Get Involved' link on our web site **www.leicestercity.nhs.uk**. You will receive regular updates either by post or email as you prefer, and you will be informed of activities which are relevant to you.

NHS Direct

NHS Direct is a free service available 24 hours day to provide information and advice about health, illness and health services. It offers a telephone helpline, an authoritative website and can also be accessed on the interactive pages of Sky Digital. For those who have difficulty with speaking English, translators can be provided by calling the helpline and specifying the language of their choice.

0845 4647

www.nhsdirect.nhs.uk

Out-of-hours care

The out-of-hours Primary Care Service provides medical care for people who have urgent medical needs outside of normal opening hours. The service operates Monday-Thursday, 8.00am-6.30pm, and over the weekend from Friday, 6.30pm to Monday, 8.00am.

0845 045 0411

Registering with a GP

Those having difficulty finding or registering with a GP can seek assistance from Patient Registration and Screening Services by calling **0116 295 7880**.

This publication can be provided in Braille, audio cassette tape, disk, large print and in other languages on request.

If you require help with understanding the contents of this document please telephone 0116 2954743.

Jeśli potrzebujesz pomocy w zrozumieniu treści tego dokumentu prosimy o telefon pod numer 0116 2954743.

Hadii aad u baahantahay in lagaa caawiyo fahm ida qoraalka ku qoran documintigaan fadlan nagala soo xiriir telefoonkaan 01162954743.

ਜੇਕਰ ਤੁਹਾਨੂੰ ਇਸ ਦਸਤਾਵੇਜ਼ ਦਾ ਵਿਸ਼ਾ ਵਸਤੂ ਸਮਝਣ ਲਈ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕ੍ਰਿਪਾ ਕਰਕੇ ਇਸ ਨੰਬਰ ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ **0116 295 4743**

જੇ તમને આ દસ્તાવેજમાં આપેલ માહિતી સમજવા માટે મદદ જોઈતી હોય તો મહેરબાની કરીને **0116 2954743** પર ફોન કરો.

अगर आपको इस दस्तावेज में शामिल जानकारी समझने में सहायता चाहिए तो कृपया 0116 295 4743 पर फोन कीजिए।

এই ডকুমেন্ট'এর কোন বিষয় বুঝতে আপনার যদি সাহায্যের প্রয়োজন হয়, তাহলে অনুগ্রহ করে 0116 295 4743 নাম্বারে টেলিফোন করুন।

اگر اس تحریر کے سمجھنے میں آپ کو مدد کی ضرورت ہو تو مہربانی کر کے **0116 2954743** پر ٹیلی فون کریں۔

For further information on anything contained within this report contact us:

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[St John's House](#)

[30 East Street](#)

[Leicester](#)

[LE1 6NB](#)

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Email: enquiries@leicestercity.nhs.uk

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