

# Value for Money

annual report 2008-2009



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It is with great pleasure that I introduce the second Value for Money (VfM) Annual Report produced by NHS Leicester City.

The report has been written to demonstrate to our stakeholders the work we have undertaken over the last year to make best use of every pound of taxpayers' money allocated to us.

As we move into the 2009-10 financial year and beyond, NHS Leicester City will be increasingly required to maximise resource utilisation as the economic climate impacts upon public finances and NHS funding growth slows.



Maximising VfM is at the core of all that we do: designing services effectively and appropriately, delivering savings in the way that we buy services, focusing on efficiencies and continually reviewing our performance. This enables us to release resources to deliver our vision.

## Our Vision

**Over the next five years NHS Leicester City aims to improve health outcomes, and the quality of life and the life expectancy of local people. We will do this by tackling the causes of premature death and reduce inequalities within the City, and between the City and the rest of the UK.**

Source: One Healthy Leicester – Commissioning and Investment Strategy 2008-2013

I hope that you find the report useful and would welcome any feedback or comments you may have. The contacts for my financial planning team are below.

A handwritten signature in black ink that reads "Sue Bishop".

**Sue Bishop**

Director of Finance and Delivery

## Contacts for feedback & comments

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## Value for Money: a definition

**Value for Money (VfM)** is the term used to assess whether or not an organisation has obtained the maximum benefit from the goods and services it acquires and/or provides within the resources available to it.

All public service organisations have a duty to taxpayers for appropriate use of public funds and to achieve the greatest outcomes for every pound spent. Consequently, the VfM concept is essential in everything we do.

## The three Es

In order to achieve VfM we must maintain a suitable balance between its three recognised constituent parts – economy, efficiency and effectiveness.

### Economy

is a measure of **inputs** and **costs**. It is about how we commission services, or acquire other resources of appropriate quality and quantity at the lowest cost. For example, the balance of contracting accessible GP services with longer opening hours at an affordable cost.

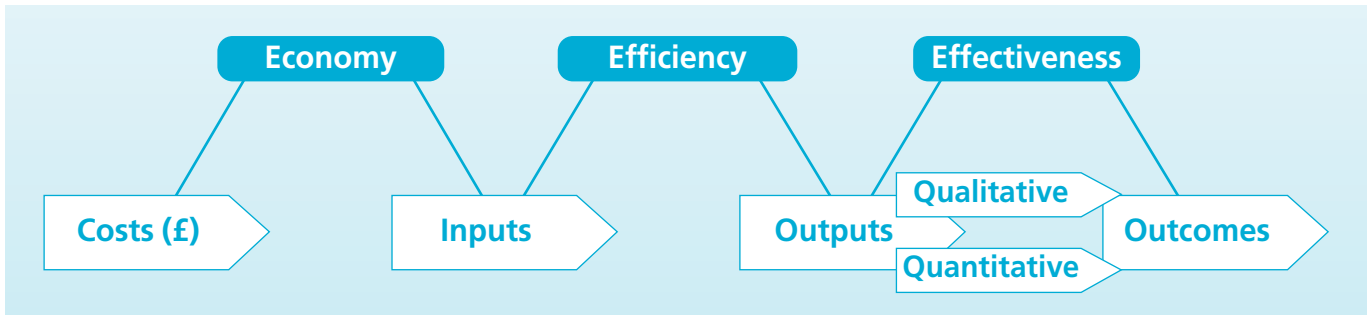
### Efficiency

is a measure of how we use our resources. In other words, how much we get out in relation to what is put in. For NHS Leicester City it is about how we ensure we maximise our **outputs** from the services we have commissioned. For example, the number of additional people who get access to a GP from the money invested to achieve longer opening hours.

### Effectiveness

is a measure of outcomes from the outputs. For NHS Leicester City it is about whether the services we commission achieve the desired results. For example, the ability for GPs to manage healthcare in the community as a result of longer opening hours and increased patient contact.

We have summarised these principles in the diagram opposite.



**Example:**



Commissioning of services



Provision of services



Patient experiences

The notion of effectiveness includes other factors such as the clinical effectiveness of services, patient experience, access to services, the fitness for purpose of services and the waiting times associated with services.

**With an ever increasing number of measurable outcomes from services at the end of the VfM chain, it is clear to see why the VfM concept has become increasingly important.**

## Wider context

The focus on VfM has increased across the public sector in recent years. The National Audit Office (NAO) presents around 60 reports a year to parliament on the VfM assessment of how government departments and other public bodies have spent their resources.

Wider still, the global economic turndown has been well publicised during 2008-09, and there is little doubt that this will impact upon the funding available to us in future years. This will be a consequence of the increased pressure on public finances that a recession causes.



## Our duty to our stakeholders

Alongside the duty of care to taxpayers for appropriate use of public funds, organisations like NHS Leicester City have a wide and varied group of stakeholders whose needs we must balance. The main groups of stakeholders have been identified in the box adjacent.

Maintaining the VfM concept in all that we do allows us to consider the needs of each group of stakeholders.

For example, the quality of services achieved for the funding used for the service (ie the effectiveness) links the interests of patients, staff, the media, regulatory bodies, and service providers together.

### Main stakeholders

Patients and the public  
Staff  
GPs  
Dentists  
Hospital Trusts  
Optometrists (opticians)  
Pharmacists  
Local Council  
Strategic Health Authority  
Department of Health  
Care Quality Commission  
Media

## Assessing our use of resources

Each year the Audit Commission publishes scored judgements about VfM in the **use of resources** across public services, including fire and rescue services, police and primary care trusts like NHS Leicester City. The auditors give an opinion as to whether they are satisfied the organisation has put in place proper arrangements to secure economy, efficiency and effectiveness.

The Use of Resources framework is a major element of how we demonstrate to our stakeholders the value we are achieving for the money we spend. It assesses us in three main

areas – managing finances, managing resources and governing the business. The framework has been introduced to the NHS during 2008-09 and sets higher standards than ever before. As a result of the new framework NHS Leicester City's scores are not available at the time of publication, they will be published later in the year.

The scored judgement, ranging from 1 to 4 (4 = performing strongly), considers how well organisations are managing and using their resources to deliver value for money, along with better and sustainable outcomes for local people.

## Achieving World Class Commissioning (WCC)

World Class Commissioning is both a national quality standard and a style of management for organisations such as NHS Leicester City. It is aimed at delivering outstanding performance in the way we commission health and care services in Leicester. We are on our way towards attaining these world class standards.

In order to achieve 'world class' status, we will need to possess, and make effective use of, a range of abilities and achievements called competencies. VfM plays a major part in some of those competencies in the following ways:

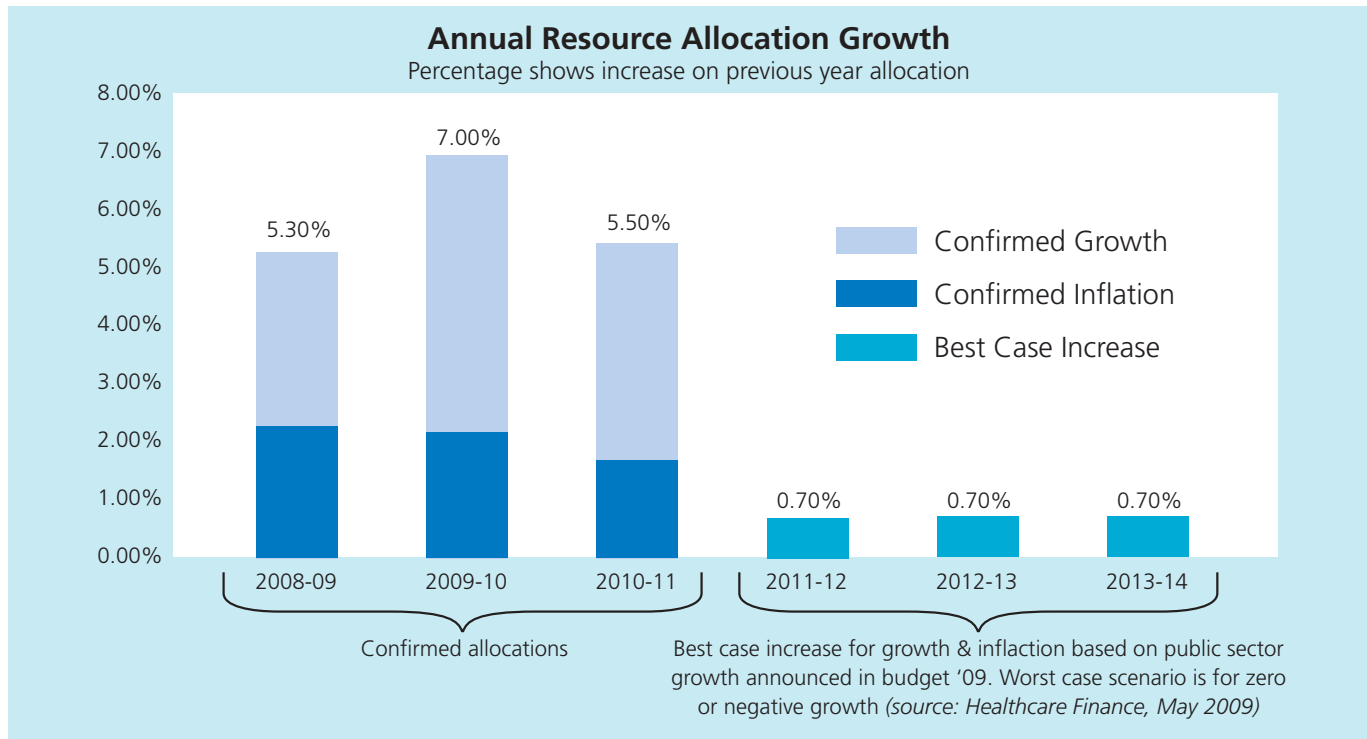
- (1) Securing VfM through the processes we use to purchase goods and services
- (2) Ensuring we performance manage our relationship with providers so they deliver VfM
- (3) Making sound financial investments to ensure VfM

Evidently, as we strive to become World Class Commissioners, maximising VfM will be a key component.

## Funding the future

The NHS in England has enjoyed unprecedented increases in funding in recent years. This year's budget is £34 billion more than it was in 1997-98 in real terms. For NHS Leicester City the budget statement in April 2009 confirmed that we will receive our expected increase in resources of 7% in 2009-10 and 5.5% in 2010-11.

The graph below shows these latest confirmed increases, demonstrating the level of inflation and growth funding we have received.



However, the pressure on public finances caused by the global credit crunch and ensuing recession means that beyond 2010-11 the growth in funding cannot and will not be sustained. Treasury forecasts issued with the budget suggest that the NHS is set to receive low or zero real growth in funding after 2011. While the demand on the health service is set to increase as the result of an ageing population and a higher incidence of chronic disease.

The challenges facing NHS Leicester City in terms of funding are clearly demanding. In order to maximise VfM the importance of resource utilisation is paramount. It is only through securing ever greater levels of VfM that we will be

able to deliver the organisational strategy in the future years.

How we will respond to this challenge is outlined in the next section.

### Current challenge

“ We need to use the relatively generous growth in the next two years to prepare for the leaner times in the years ahead. ”

David Nicholson, NHS Chief Executive, addressing local NHS leaders in April 2009

## Partnership working

### Leicester Partnership

Leicester Partnership is Leicester's 'local strategic partnership'. It has about 50 members drawn from the public, voluntary, community and private sectors of the city. Their job is to bring these sectors together to drive forward a single vision and strategy for the city, and ensure that different services, programmes and initiatives work together effectively.

The partnership provides the local co-ordination framework within which other partnerships and organisations can operate, for example, pooling resources, working closely together and addressing the impact of alcohol abuse across the public sector.

It has two main responsibilities:

- to develop and deliver the 25-year One Leicester strategy
- to deliver the targets in Leicester's Local Area Agreement (LAA) 2008-11

One of the priority areas within the LAA is "Improving service delivery". This is measured

using a national indicator of success against a target – "VfM – total net value of on-going cash-releasing value for money gains that have impacted since the start of the 2008-09 financial year". There are four partners who have signed up to this target – Leicester City Council, NHS Leicester City, Leicestershire Constabulary and Leicestershire Fire and Rescue Service.

The LAA efficiency target to which all four partners contribute for 2008-09, was £24.7m which was delivered with a further £2.4m achieved and carried forward into 2009-10.



### Re:source Procurement Hub

The Re:source Procurement Hub operates on behalf of its shareholders, who are NHS organisations within the East Midlands. Re:source was set up by its shareholders to drive VfM improvements through regional purchasing.



Re:source works in close collaboration with NHS managers and users, including clinicians, commissioners, pharmacists, as well as the supplier community, to combine clinical and management expertise with leading edge procurement practice.

Supplementing procurement activity undertaken by NHS trusts, Re:source undertakes sourcing, purchasing and strategic supply chain activities that are optimally managed at a regional level across all areas of expenditure.

In 2008-09 Re:source helped NHS Leicester City deliver savings of nearly £1m. Examples include:

- statins – (a drug prescribed to healthy, high-risk people to protect them from heart disease).
- low secure mental health and learning disability services - new contract.

In 2009-10 Re:source plans to deliver a number of key procurement projects including:

- continuing care
- psychiatric intensive care units
- rehabilitation services (psychiatric and learning disabilities)

## Procurement Partnership

NHS Leicester City makes effective use of its resource through management of its non-salary spending, ie buying in goods and services.

The local procurement team is led by a “Head of Procurement” and is part of a shared service arrangement provided by the Leicestershire and Rutland NHS Procurement Partnership and hosted by Leicestershire Partnership NHS Trust.

The mission statement of Leicestershire & Rutland Procurement Partnership is:

**“ The department will seek to provide goods and services of the right quality at the right price at the right time consistent with the requirements of all users and by doing so contribute to improved patient care. ”**

NHS Leicester City, via the procurement team, uses a variety of contract sources including, NHS Purchasing and Supply Agency, NHS Supply Chain, Office of Government Commerce and Re:source for goods and services. It also makes effective use of online ordering systems provided by NHS Supply Chain, this provides a paperless order system with consolidated deliveries to sites through to payment of a single weekly electronic invoice.

Savings delivered in 2008-09 include negotiating discounts and providing effective alternative suppliers for medical equipment and accessories.

## Resource utilisation

The NHS was required to deliver 3% cash-releasing efficiency saving in 2008-09 and in each of the two successive years of the spending review period 2009-10 and 2010-11.

All NHS Leicester City service providers received a reduced inflationary uplift in 2008-09 for those baseline services that continued to be commissioned in the same way from the year before. This 3% cash-releasing efficiency equated to approximately £12m for 2008-09, this contributed to the LAA target. Although NHS Leicester City did not manage the delivery of this level of efficiency, formal assurance that this level of saving has been made was included in specific contract clauses.

In addition NHS Leicester City has set itself its own productivity targets over and above this target over the next two spending review years. These are as follows:

Resource utilisation targets	2009-10 £m	2010-11 £m
Target brought forward	3.8	9.1
Planned in-year target	4.5	4.5
Additional in-year target	0.8	–
Slippage Provision	(5.1)	(3.5)
<b>Net target (year on year)</b>	<b>4.0</b>	<b>10.1</b>

These targets recognise the need to deliver further productivities as the political and financial climate pushes the NHS to focus on maximising value for their own resources and place less reliance on growth monies in the future.

## Resource utilisation

**“ The requirement for greater efficiency is nothing new in the NHS. But the productivity challenge is about to get even more demanding. ”**

**Monitor Chairman Bill Moyes**  
Source: Healthcare Finance February 2009

In 2008-09 NHS Leicester City set itself a recurrent £6m target, recognising that the delivery of sustained savings from these areas may take some time to realise. As a result a £5.5m non-recurrent slippage provision was established to give a net target of £0.5m. In 2008-09 a total of £2.1m was delivered via the following schemes against that target:

- 1) Prescribing: £1.4m achieved from a number of different projects including:
  - Patient and Public Involvement – Choice
  - Statins
  - Change from escitalopram to citalopram (eg, in treating depression)
  - Medication review – care homes
  - Script Switch (a computer-aided search for the most cost-effective form of a prescribed medication)
- 2) Technical adjustment in respect of early retirement provision £0.6m
- 3) Other smaller savings £0.1m

## Benchmarking Techniques

The Financial Planning Team routinely conducts a Programme Budgeting benchmarking exercise every year. We compare our pattern of expenditure against other parts of the country that face similar health issues.

Programme Budgeting is an analysis of what we have spent across a number of healthcare areas, like cancer, maternity and mental health services, so by comparing ourselves to others we can inform future resource allocations in the same programmes.

The results are used to help make informed decisions on where we spend or redirect our money, for example the development of our mental health and maternity strategic initiatives as part of our 5 year commissioning and investment strategy. It is also helpful where service reviews examine expenditure on specific areas that involve particularly high costs, which are often linked to low health outcomes.

NHS Leicester City also uses a range benchmarking information from a variety of sources to:

- learn best practice from other stronger performing organisations
- set out its strategic priorities and drive out inefficiencies
- set vital sign targets (Department of Health key performance indicators)
- support the tendering and contract processes

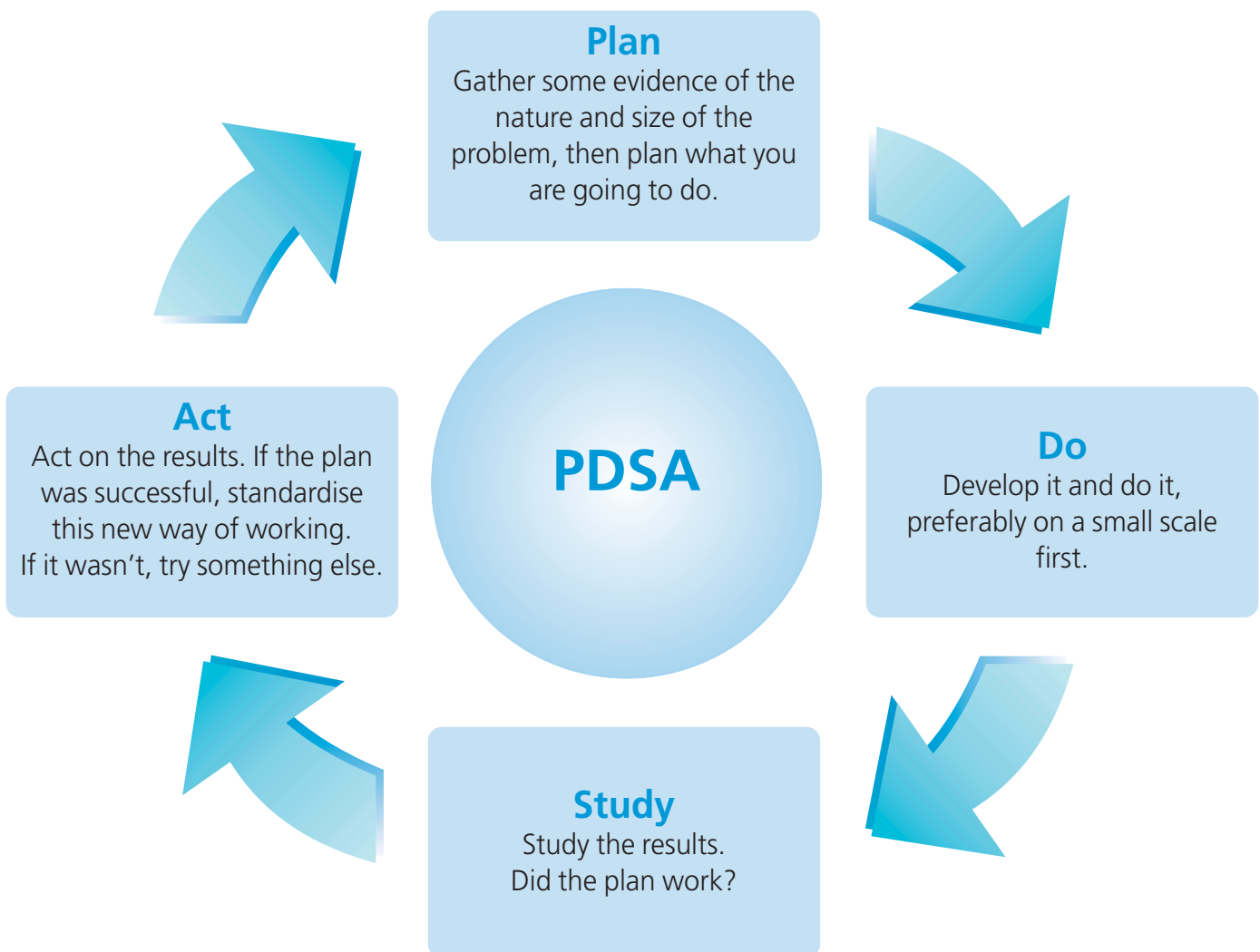
## Use of resources performance

The Managing Public Money section of this report explains the Use of Resources framework, which is assessed in three main areas – managing finances, managing resources and governing the business.

As part of the assessment in 2008-09, NHS Leicester City self assessment rated the organisation as adequate performers (level 2) in each of the three areas. Work has already begun in 2009-10 to ensure that NHS Leicester City achieves a performing well (level 3) score.

The use of resources assessment looks at how an organisation has embedded processes to show that there are continual reviews, eg in assessing VfM. One way is to use an improvement and review process called “Plan, Do, Study, Act” (PDSA).

“Plan, Do, Study, Act” is increasingly being used as a tool to deliver immediate and noticeable improvement in patient care via a continual cycle of review:



The following examples show where the organisation has used the above process to ensure improvements are made and VfM is being achieved.

**Example 1:****The widescale health impact of smoking cessation work**

Cutting levels of smoking is a high priority for NHS Leicester City as treating smoking related illness in Leicester costs around £18 million per year. The STOP! smoking service supports people to quit smoking.

Joint working between PCTs and hospitals is in its early stages in some parts of the country. NHS Leicester City's good work with Glenfield Hospital is featured on a new Department of Health DVD on smoking cessation.

**Plan**

As an important part of the smoking cessation agenda, the plan was to build on partnership working between STOP! and University Hospitals of Leicester (UHL) where staff in some clinical areas estimate that at least 70% of their patients smoke. The aim was to strengthen links where clinicians are already referring patients, and to increase the visibility of the service where links were weak.

**Do**

STOP! appointed an experienced specialist advisor to work across all of Leicester's hospitals. Work began with key staff in UHL to embed smoking cessation in the patient pathway. This resulted in:

- Patients receiving smoking cessation advice from UHL staff while in hospital, even if the aim was only temporary abstinence, followed up with a local smoking cessation service appointment on discharge.
- Referrals to STOP! doubling in less than 6 months.
- Completion of a visibility exercise of STOP! to UHL staff

**Study**

The visibility exercise allowed STOP! to analyse where weak knowledge of the service exists and to act upon the results.

It also became evident during the study phase that one person alone cannot give adequate coverage to all 3 sites. As the success of this initiative was recognised, actions beyond the scope of STOP! have been implemented at UHL.

**Act**

As a result of the visibility exercise the specialist advisor was able to train over 300 staff in giving brief advice. This received considerable praise from clinicians who have been impressed with the success of the scheme.

The study also helped to develop a pilot programme of issuing nicotine replacement therapy for temporary abstinence to in-patients in cardiac or respiratory wards at Glenfield Hospital. Initially the programme started with 2 consultants in October 2008, and has since grown with more consultants now enthusiastic supporters. The initiative demonstrated exemplary joint working and was short listed for the UHL 2009 quality and service awards.

To comprehensively increase referrals via every patient pathway, a quality incentive scheme has also been developed. Part of the reward money is linked to effective implementation and as a result UHL will recruit a smoking cessation project lead, who will work with the STOP! team.

Fast-track electronic referrals will be a further task to improve the service. An IT system already exists for other treatment services, and smoking cessation will be added by the end of 2009.

## Example 2: Equitable access to GP services

In 2008 the Department of Health launched the Equitable Access Programme which was designed to increase the availability of GP services in the areas with poorest provision. In addition one new 8am to 8pm health centre was to be established in every PCT area.

NHS Leicester City was chosen as one of the areas to establish three new general practices together with a new health centre.

### Plan

To ensure the new investment was targeted at the areas most in need, NHS Leicester City undertook a needs assessment process which included identifying areas where the walking time to a GP practice was more than 15 minutes, areas where patients were having difficulty registering with their local practice, areas where there were known population growth over the next five years, and areas where patient list sizes per doctor were highest. This produced 17 potential areas for the development of new services. A further assessment was undertaken which identified those areas where plans were already in place and those with the highest level of deprivation. This process produced the final three locations for the new general practices and the location for the new health centre.



### Do

To ensure that the new providers were procured at the most appropriate quality and cost we produced a detailed service specification and a formal EU procurement process was conducted.

In addition we held a number of events to stimulate interest from the market. This resulted in 23 organisations expressing an interest and 12 bids being made at the "Invitation to Negotiate" stage, which was the highest in the East Midlands. We undertook a robust process to ensure that the most appropriate bids in terms of quality and costs were selected this included paper based assessments, interviews and presentations, visits to current operations and references.

We opened the new health centre in January 2009 with GP practices planned to follow in July and December 2009 and the final practice to be procured during 2009-10.

### Study

Effectiveness of the new service providers is measured by the contract and in particular the performance management requirements and quality indicators.

This allows us to study performance through regular contract review meetings, monthly submissions of key performance indicator data and the new Balanced Scorecard being introduced in 2009.

### Act

The results of the performance management process will drive any service changes required whereby steps will be taken to improve the VfM of the service via the contractual process. In addition, lessons learnt from the procurement process will inform further new general practice procurements this year and beyond.

NHS Leicester City was recognised for its excellence in commissioning for this work at the recent regional Health and Social Care Awards.

### Example 3: Children's Rapid Assessment & Follow-up Team



#### Plan

Analysis of data showed that a high percentage (approx 10-15%) of children were re-admitted to hospital following attendance at Accident & Emergency and the Children's Admissions Unit. This suggested that children and parents were not receiving the full package of care they needed or that parents were not receiving the support they needed to enable them to continue to care for their ill child at home.

Data provided by the Healthcare Commission indicated that UHL were the fourth highest in the country when compared against other acute trusts for the average rate of paediatric admissions per day. This appeared to be increasing year on year without any clear reason although the number of children staying in hospital for less than a few hours appeared to be constant. This suggested that many of these children could be supported at home if the appropriate services were available.

#### Do

The unscheduled care and rapid access care pathways for children in Leicester were explored with the aim of designing a service that would reduce hospital admissions. This review took place in conjunction with community paediatricians, hospital doctors and staff at the Children's Admissions Unit and the Emergency Department at the Leicester Royal Infirmary and family doctor services.

The result was a new service launched in April 2008 which aims, wherever clinically appropriate, to nurse children with common childhood illnesses in their own homes with advice and support from a specialist nurse. Thus bringing care closer to the patient, preventing unnecessary paediatric hospital admissions and creating a less stressful experience for the child. This service is delivered by a team from Leicester City Community Health Service called the Children's Rapid Assessment & Follow-up Team (CRAFT).

Rapid assessment, diagnostic and treatment has been key to making this a safe and effective service for children with acute illnesses. Access to local rapid review and follow-up facilities is provided by an appropriately skilled and trained children's nurse.



Leicester City Community Health Service



## Study

The service was piloted for a year in 2008-09 and reviewed in March 2009. An 'experience based design' technique, (developed by the NHS Institute for Innovation and Improvement) was used to evaluate the service which was given an overwhelmingly positive review by service users and families.

In addition, at the recent regional Health and Social Care Awards the service won the Primary Care and Community Services pathway award. Effective multi-agency working, while bringing together traditionally separate forms of treatment into one joined-up service, have enabled the initiative to be so successful. This highly innovative service delivers high quality unplanned care to children aged 0-18 and is designed to reduce the burden on children's unscheduled care services. The efficiency savings made as a result of redesigning the pathway are being released to support children's care elsewhere.

## Act

The new service continues to be monitored and this has confirmed that the re-designed paediatric unscheduled care pathway provides clinically safe care closer to home for the children of Leicester City and their families. Going forward, if the service monitoring suggests changes are required, steps will be taken to improve the VFM of the service further.



## Reporting to Stakeholders

NHS Leicester City maintains an open and honest culture with regards to the value which is secured from our funding and as such reports what steps it is taking to ensure VfM is achieved in the organisation. Examples of formal reporting mechanisms are:-

- Annual VfM Report
- Commissioning and Investment Strategy
- Local Operating Plan
- 5-year Financial Strategy
- Local Area Agreement Report
- Annual Report

In addition, core processes and tools look at VfM before actions are taken to commit/reroute resources when redesigning/developing services.



Examples include:-

- the business case review process
- the VfM assessment tool
- Commissioning Executive meetings
- variety of benchmarking techniques
- procurement processes including joint commissioning and tendering
- contract negotiation

## Exploring tools and approaches to benchmarking



During 2009-10 NHS Leicester City plans to draw on the full range and variety of benchmarking information available to design a systematic approach to addressing underlying resource utilisation issues, as the organisation needs to focus on generating its own resources.

This will involve not only financial benchmarking data, but also quality indicators, public health data reflecting health outcomes and demographic changes, as well as performance monitoring information.

## Resource Utilisation

**There is a substantial body of evidence of the potential to deliver both quality and efficiency through better procurement, commissioning, organisation and management, with any additional savings being reinvested in new or better local services.**

Source: The Operating Framework (For the NHS in England 2008-09)

The benchmarking work will enable the identification of “allocative efficiency”, ie, those areas to be reviewed during the coming years to redesign services in a more efficient, effective and economic way.

Alongside this process we will focus on releasing productivity in technical, procurement and preventative areas, and this will inform the refreshing of the financial plan and productivity targets during the end of 2009-10, whilst maintaining the need to deliver quality services in the right place, to the right people at the right time.



### Quality counts

**“ Improving pathways and systems and reducing duplication hold the key to higher quality services at a reduced cost. ”**

Source: Healthcare Finance February 2009 –HFMA Chairman Bill Shields

The Commissioning Executive, a formal committee of the Trust Board, will have ultimate responsibility for ensuring that the VfM and associated financial targets within the 5-Year Financial Strategy, are delivered by the organisation.

## Contacts for feedback on this report

This VfM Report was produced via a cross-directorate working group and has involved feedback from a readers' panel.

### Feedback

**We very much welcome any further feedback on this report via the contacts below.**

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### Patient Advice and Liaison Service (PALS)

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. The PALS contact details are:

**T:** 0116 295 7011

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

**E:** [pals@leicestercity.nhs.uk](mailto:pals@leicestercity.nhs.uk)

### Getting involved

If you'd like to become involved in shaping your local NHS, or simply keep up to speed with developments, please join our membership scheme. You will receive regular updates either by post or email, as you prefer, and you will be kept informed of what is going on. Telephone 0116 295 2355 or text 'NHS' followed by your details to 80800, or email [getinvolved@leicestercity.nhs.uk](mailto:getinvolved@leicestercity.nhs.uk).

**NHS Leicester City is the operating name of Leicester City NHS Primary Care Trust.**

**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.

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

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

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

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

اس دستاویز میں جو کہ جس کی معلومات کے لیے براے کرم **0116 2954743** پر ٹیلیفون کریں۔



***Leicester City***