



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

PCL Annual Review
2025-26

Introduction



*Welcome to our
2025/26 Annual Review.*

*This review tells the
story of a year in the life
of our communities and
the role Patient Care
Locally Community
Interest Company has
been privileged to
play in it.*

Patient Care Locally is a social enterprise rooted in Leicester, Leicestershire and Rutland, which has 93 local GP practices, with services now reaching into other parts of the East Midlands and beyond.

As a Community Interest Company, our surplus is reinvested back into the communities we serve. We exist for one reason: to help patients get the care they need, closer to home by delivering safe, effective and accessible care, in the right place, at the right time.

This year we have continued to grow, but growth has never been the goal in itself. Every new service, partnership and colleague has been about the same thing: making healthcare more accessible, more personal and more local.

We have expanded our community services, developed our Roving Healthcare Unit model, supported the transformation of EMMS Healthcare,

improved our digital systems and continued working hand in hand with NHS partners across several Integrated Care Boards.



It has been a year of real progress and real challenge and like everyone in healthcare, we have felt rising demand, workforce pressures and financial constraints, but our dedicated people and the communities who trust us have carried us through.



Together we have reduced waiting times, improved patient access, deepened partnerships and kept innovating, from digital triage and better referral systems to community diagnostics and mobile healthcare, always applying the same test: does this genuinely make life easier for patients and the staff who care for them?

Just as importantly, we have kept investing in our people, who are the heart of this organisation; building a workplace where colleagues feel valued, supported and able to grow matters deeply to us.

As we look ahead, our focus remains where it has always been: building and developing services that are local, accessible, sustainable and designed around the patients and communities who use them.



A Message from our CEO

Danah Cadman



- Hospital to Community
- Illness to Prevention
- Analogue to Digital

The NHS’s priorities match PCL’s values, and it can be argued that PCL is already a Multi Neighbourhood Provider, delivering services across Leicestershire, Northamptonshire and Rutland.

PCL subcontracts 30 services to 119 providers

During 2025/26 our provider network delivered 307,948 patient contacts.

PCL is already providing nuanced neighbourhood services at scale, working with Primary Care Networks, local Voluntary, Community and Social Enterprise organisations, local authorities and Integrated Care Boards, to deliver an approach to service delivery that meets the needs of the local community. This delivery is supported by a robust governance framework and enabling services.

You will see examples of PCL providing neighbourhood services at scale throughout this review.

Patients are our number one priority. PCL is proud of delivering high-quality services, that are well received by the public. Monitoring key matrices such as, complaint and compliment rates, Friends and Families Test and patient feedback is very important to our Board, these demonstrate the health of our patient facing services.

However, we’re not complacent, PCL recognises incidents happen and we are prepared for this. PCL fosters a no blame learning culture and encourages our delivery partners to follow suit. Using the Patient Safety Incident Response Framework, PCL has supported approximately 42 provider partners to investigate and identify learnings when incidents occurred. These learnings are shared with providers and System partners.

“

We are very mindful of the fact our income comes from the NHS and so the public purse.

It has never been more important to consider our social value and support health systems.

”

PCL achieves a surplus despite delivering its Primary Care+ activity below national tariff and as a Community Interest Company, we are committed to reinvesting that surplus into our community, this happens in several ways.

PCL uses its surplus income to supplement the Roving Health Units, to ensure that they are able to stay in our communities for longer.

In our last Annual Review, we described investing in an autonomous digital GP triage platform called Rapid Health, in this review you can read about the outcomes of that work.

For many years PCL has been a blueprint of how the NHS can partner with a Community Interest Company. A vehicle to move care from hospitals to the community, ensure equity of access and deliver universal proportionalism at scale. The benefits for Community Interest Companies as System partners is still to be realised by the NHS and we should not be considered alongside other Independent Sector Providers.

2025/26 saw PCL’s turnover decrease by 13%, yet we have provided more patient contacts than ever before. We have certainly delivered more for less and still provided a greater potential System saving.

Had Leicester Leicestershire and Rutland ICB been able to reallocate funds in the System, PCL would have delivered a £5.1 million saving to the System. PCL is living within its means, reducing waste and maximising productivity but year on year decreases in income are not sustainable.

To be financially sustainable, PCL has had to seek out and secure supplementary opportunities in neighbouring Systems, you’ll see evidence of this work in our review.

These opportunities have been the result of our reputation for delivering as well as our social values and what they represent, and we are now delivering services across the East Midlands.

Despite the lack of clarity within the health service, we know there will be a role for PCL. It might not be what we think or what we have done in the past, but as a company we are agile and adaptable, and we will always make a positive difference to the populations we are working with through delivering top-quality neighbourhood services at scale.

Who we are



Patient Care Locally Community Interest Company is a community-based healthcare social enterprise.

We were created by Leicester, Leicestershire and Rutland GPs in 2011, and in 2021 we made the decision to

become a Community Interest Company, which is a legal commitment that we exist purely for community benefit.

Today we work together with more than 90 shareholding GP practices across Leicester, Leicestershire and Rutland.

Our mission

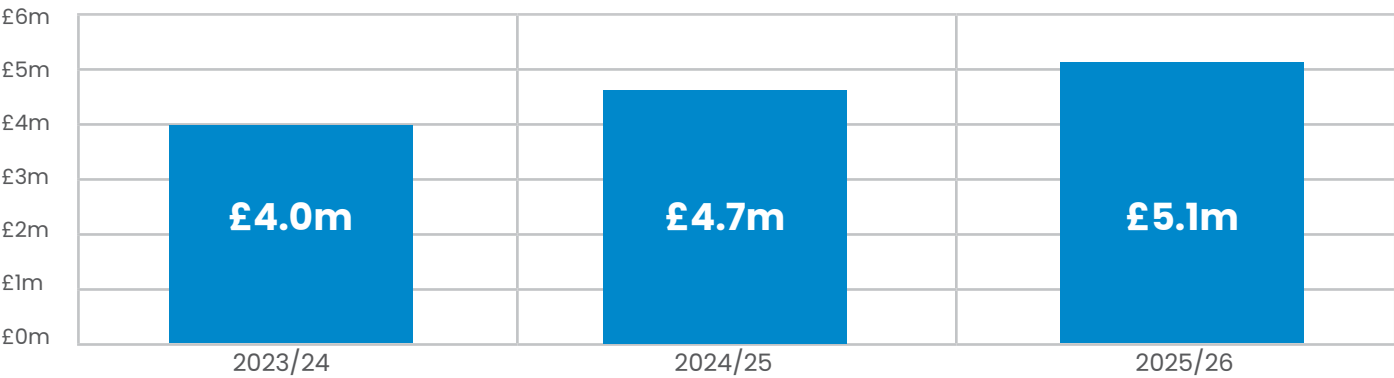
To be the trusted local partner that supports Integrated Care Boards to move care safely out of hospital and into the community – delivering efficiencies, high-quality services and rigorous governance.

Local care. Scaled accordingly. Governed rigorously

As a Community Interest Company, our surpluses never leave the healthcare system, they are reinvested into local healthcare.

Whenever and wherever possible, we contract services from local general practices, Primary Care Networks, GP Federations and other local healthcare providers which keeps NHS funding within local organisations and strengthens the communities we serve.

We are conscious that every pound we handle is public money. Our distinctive way of working saved the Leicester, Leicestershire and Rutland Integrated Care Board £4 million in 2023/24 and £4.7 million in 2024/25 and this year, we are proud to report that our Community Pathways generated £5.1 million of potential savings for the healthcare system.



Our values



Five fundamental values guide everything we do.

Our patients are at the centre of our services; we make a positive difference; we meet the needs of the local population; and we respect the value of public money.

It is a model that combines strong governance and accountability with the agility of an independent organisation.

Enabling decisions to be made closer to the patient, services shaped around choice, accessibility and outcomes at the best value.

What Being a CIC Really Means



“ **A Community Interest Company is a company that exists primarily for community benefit rather than private profit.** ”

Although we have shareholding practices, our shareholders voted not to take dividend payments, choosing instead for surpluses to be invested in our community. A Community Interest Company also carries a compulsory asset lock. Our assets and profits must be used for the benefit of the community, the company cannot be sold with profits shared between shareholders, and if it were ever to close, its assets would pass to another CIC or charity so that community investment continues. The surplus we make has one destination: back into the health of the communities we serve.

Although we are not an NHS organisation, we only provide NHS and Local Authority funded services. We have a vested interest in value for money, so where possible we provide services at less than the national tariff and keep our operating costs low.

We work alongside NHS organisations, Integrated Care Boards, GP practices, Primary Care Networks and community partners to design and deliver services that improve access, reduce unnecessary hospital visits and create a better experience for patients. Our work is built on four pillars:

- **General Practice+ (facilitating non-core services such as community diagnostics)**
- **Primary Care+ (specialised GP, consultant and imaging diagnostic services in community settings)**
- **System Facilitation (services delivered at system level, such as the Patient Contact Hub and Roving Healthcare Units)**
- **Direct Commissioned Services (delivering services and back-office support on behalf of general practice)**



This year's review is organised around these four pillars, so you can see how each part of PCL has made a difference. Whatever the pillar, the aim never changes: helping people receive the right care, in the right place, at the right time. By delivering more services outside traditional hospital settings, we make healthcare more accessible, more flexible and more responsive to the lives people actually lead.

The benefits of working in collaboration with Community Interest Companies?

A Community Interest Company, or CIC, is a type of organisation that exists to benefit the community rather than to make a profit, and in healthcare that difference matters in some very practical ways for our patients. Agreed surpluses generated go straight back into local services and patient care rather than being taken out as profit, which means more of the funding meant for your health is actually spent on your health, often on care closer to where you live.

Services are designed around what patients genuinely need rather than a one-size-fits-all approach, which often means better access, shorter waits and care that fits more easily around your life. Collaborating with a Community Interest Company combines the accountability and high standards you would expect from the NHS with the flexibility of an independent organisation, putting patients and communities at the heart of everything it does so you can feel

confident that your care, and the money spent on it, is always working in your best interests.

Alignment to the NHS 10 Year Plan

At the heart of our work is a simple ambition to bring more care closer to home. This is also where the NHS is heading, with a continued national focus on:

- **Moving more care from hospitals into communities**
- **Making better use of digital tools**
- **Focusing more on prevention & early intervention**



Across our services, we are already contributing to all three. By delivering Neighbourhood Health Services at scale in local settings, we are improving access for patients and easing pressure placed upon other parts of the healthcare system such as hospitals.

By continuing to invest in digital systems, we are creating smoother, more responsive services. By focusing on prevention, diagnostics and outreach, we are helping people get support earlier. For the patients we serve, this means:

- **Getting care more quickly**
- **Fewer unnecessary trips to hospital**
- **Services that are easier to access**
- **Care that feels local, convenient and personal**

Our focus remains on building services around the patients and communities who access them.

Our Identity



Our name may have changed, but our identity remains the same.

The move from LLR Patient Care Locally CIC to simply Patient Care Locally CIC reflects both who we are and what we are here to do.

Our roots remain firmly in Leicester, Leicestershire and Rutland, but our services now also reach and serve communities in Nottingham, Northamptonshire and beyond, and our name has grown with us.

The name captures something simple but important, that care should be delivered as close to home as possible, in a way that feels accessible, joined-up and centred on the patient.

While our name has changed, our purpose has not. We remain committed to delivering high-quality, community-based healthcare, strengthening partnerships and finding new ways to meet local need.

Patient Care Locally is more than branding. It describes the role we already play within the healthcare system, and the role we want to keep growing into.

The evolving healthcare system

Healthcare continues to face significant pressures. Demand for services is rising,

waiting lists remain high, resources are stretched and services across the NHS are continued asked to do more with less.

At the same time, the NHS continues to move towards delivering more care in communities, making better use of digital systems and focusing more strongly on prevention.

For PCL, this only reinforces the importance of the work we do.

As a community-based provider, we are well placed to support these shifts by delivering flexible, responsive services that work alongside hospitals, GP practices and wider NHS partners.

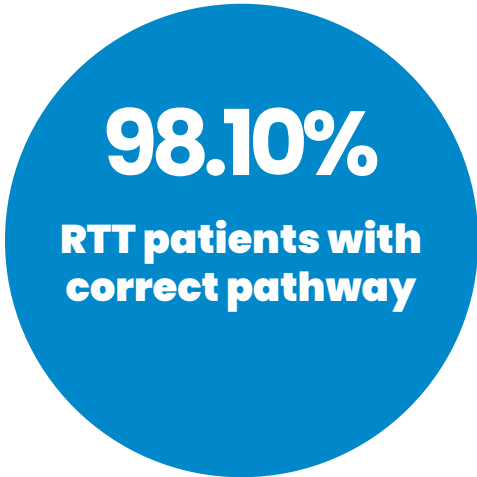


The future of healthcare will belong to organisations that can adapt, collaborate and work differently.

We believe social enterprises like PCL have a vital role to play in that future in the delivery of Neighbourhood Health Services at scale.

Our Year in Numbers

£5.1 million of potential savings was generated for the healthcare system this year by our Community Pathways. Every pound saved is a pound that stays in patient care.



One of the achievements we are proudest of this year was working in partnership with University Hospitals of Leicester to reduce a spirometry backlog of patients by 89%. By moving more diagnostic activity into community settings and prioritising the patients who had been waiting longest, we significantly improved access and reduced pressure on hospital services.

Alongside this work, PCL continued supporting services across multiple Integrated Care Boards, expanded vaccination delivery, strengthened digital systems and invested in workforce development.

The numbers matter but they only tell part of the story. Behind every metric is a patient receiving support, a colleague making a difference, or a service improvement helping care run more smoothly.

Every one of these numbers represents people: patients supported closer to home, calls answered by someone ready to help, communities reached and colleagues delivering care with pride.



Key achievements

This year has been one of growth, development and positive change and every achievement listed here ultimately belongs to the communities and PCL colleagues who made it possible. Together, these achievements reflect an organisation that continues to grow, learn and develop, some of our key achievements included:



Delivering vaccination programmes across Leicestershire, Northamptonshire, Nottinghamshire, the Black Country, and Coventry and Warwickshire.



Invested in Electromyostimulation (EMS) technology to support new service opportunities.



Launched Practice Index to support staff training and development.



Achieving Green Award recognition for our commitment to sustainability.



Achieving Care Quality Commission registration for new & expanded services.



Welcoming Dr Duncan Gooch and Ruth Rankine from NHS Confederation to showcase our work.



Continued to strengthen partnerships with ICBs and NHS organisations across multiple regions.



Delivered our annual stakeholder event which was attended by over 80 delegates which focused on AI and digital innovation in community healthcare.



Opening a new community eyecare clinical site based at Regent Street, Nottingham City Centre & continued development and enhancement of services provided by EMMS Healthcare.



Introduced and embedding RADAR Governance System to strengthen governance and learning.



Reducing the spirometry waiting list by 89% as part of our work with Cardio-Respiratory.



Raising our profile through our attendance at events including the Practice Managers Conference, Women in Leadership Conference, Best Practice Show and Rutland Business Summit.

Everything PCL delivers sits within our four pillars of service delivery. This is the framework that has guided the organisation since its earliest days. The following section showcases the work across those four pillars, telling the story of this year's work through those pillars which has centred around supporting general practice, delivering specialised care in community settings, providing services at system level, and delivering services commissioned directly from us.

Supporting General Practice

General Practice+ are those services that traditionally sit outside of the core GMS Contract. This year, our focus has centred around the strengthening of general practice itself, building capacity and helping practices work more efficiently, because resilient general practice is the foundation of community healthcare. The centrepiece of our support this year has been our investment in Rapid Health, alongside the continued rollout of the community Cardio-Respiratory diagnostics.



Reimagining How Patients Reach Their GP

For too many people, getting a GP appointment has meant the 8am telephone rush, redialling, queueing and frustration. This year, PCL set out to change that experience for our shareholding practices by funding a 12-month Proof of Concept of Rapid Health, an autonomous AI triage tool that sits over a practice's clinical system and intelligently directs patients to the most appropriate clinician within clinically safe protocols and timeframes.

The pilot was designed not only to identify benefits for individual patients and practices, but to assess the broader system impact of releasing general practice capacity.

Rapid Health presents patients with a structured digital assessment which is accessible via the practice website, by



telephone, or through the NHS App, which then triages their request and books them in with the right clinician, within the right timeframe.

For patients, that means no more navigating the 8am phone rush; for reception teams, it means less time on routine bookings and more time helping those who need a human conversation. Each practice remains in control, with designated clinical leads deciding which pathways are fully automated and which require a clinician to review the request before booking is confirmed.

An Expression of Interest was circulated to all shareholding practices, and 11 joined the pilot, together serving a combined registered population of approximately 133,000 local people, with rollout beginning at Measham Medical Unit in November 2024 and completing by May 2025.

From the outset, PCL saw Rapid Health as more than a practice-level tool. Our ambition is to expand beyond individual practice triage into a 'Health Corridor' model that could guide patients into other services such as primary care, urgent care, pharmacy and community services with the ultimate aim of

reducing avoidable A&E attendances and emergency admissions across Leicester, Leicestershire and Rutland.

The GP Shareholding Practices that participated in the pilot are listed below. PCL thanks those practices for their participation and feedback during the programme.

- Measham Medical Unit
- Kingsway Surgery
- Hockley Farm Medical Practice
- Ratby Surgery
- Castle Medical Group
- Silverdale Medical Centre
- Drs Virmani, Whitwick Health Centre
- Enderby Medical Practice
- The Charnwood Practice
- Barwell & Holycroft Medical Practice
- South Leicestershire Medical Practice

What It Meant for Patients and Practices

The results speak for themselves. Across all pilot practices, 143,499 total contacts were made through Rapid Health, of which 68% were medical triage requests and 18% were administrative (fit notes, test results and prescription requests)

Patients completed their triage assessment in under four minutes on average, significantly faster than a traditional phone consultation with a Care Navigator.

Patients are increasingly contacting practices outside core hours and at weekends, a positive sign of changing

behaviour and growing confidence that access is there when people need it. Practices also reported a material reduction in administrative burden, as automated triage freed reception staff from routine booking and call handling, releasing them for more complex, more human patient interactions.

Of the 88,860 patients offered an appointment, 51% were GP face-to-face, 14% GP telephone, 10% clinician face-to-face and 9% Advanced Nurse Practitioner face-to-face, with medical requests predominantly musculoskeletal (16%), mental health (7%), abdominal pain (6%) and respiratory (6%).

Automation rates varied across practices from 22% to 73%, reflecting differences in configuration and clinical workflow.

At Measham Medical Unit, our longest established pilot, up to 73% of requests were fully automated, requiring no staff intervention.

The system also generated 20,377 A&E override alerts by October 2025, ensuring patients with urgent needs were directed to the right place, most commonly for mental health (19%), abdominal pain (14%) and breathing difficulties (12%).

Patients and staff reported confidence in the system's safety, with early feedback noting that fewer requests than anticipated required clinical review and that go-live went better than expected.

Crucially, using patients requiring no investigation and no treatment as a proxy for avoidable A&E use, Emergency Department attendances remained lower in Rapid Health practices than in comparators between April and October 2025, which indicated the system is helping people find the right care first time, rather than escalating unnecessarily.

Primary Care+: Specialised Care in the Community



Our Primary Care+ brings specialised GPs, Consultant and Diagnostic Services out of hospital settings and into the community.

PCL is already providing clinical services in the following specialities: dermatology, ear, nose and throat, musculoskeletal medicine, diagnostics and eye care delivered closer to where people live.

This year’s defining Primary Care+ story has been the transformation of EMMS Healthcare, our Community Ophthalmology subsidiary organisation located in Nottingham, alongside the opening of a new community orthoptic eyecare clinical site on Regent Street in Nottingham and the continued reduction in waiting time of patients accessing Cardio-Respiratory Diagnostic Services in the Community.

EMMS Healthcare: A Year of Transformation

Patient Care Locally acquired EMMS Healthcare on 5 November 2024, but our story began much earlier, when PCL and EMMS Healthcare first worked side by side in 2020, delivering the LLR Urgent Eyecare Service at the height of the Covid-19 pandemic.

EMMS Healthcare provides community eyecare for the people of Nottingham City, it is the official ICB digital pathway for new and post-operative cataract referrals within LLR, and has built its reputation on harnessing digital solutions to meet patient needs. 2025–26 has been its first full year within PCL: a year shaped by major progress, stabilisation and positive change, with patients in Nottingham feeling the difference.

At acquisition, EMMS Healthcare faced challenges concerning waiting times, backlog pressures and the need to strengthen systems and access. A clear improvement plan was introduced to reduce average waiting times across most services. Additional capacity helped clear inherited backlogs, delivering 300 more adult appointments (a 13% increase) and 495 more orthoptic appointments (a 27% increase) than the previous year.

The introduction of a new Electronic Patient Record system helped to strengthen the interoperability with GP Colleagues, and digitising patient data placed the service on a far stronger footing. Three new adult and four new children’s locations mean nobody within

Nottingham City now travels more than 10 minutes for an appointment, while glaucoma provision has expanded through new Independent Sector Provider agreements.

This year also brought major digital development: TPP SystmOne is now the Patient Management System across all services, and Cinapsis the preferred referral platform, with EMMS Healthcare now sitting on its development board. Together these have improved referral management and patient flow, contributing to a 9% rise in referrals.

EMMS Healthcare continues to manage the LLR Pre and Post-Operative Cataract Pathway, which has seen a 20% increase in referrals, and has now been commissioned to deliver the pre-operative cataract pathway in Northamptonshire from Q2 2026—approximately 8,500 additional referrals, and a mark of growing confidence in PCL’s ability to deliver high-quality community eye care at scale.



“
EMMS Healthcare continues to deliver for the people of Nottingham in a much more stable and robust way.

Early indications from our new patient feedback forms, as well as the work we continue to do on reducing DNA rates, all show we are heading in the right direction.

Luke Craig,
Director of EMMS Healthcare within PCL
”

System Facilitation – Working at Scale for the benefit of the Communities we serve

System Facilitation is where PCL delivers services on behalf of whole health economy. These are clinical services that

no single entity could provide alone. They are designed around populations rather than individual patient lists.

Roving Healthcare Units: Taking Care to People



Our Roving Healthcare Units and multi-ICB vaccination programmes sit at the heart of this pillar, taking care directly to communities across the East Midlands and beyond.

Our Roving Healthcare Units embody what we believe community healthcare should be. Traditionally, patients have travelled to services; our RHUs go to them. This matters most for underserved communities and for patients who face real barriers to accessing care.

Whether through distance, transport, work, caring responsibilities, or simply not knowing where to turn. It is why the RHU model sits at the heart of

our commitment to tackling health inequalities and the Core20PLUS5 agenda.

The fleet is now a familiar sight not only across Leicester, Leicestershire and Rutland, but in Nottinghamshire, Northamptonshire and the West Midlands too.

Some of the units' most important work happens with people who might never walk into a GP practice or clinic. Working with Inclusion Health, the RHUs have supported homeless and refugee communities, such as visiting the Dawn Centre, homeless shelters and city centres to offer COPD and health checks to people who might otherwise never seek help.

The model is deliberately multi-purpose: MENCAP and the Adult Learning Disabilities Team have used an RHU as a safe, familiar space to educate people on oral health and bowel habits; Local Authority Mental Health and Wellbeing teams have run successful drop-in clinics at Fearon Hall in Loughborough; and Turning Point took a unit out over the summer to offer fibro-scanning in the



city centre, rural villages and areas of deprivation.

The units have also become a powerful platform for prevention and early detection: UHL's Aortic Aneurysm Assessment team screens from an RHU each month, North West Leicestershire GP Federation has run a highly successful community hypertension clinic, and the Spirit Group of practices delivered an impressive 89 health checks in just four hours across Beaumont Leys, Rushey Mead and Welford Surgery.

All our clinical teams are trained in Making Every Contact Count (MECC), using every visit, from a blood pressure check to a cancer-risk conversation, to offer advice and signposting, including on cervical and bowel screening.

Immunisation remains the cornerstone of the service. Through our RHUs we have delivered influenza, COVID and RSV programmes alongside wider preventative care, including supporting LLR mums-to-be with RSV and whooping cough vaccines when hospital clinics weren't available in time.

The units have backed vaccination campaigns across LLR, Nottinghamshire and Northamptonshire, including a weekly clinic at King's Mill Hospital in Sutton-in-Ashfield for staff and outpatients. The 2025/26 winter campaign showed the model at its best.

Across LLR between October 2025 and January 2026, teams delivered 1,905 vaccinations 1,075 flu and 809 COVID-19, alongside pertussis, RSV and MMR with almost two-thirds going to housebound patients: those least able to reach a clinic, brought protection at their own front door.

The reach extended well beyond LLR. In Coventry and Warwickshire, teams vaccinated 132 patients and delivered 215 MECC interventions, 97 signposting conversations, 35 blood pressure checks, 28 nutrition discussions, plus cancer, alcohol and smoking cessation advice.

More than half of those blood pressure checks needed follow-up, with 18 people referred to their GP and one severely raised reading prompting an urgent referral: a potentially serious problem caught at a routine community visit.

Roving Healthcare Units: Taking Care to People



The Black Country saw our largest programme of all, 59 visits to Sandwell, Wolverhampton, Dudley and Walsall, delivering 509 vaccinations to 464 patients and 434 MECC interventions, including 243 signposting conversations and 80 blood pressure checks. Of those, 34 led to GP referrals and four to urgent referrals, nearly half of everyone checked learning something about their health that needed acting on.

In West Northamptonshire, six winter weeks brought 78 vaccinations and 55 MECC interventions across six everyday venues, from a garden centre in Towcester to village halls in Byfield and Hartwell.

The venues say everything about the model: the Clock Tower at Wednesbury market, Dudley and Bloxwich markets, a supermarket car park in Darlaston, Queens Square in Wolverhampton.

And the activity logs capture what statistics cannot, a nurse talking through smoking and alcohol support with a homeless gentleman and checking over a diabetic man struggling to see his GP; reminders about overdue bowel screening; a raised blood pressure reading spotted in a town square.

In West Northamptonshire, a quiet, unhurried chat with a recently bereaved gentleman: the kind of contact that never appears on a waiting list but matters enormously.

Every one of these numbers happened somewhere ordinary, a garden centre, a village hall, someone's own doorstep while people went about their daily

routines, because that is where healthcare reaches those who cannot come to it.

And because taking care to patients means being ready for everyone, teams now carry Pocketalk handheld translation devices, helping ensure nobody misses out on care because of the language they speak.

Looking ahead, the RHU model will continue to play a major role in our plans, supporting vaccination, diagnostics, occupational health, health screening, private services and research delivery, always with the same principle at its heart: visible, accessible, practical care, built around people's lives.



RHU Patient feedback:

"We are so lucky to have this service on our doorstep."

"Whoever thought of this deserves a medal."

"Thanks – you saved me a journey!"

"This is very convenient."



Rutland Medi-Tech Centre: Investing in a Community's Future



*Illustration of proposed building style by Anotherkind Architects Ltd

The Rutland Medi-Tech Centre is an exciting, major part of PCL's future vision and, more importantly, a major investment in the health of a rural community.

Residents in Rutland could soon benefit from improved access to healthcare, following the progression of plans for a new, landmark Medi-Tech Centre which will be situated on Oakham Enterprise Park.

Supported by £3.5 million of UK Government Funding and developed as a genuine local partnership between Rutland County Council and Patient Care Locally, the purpose-built centre will bring more healthcare services closer to home.

The Centre will be expanding access to outpatient care, day case procedures and diagnostic tests and scans. It would also provide a space for education, research and innovation, helping to shape the future of rural healthcare while supporting skilled jobs and economic growth across the county.

Managed and operated by PCL, the Medi-Tech Centre would be one of the first facilities of its kind in the region offering healthcare, education, research and innovation under one roof. Neighbourhood Health working at scale and in practice.

The plans represent a significant investment in the future of Rutland's healthcare, highlighting partnership working that aims to bring more services closer to home, whilst creating opportunities for innovation and skilled employment.

Overall, if agreed, the Medi-Tech Centre could help ensure local people can access high-quality care in modern facilities, closer to where they live.

Cllr Christine Wise,
Leader of Rutland County Council

The planned building will be approximately 930m². The ground floor would provide modern clinical facilities, including consultation rooms, laminar-flow theatres, diagnostic testing and scanning, and recovery spaces. A dedicated diagnostics pad will be situated in the car park and would also be capable of accommodating advanced mobile imaging equipment, such as MRI units.



*Illustration of proposed elevations by Anotherkind Architects Ltd

The second floor would offer flexible accommodation for qualified healthcare professionals, research and development partners, and training and development. This would create an environment where new technologies can be developed, tested and adopted to improve patient care. Together, the Medi-Tech Centre is capable of supporting:

- A range of NHS and private procedures
- Diagnostics and advanced imaging
- Day-case surgery
- Outpatient appointments
- Ophthalmology diagnostics
- Training, education and development
- Clinical and pharmaceutical research
- Digital innovation and health technology partnerships

The Medi-Tech Centre does not start from a blank page. PCL has been building a presence in Rutland. In 2025/26, more than 6,800 episodes of care were delivered to the residents of Rutland under PCL contracts, ranging from minor surgery, dermatology, ultrasound, echocardiograms, Cardio-Respiratory diagnostics and anticoagulation services, all provided locally. The new centre builds on that foundation, reducing the need for

Rutland residents to travel into Leicester, Kettering, Corby or Peterborough for care. Designed to complement existing services already delivered through Rutland Memorial Hospital, GP practices and wider local healthcare services, the Medi-Tech Centre could help improve health outcomes for the county's 40,000 residents, support the needs of an ageing population and contribute to the long-term sustainability of health and care

This is a major step forward for this exciting project that will not only bring better access to healthcare for so many but will also create job opportunities and bring healthcare colleagues together to facilitate innovation, education and development.

Danah Cadman,
Chief Executive Officer, PCL

services. Improved access matters enormously in a rural setting and this development supports both the Rutland Health and Wellbeing Strategy and the NHS 10-Year Plan's ambition to deliver more care closer to home.

Subject to planning approval which is targeted for autumn 2026, construction is expected to begin early 2027, with building completion planned at the end of 2027 and a target opening of January 2028. Further updates will be shared as the project moves through the planning process.

Medi-Tech is more than a building project. It brings clinicians, educators, researchers and local organisations together in one place with an opportunity to shape the future of community healthcare within Rutland and beyond.

Direct Commissioned Services: Delivering for Practices

The Enhanced Access Directed Enhanced Service sits within the Network Contract DES and asks Primary Care Networks to make routine appointments available to patients outside of core hours through the week, in the early evenings and across Saturday daytimes ensuring availability closer to home and at times that fit around work, caring responsibilities and everyday life.

For us, this is community healthcare at its most practical: extending the reach of general practice so that timely access does not depend on a patient's ability to attend between nine and five on a weekday.

Working alongside DHU Healthcare CIC, we bring together the clinical capacity that allows Melton, Syston and Vale PCN to meet its Enhanced Access commitments consistently, while retaining the local, relationship-based care that patients value.



It is a partnership we are proud of, demonstrating how two not-for-profit organisations, united by the same social purpose, can combine their strengths to deliver more for their communities than either could alone.



Standing with Our Armed Forces Community



This commitment carries particular weight across the communities we serve, especially in Rutland. An estimated one in five residents are part of the Armed Forces community, reflecting the county's long-standing role as a military community centred on Kendrew and St George's Barracks.

As part of this commitment, we will continue to:

- Support members of the Armed Forces community within our workforce
- Promote fair access to services
- Work with partners to ensure services remain inclusive
- Strengthen equality, diversity and inclusion across the organisation

During the year, Patient Care Locally formally signed the Armed Forces Covenant which cemented our promise to the people who serve or have served in the Armed Forces, and to their families. For us, signing the Covenant is not just symbolic. It is about making sure our services, our culture and our ways of working remain fair, inclusive and supportive for a community that has given so much.

This reflects a belief that runs through everything we do: everyone counts, and care should always be delivered with dignity, respect and understanding.

Quality and Patient Safety

During 2025/26 PCL received 0 Freedom to Speak Up concerns – the staff survey indicates that staff feel supported to speak up and are aware of the different routes that are available to raise a concern. PCL has three National Guardians in post and Freedom to Speak Up is actively promoted within PCL.

been the introduction and embedding of RADAR, which supports better incident reporting, stronger oversight and improved organisational learning.

But for us, quality is not just about policies or reporting systems. It is about creating a culture where staff feel able to raise



Quality and Patient safety remain central to everything we do because behind every process and every policy is a patient placing their trust in us.

As PCL continues to grow, our governance systems, learning culture and reporting processes must grow with us. Over the past year, we have continued strengthening our approach to quality, helping ensure services are safe, consistent and focused on continuous improvement.

A major development this year has

concerns, share ideas and contribute to safer services and where patients' voices genuinely shape what we do. Compliments, complaints and informal feedback all help us understand what is working well and where services can improve.

Quality at PCL is part of everyday work. It runs through our services, workforce development, governance, digital systems and organisational culture. Our commitment remains simple: safe, effective and responsive care that keeps getting better.

Sustainability: Caring for Our Communities' Future



Caring for our communities means caring for the environment they live in. This year, Patient Care Locally completed its first full carbon footprint assessment for 2025, establishing the baseline against which all future reductions will be measured. Supported by the University of Leicester's Greener Future Leicestershire programme and underpinned by our commitment to NHS Net Zero targets and Green Plan requirements, this marks a significant milestone in our sustainability journey.

Our total carbon footprint for 2025 stands at 111.99 tCO₂e, with the majority of emissions (89.6%) attributable to Scope 3 value chain activities, centred around employee business travel and home working energy use.

We have made meaningful progress in embedding sustainability across our operations and culture. Through the Greener Future Leicestershire partnership, funded by Innovate UK, we undertook our carbon footprint calculation and developed a bespoke Sustainability Action Plan. A whole-company education session, led by Dr Sandra Lee of the

University of Leicester, resulted in an overwhelming staff vote to adopt the plan—sustainability chosen by our people, not imposed on them.

Our work was recognised with a Community and Social Impact Award at the Greener Future Leicestershire Impact Showcase for meaningful staff engagement, and we have begun trialling a solar-powered generator on our fleet of Roving Healthcare Vehicles to reduce the need to run engines while stationary.

Looking ahead, we will appoint sustainability champions from each team, including board representation, tasked with identifying carbon reduction opportunities, while our appointed Green Lead will chair quarterly Green Champions meetings to track progress against our objectives.

We will publish a Carbon Reduction Plan in line with the NHS Net Zero Supplier Roadmap, and update our 2026 carbon calculations against the 2025 baseline, working towards a science-based target of a 50% reduction by 2030.

Listening to Our People

This year, we placed colleague voices at the centre of our culture work, through the launch of the Your Voice 2025 staff survey. 57 colleagues completed the survey (a 66% response rate) and the feedback was thoughtful, honest and incredibly valuable.

It showed a workforce that genuinely cares about the organisation, the people they work with and the impact they have.

The feedback also highlighted areas where colleagues want to see continued improvement, particularly around communication, office space and feedback, and we have listened.

Creating a healthy and supportive workplace remains a priority. Our end-of-year sickness data showed 24 instances

of absence, accounting for 88.5 lost working days, an annual absence rate of 4.0%, comparing favourably with the NHS reported rate of 5.6%.

While we are pleased with this position, we know wellbeing is never 'done'. Healthcare can be demanding work, and we remain committed to a culture where colleagues feel supported, listened to and able to access help when they need it.

This year has seen major investment in learning and development. All managers completed a training programme delivered alongside NatWest mentors, strengthening leadership and management skills across the organisation.

We are also proud to celebrate some outstanding individual achievements.



Congratulations!

Head of Nursing, Quality and Patient Safety, Sarah Mabbott, achieved an MSc in Quality and Safety in Healthcare, with distinction.



Immunisation General Administrator, Lucia Olawa, passed her Chartered Governance Institute (CGI UK & Ireland) qualifying examination.



Head of People Practice & Workforce Strategy, Alison Young passed her CIPD Associate Level in People Management.



Systems and Reporting Officer, Ruth Collins, gained a Distinction in her Level 5 Operational/Departmental Manager Course.



Head of Finance, Andrei Graur, gained a Financial Planning and Analysis Professional (FPAP) qualification certification.



Business Support Officer, Rebecca Bodycot won the "Star Of The Future" Award at the Strategic PA Awards 2025.



Staff voices



Looking Ahead to 2026/27

Patient Care Locally operates within a healthcare system that is changing quickly.

The NHS continues to move towards more community-based care, better use of digital technology and a stronger focus on prevention.

These priorities align closely with the work already happening across PCL, and with the needs of the communities we serve. Over the coming year, we will continue focusing on:

- Neighbourhood based models of care
- Expanding community services
- Developing digital and scoping the potential of AI across our services
- Strengthening preventative care
- Investing in workforce development
- Building strategic partnerships
- Exploring new service opportunities
- Improving sustainability and resilience



We also recognise the challenges ahead. Demand continues to rise, resources remain limited and healthcare continues to evolve.

To respond well, we will need to remain flexible, collaborative and focused on delivering real value for patients and partners.

The progress made this year gives us confidence for the future. We have strengthened our teams, improved services, developed partnerships and continued showing what community-based, socially driven healthcare can achieve.



The progress made this year would not have been possible without the dedication, commitment and professionalism of our staff.

We thank every colleague who has contributed to supporting patients, improving services, strengthening systems and is helping shape the future of PCL.

We also thank our NHS partners, local authorities, community organisations and wider stakeholders.

Partnership working is central to everything we do, and we are grateful for the trust and support we continue to receive.

“

Our purpose remains clear. delivering care that is accessible, responsive and closer to home.

As we look ahead, we remain committed to building on this progress and continuing to improve the lives of the people and communities we support.

Deliver Patient Care Locally is what we do!

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