

2025/2026

ANNUAL REPORT



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Chair's Introduction

I'm really pleased to introduce the Primary Care Sheffield Annual Report for 2025/26 in what has been another remarkable year for the organisation. Our reputation as a credible provider of city-wide services and as a system partner has only strengthened over the last 12 months. The achievements highlighted in this report are the result of the hard work and dedication of all our teams.

As is evident from this report, a relentless focus on quality and safety, particularly with the embedding of PSIRF across all our services, demonstrates how we have matured as an organisation. Our Quality Account reflects a culture committed to continual improvement through a transparent approach to learning and feedback, underpinned by our clinical governance framework. Receiving a rating of Outstanding from CQC for our at-scale-services is a major achievement and is external validation of the standards we have set ourselves. What was most heartening was reading the CQC's comments about the culture of the organisation.

As Chair, I have found that in the establishment of our stakeholder council we have strengthened the links between the organisation and our key stakeholders, whether staff, patients or shareholders. I hope that this is a forum through which we can continue to build understanding, gain insight into the views of stakeholders and ensure our strategic development is responsive to their needs.

Over the last year PCS services have continued to grow with the expansion of CASES, the development of our Tele-Dermatology, Women's Health and Spirometry services. At the same time, we have continued to innovate with our proactive care team, part of the PCN test pilot programme, demonstrating impact on the care of our most frail patients and our AI receptionist reducing practice call waits.

In my four years as Chair, PCS remains very dynamic and this report gives just a snapshot of some of the latest achievements. I am sure that over the next twelve months we will continue to engage and influence the transforming system on behalf of shareholders and develop our first-class services still further.

Colin Beresford

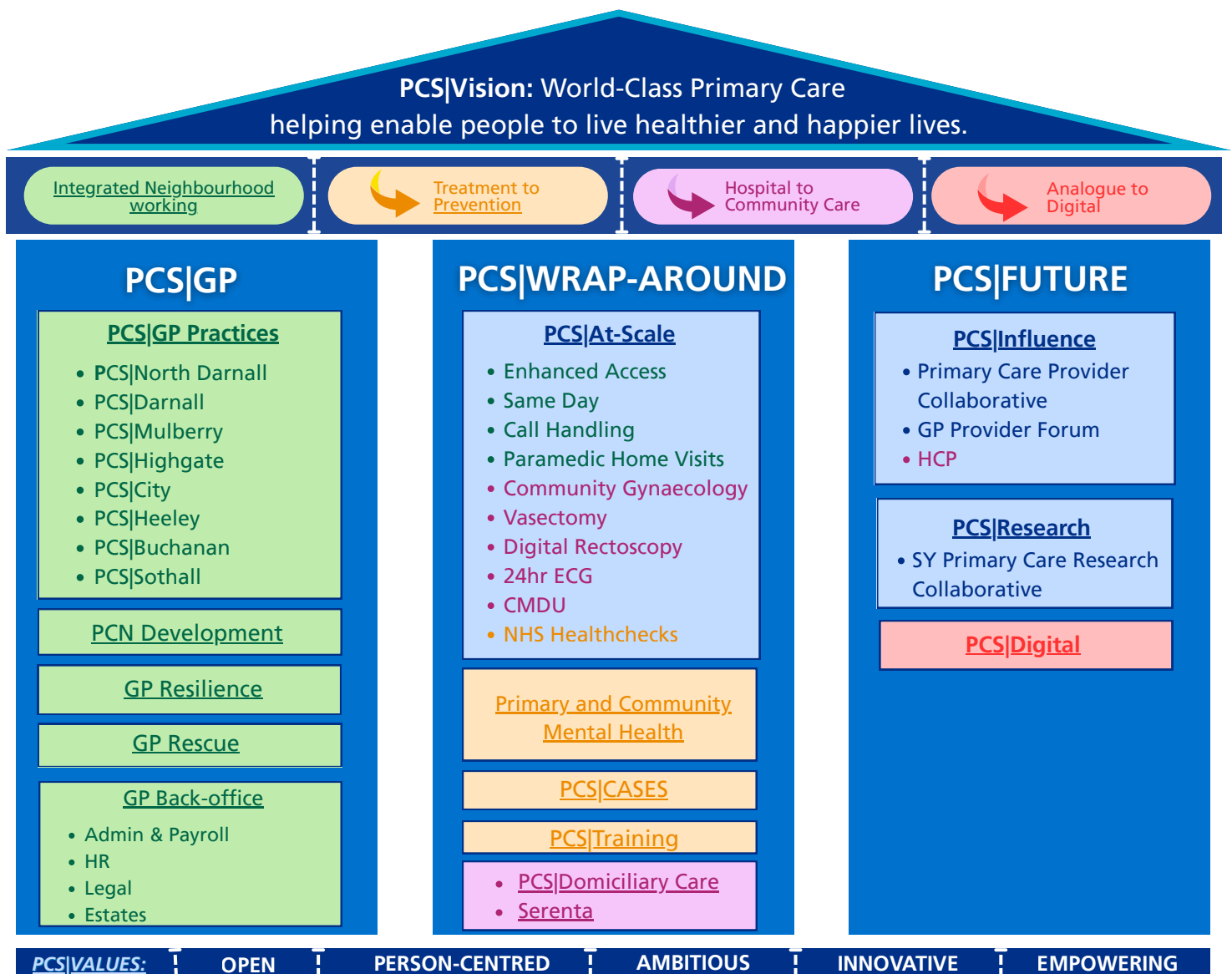


About Us

Primary Care Sheffield (PCS) is a not-for-profit company set up by GPs in Sheffield to help deliver world-class primary care in the city.

We exist to create services which make the health and care system work better for everyone. To do that we are focused on bringing more services closer to the places people live, improving the quality of care, and breaking down the barriers between diverse types of services.

We do this through three pillars of work: General Practice, Integrated Primary Care and Future Care.



PCS | Transforming Primary Care

PCS | Quality

PCS has continued to strengthen the quality and safety of its services throughout 2025/2026, building a culture of learning, openness and continuous improvement across the organisation. Our teams have worked to ensure that patient experience remains at the heart of our services, supported by robust clinical governance and a commitment to delivering safe, effective and responsive care.

A significant achievement this year has been the full implementation of the Patient Safety Incident Response Framework (PSIRF) across all of our services. This has strengthened how we respond to incidents, capture learning and share improvements, with staff actively involved in developing and embedding the approach. We have also made progress in the safe and ethical adoption of AI and assistive technology, strengthened our policy governance, and increased the visibility of our Freedom to Speak Up arrangements.

Our commitment to quality was also recognised through the Care Quality Commission's Outstanding rating for Primary Care at Scale following its inspection in August 2025. The inspection highlighted the kindness and respect shown by staff, our contribution to reducing pressure on emergency departments, our work to address health inequalities, and the way learning from complaints and incidents is used to improve services.

Looking ahead, PCS has set clear quality priorities for 2026/2027. These include continuing to develop the safe use of AI and assistive technology, strengthening clinical and non-clinical audits, improving complaints management, and embedding the Patient and Carer Race Equality Framework within Primary Care Mental Health Services. Together, these priorities will support our continued focus on patient safety, experience, equity and outcomes, while strengthening governance and learning across PCS. You can read the full Quality Account here: bit.ly/PCSQualityAccount2526.

Priorities for Improvement (the year ahead)

1

Enhance Service Quality and efficiency via the use of Artificial Intelligence (AI) and assistive technology.

2

Strengthen our approach to Clinical and non-clinical audit application and monitoring.

3

Review and update our approach to complaints management.

4

Strengthen Equity, Inclusion & Outcomes through the Patient & Carer Race Equality Framework (PCREF) within Primary Care Mental Health Services.

PCS | GP Practices

Improving Access

PCS runs seven GP practices across Sheffield, with improving access to care remaining a key priority. Over the past year, we have undertaken a range of improvements in response to patient feedback and experience.

At Darnall, Highgate and Sothall practices, we introduced Andi, an AI-powered telephone receptionist, to support patients requesting appointments and submitting Anima requests. Following an initial trial period, we reviewed the quality of information gathered, patient and staff feedback, and the overall impact on service delivery.

The findings demonstrated reduced call waiting times and positive patient feedback, supporting the decision to continue the programme.

At North Darnall, where Andi has not been introduced, we have instead increased staffing to strengthen telephone access.

Across all four practices, patient satisfaction with call waiting times has improved.

We have also increased the use of appointment booking links, giving patients greater flexibility to book appointments at a date and time that suits them. This provides an additional route into services and supports patients to access care at a time that is convenient for them.

Alongside these changes, we have continued to invest in our reception teams through trauma-informed training, helping staff to better understand and respond to patients who may have experienced trauma or have additional needs.

This work has contributed to improvements in patient satisfaction with reception services. At Harold Street, for example, 99% of patients reported that receptionists are helpful.

PCS | Integrated Neighbourhood Care

CQC Outstanding

A key highlight of 2025/2026 was when Primary Care Sheffield (PCS) received an Outstanding Care Quality Commission (CQC) rating following an inspection in August, covering many services within PCAS. The CQC described PCS as delivering exemplary care and providing people with the best possible out-of-hours GP experience.

Inspectors highlighted that staff were kind, caring, and respectful, ensuring patients felt supported during what can often be a stressful time. The service was also recognised for its role in reducing emergency department pressures, particularly at Sheffield Children’s Hospital, by offering timely GP appointments.

The CQC were particularly complimentary about the work PCS does to address health inequalities.

The CQC report noted strong organisational learning: staff apologised and provided support when things went wrong, and complaints had led to meaningful service improvements.

This was followed up with a learning from excellence visit from Professor Bola Owolabi the chief inspector of Primary and Community Care. She shared her reflections about the organisation as follows:

Inspected and rated

Outstanding 

 CareQuality Commission

Overview and CQC inspection Ratings

Overall Rating:	Outstanding	
Well-led:	Outstanding	
Responsive:	Outstanding	
Safe:	Good	
Effective:	Good	
Caring:	Good	



Professor Bola Owolabi CBE
Chief Inspector, Primary Care and Community Services, Care Quality Commission (CQC)
Board-level Director (Exec & Non-Exec)/Vice President

“Another brilliant Learning from Excellence (LifE) visit today. Delighted to visit Primary Care Sheffield. Some of the Practices under their umbrella had been rated outstanding by Care Quality Commission. Great to meet Dr Andrew Hilton, Dr Lucy Cormack, and the Practice operational managers along with my CQC inspector colleague and our Clinical Fellow Anistta.

What did we find?

- 👉 A genuinely listening & learning organisation - No shying away when things go wrong. They learn from it & drive improvement actions.
- 👉 Meaningful patient and staff engagement that lead to real actions.
- 👉 Visible and involved leadership - Leaders 'walk in the shoes of frontline staff'
- 👉 Inquisitive about "who are we not seeing" - Constantly interrogating their data, finding the underserved & responding.
- 👉 Innovation is the norm
- 👉 They invest energy and time in building trusting relationships with other Practices
- 👉 Proportionate & fit for purpose quality and organisational governance fully embedded.
- 👉 Proactively recruit people who are curious about how to continuously improve patient care.
- 👉 Impressive cascade of clear organisational priorities into individuals' job plans.
- 👉 Deep & positive collaboration with commissioners to address health inequalities in patient access to care.

All the above within all our spheres of influence”.

PCS | Wrap-Around

PCS | Enhanced Access

PCS Enhanced Access benefits patients in Sheffield by offering greater flexibility and choice, with evening and weekend appointments available across twelve hubs, making it easier for people with work or caring commitments to see a healthcare professional.

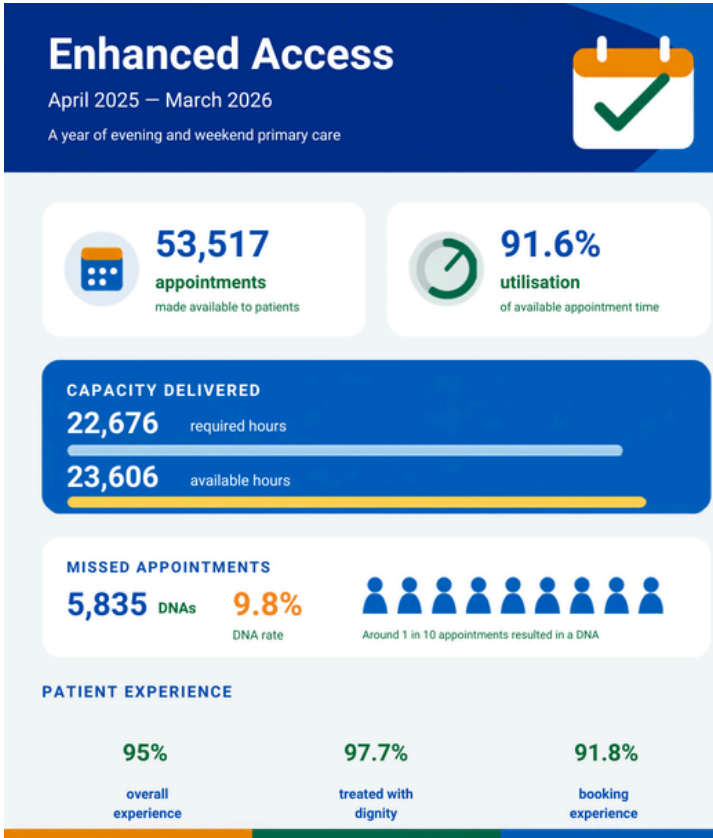
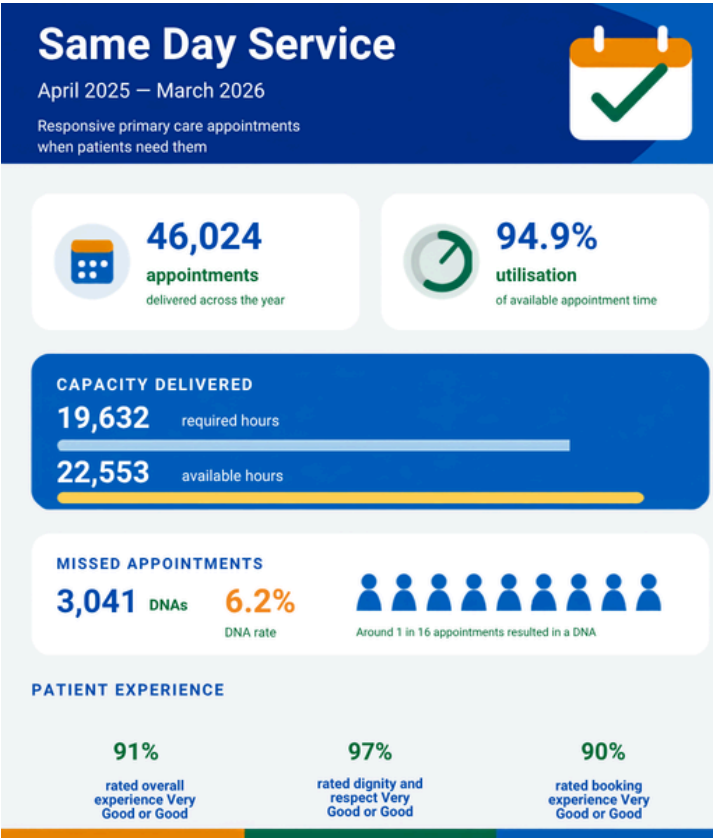
Patients can access a wide range of clinicians, including doctors, nurses, physiotherapists, and pharmacists, with options for both urgent same-day care and advance bookings up to two weeks ahead. This service not only improves timely access to care and reduces pressure on individual GP practices, but also helps practices meet key targets such as those in the Quality and Outcomes Framework (QOF), ultimately enhancing the quality and availability of primary care across the city.

PCS | Same Day

PCS Same Day service eases pressure on Sheffield’s health system by providing extra GP and ANP appointments, particularly during peak winter demand when capacity increases.

The service helps reduce reliance on ambulances, emergency departments, and walk-in centres, ensuring patients receive timely care in the right place for their symptoms. It also offers specialist respiratory support in the winter months and includes home visits for housebound patients.

The service also supports our local children’s hospital by enabling them to redirect children’s appointments from hospital emergency departments into community settings. These services improve access, reduce strain on urgent care, and enhance outcomes across the city.

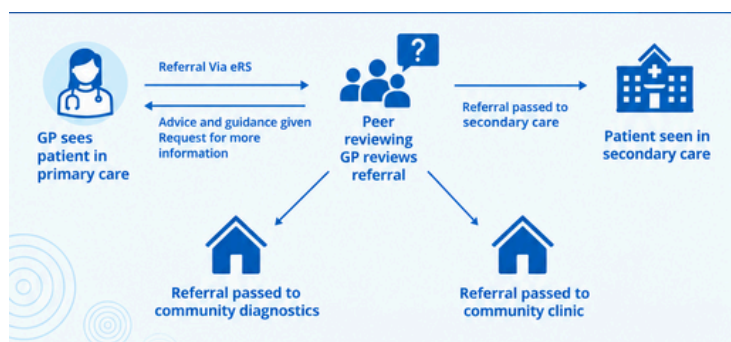


PCS | CASES

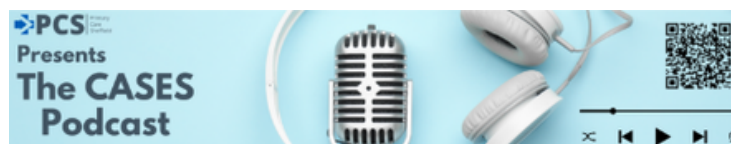
The CASES programme is an elective care redesign that helps ease pressure on hospital services by ensuring patients are treated in the most appropriate setting by the right clinician. Covering ten high-volume specialities, routine referrals are sent to PCS via e-RS and are peer-reviewed by trained GPs within three days, supported by hospital specialists.

Referrals may be sent directly to hospital, returned with requests for further tests, or managed in primary care with advice, ensuring patients are better investigated, care is streamlined, and hospital capacity is used more effectively.

CASES also provides yearly updates through PLI focusing on key themes and trends from referrals as well as focusing on any updates or referral pathway changes.



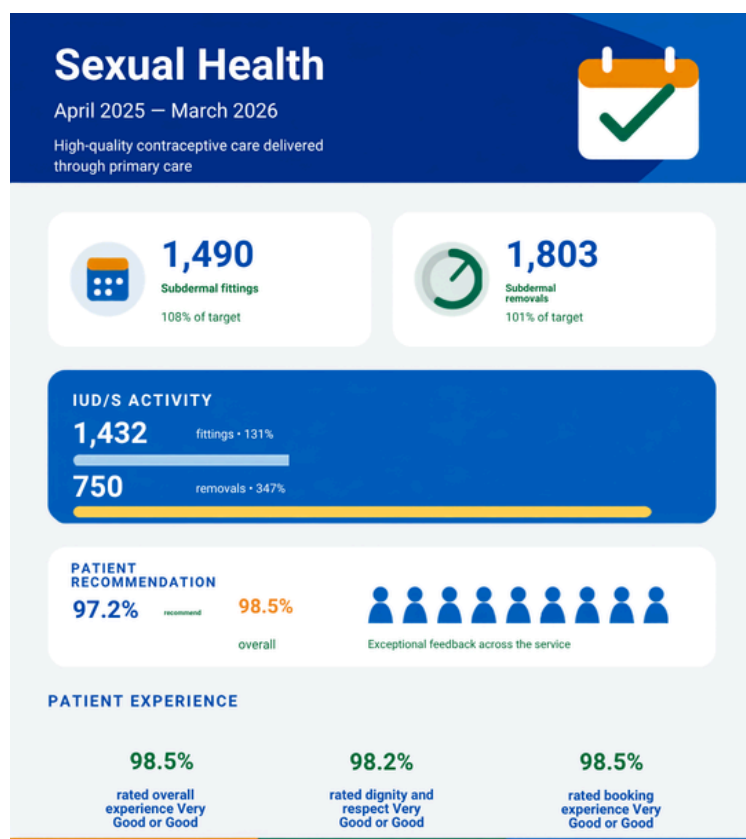
To support clinician learning, PCS continues its series of the 'CASES podcasts', which can be listened to by scanning the QR code below.



PCS | Sexual Health

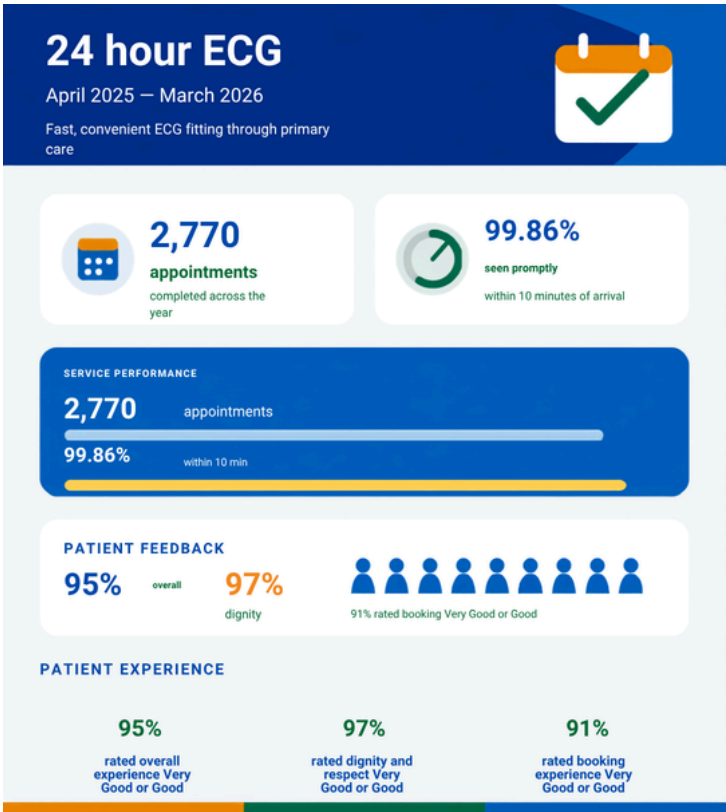
PCS Sexual Health & Community Gynaecology, commissioned by Sheffield ICB and Sheffield City Council, provides accessible women's health services in partnership with GP practices, Sheffield Teaching Hospitals (STH) and community pharmacies. Services include ring pessary fitting, polyp removal, Pipelle biopsy, IUS fitting for HRT and heavy menstrual bleeding, and community-based contraceptive care.

Partnership working with community pharmacies supports free and timely access to emergency contraception, while the introduction of opportunistic cervical screening alongside coil fittings makes preventative care more convenient, helping to improve early detection and screening uptake.



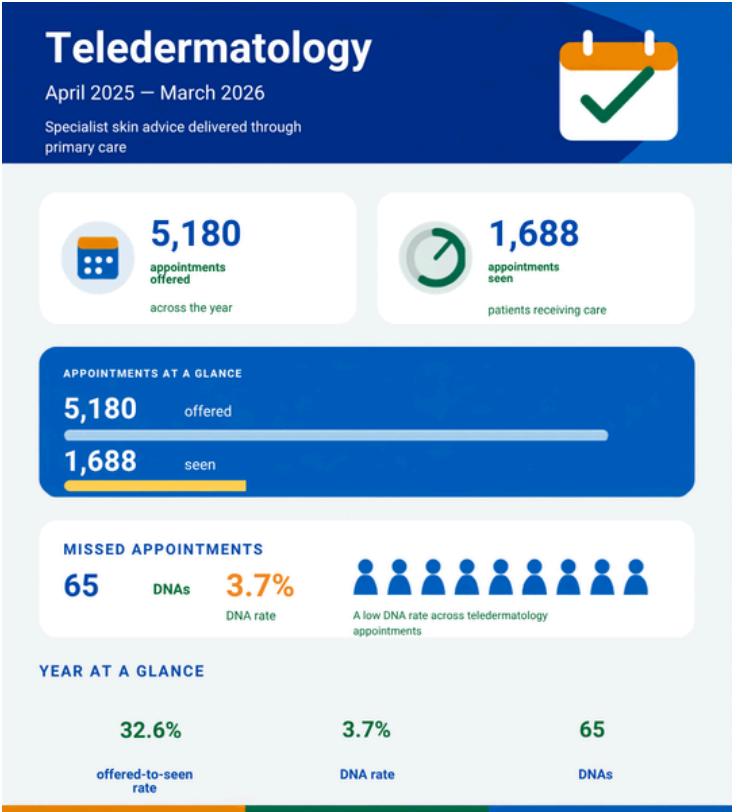
PCS | 24hour ECG

PCS’s 24-hour ECG service provides quicker, more reliable testing across Sheffield, with improved access through additional sites and upgraded equipment that reduces repeat tests. Patient experience has been enhanced with clearer appointment information, and feedback consistently shows high levels of satisfaction and confidence in the service.



PCS | Teledermatology

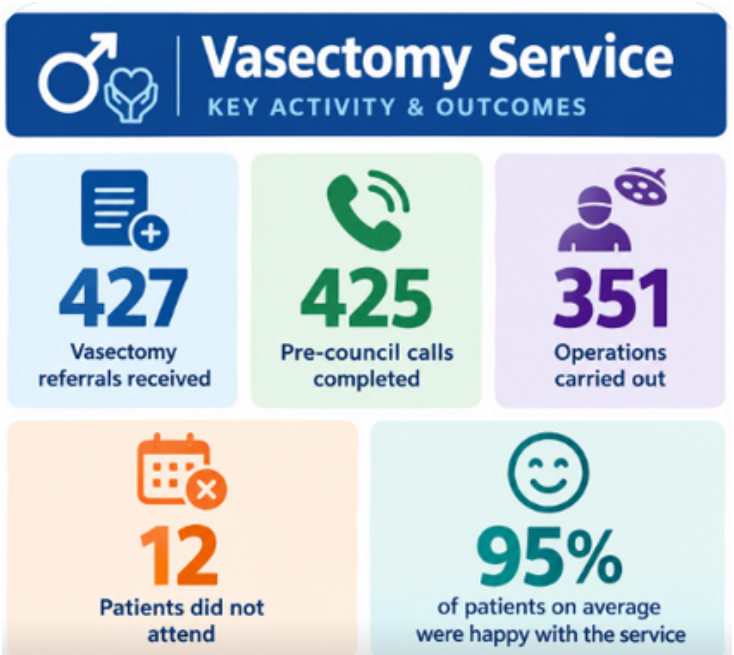
PCS’s Teledermatology service, launched in December 2024, has improved the quality of diagnostic images for urgent suspected cancer referrals, enabling faster decision-making and reducing waiting times. By streamlining referrals with timely, high-quality images, the service has eased pressure on dermatology pathways, and Sheffield is now the best-performing area in South Yorkshire for waiting list times.



PCS | Vasectomy Service

We offer a non-scalpel vasectomy service to NHS patients registered with Sheffield practices.

Our supportive and professional team provide the highest possible quality service in a friendly and relaxed environment. Patients can self-refer or can be referred by their GP.



PCS|Women's Health Hubs

This pilot service aimed to reduce waiting lists at Sheffield Teaching Hospitals (STH) by bringing services into the community.

Launched in March 2025, this pilot community service provides specialist assessment and treatment for women with heavy menstrual bleeding or menopause symptoms, offering timely care closer to home. Delivered by a GP with expertise in women's health, it helps ease hospital waiting times by enabling patients referred via the familiar CASES system to be seen in a community clinic rather than added to long secondary care lists.

Some comments from patients

"Please keep funding it as it's a desperately needed service for a mismanaged life phase for half of the population."

"I thought the Dr was great. Very respectful and calming. It was the best gynaecological experience I've had."

"Felt really listened to and offered a wide range of informed choices for managing symptoms - was hugely different experience of previous menopause support - thank you!!"



NHS Healthchecks

PCS subcontracts a number of practices to provide this service to their patients. Patients registered in Sheffield aged 40-74 without qualifying underlying health conditions, who have not had a health check in the past 5 years, are eligible for a free NHS health check. This contract aims to reach those "targeted" patients who often live in areas of deprivation without a long-term diagnosis already.



7,114
Healthchecks
received by
eligible people in
our population.



Key conditions identified & treated

Diagnosed with hypertension: 26

Started on statins: 349

Diagnosed with diabetes: 39

Started on anti-hypertensive therapy: 107

Diagnosed with CKD: 11

Diagnosed with AF: 7

Primary and Community Mental Health Service

In 2025/2026, the Primary and Community Mental Health Service has continued to provide treatment to people with serious mental ill health through the PCNs. The delivery has been through a collaboration between PCS, SHPU and Sheffield Mind, using each organisation’s strengths.

Working at the level of the PCN population footprint has enabled the service this year to shape its approach and balance of treatments in an adapted way to reduce health inequalities. This year we have focused on gathering and using patient feedback to do this.

During 2025/26, complaints represented just 0.14% of all appointments, equating to approximately one complaint for every 693 patient interactions. This demonstrates that only a very small proportion of patient contacts resulted in a complaint across all categories. The key areas to be addressed are access, communication, outcomes, staff and treatment. There are workstreams which are taking action to improve the service. One of the large-scale changes informed by patient feedback is the move to PCMH daily triage, which went live in September 2026.

As part of the feedback gathered, a much larger proportion of patients and third parties expressed their gratitude for the service.

Quality improvement is everyone’s business and it is important that all patients and staff are able to influence the delivery of the service. Improving service delivery is an ongoing process which we are proud of.

Compliments	Number
Patient to staff	72
Patient to service/team	18
Staff to Staff	10
Partner to staff/Service	6
Total	106

The ReQol evidence demonstrates that the service is improving the quality of the lives of patients, with positive and reliable change. Following treatment or intervention, patients’ quality-of-life scores improve by more than five points on average.



Home | Care

We help people live independent lives in their own homes.

PCS subsidiary Serenta Homecare continues to go from strength to strength as a trusted private provider, known for delivering high-quality, personalised home care in Sheffield, building on its position as a trusted private provider of high-quality, personalised care and support.

The Mental Health Independence and Support Framework has gone from strength to strength over the past year, supporting the continued development and expansion of Serenta's mental health services. We have also worked collaboratively with Community Mental Health Teams (CMHT) to further widen opportunities for people to access the right support and to promote successful reintegration into the community, with a continued focus on independence, wellbeing and person-centred outcomes.

Alongside this, Serenta has taken positive steps towards expanding its domiciliary care offer across the city. This represents an important area of future growth and will enable us to reach more people in their own homes, while providing flexible, personalised support that reflects individual needs and circumstances.

Together, these developments demonstrate Serenta's continued growth, strengthened partnerships and commitment to broadening the range of high-quality support available to people across the communities we serve.



Serentahomecare.co.uk

PCS | Future Care - PCS | Influence

In the wake of the publication of the NHS 10-year plan, system transformation remains at the forefront of the health and care agenda, both locally and nationally. At a local level PCS continues to work with partners in Sheffield's Health and Care partnership, linking closely to the GP Provider Forum and PCN Citywide group so that we have collective influence.

With recent changes to the ICB and the loss of the Sheffield place team, these relationships have become increasingly important. Equally, we have worked to strengthen our influence at a South Yorkshire geography through the Primary Care Provider Alliance and Health Leaders Forum, working with South Yorkshire LMCs and GP Federations from the four places in the ICB.

With the devolution agenda and appointment of a health commissioner for South Yorkshire we recognise the increasing influence of the Mayoral Combined Authority in health and care in the future. We're developing positive relationships with SYMCA, not least through the Pathways to work and Health & Growth Accelerator, which supports people back into employment by linking practices with Employment Advisors.

At a national level, PCS continues to contribute to national strategy. We've contributed to the national PCN test pilot programme through two PCNs with our proactive care work demonstrating an impact on non-elective admissions and informing a business case which we hope will secure additional funding for primary care.

Along with Sheffield Teaching Hospitals, we're contributing to a small national group of primary and secondary care providers exploring the key success factors to developing Integrated Care Partnerships. Similarly, alongside a number of other larger scale primary care providers, we continue to work with NHSE to develop policy around primary care at scale, latterly culminating in the consultation on Multiple and Single Neighbourhood Providers.

Through these various strands of work, we hope to ensure that general practice, along with primary care at scale, is central to policy and has a strong influence as the system transforms and integrates.

PCS | Research

Our research portfolio continues to grow and is a mix of research delivery studies and research projects. The collaborators and sponsors of our projects include The University of Sheffield, the Sheffield Biomedical Research Centre (BRC), The University of Oxford, AstraZeneca and GlaxoSmithKline.

We were one of the highest recruiting primary care sites to the [CORMORANT study](#) which investigated the N-Tidal device as an alternative to spirometry. We worked with Sheffield Teaching Hospitals on the [OCEANIC study](#) to screen patients using high-tech point-of-care devices to test for early diabetic neuropathy.

Some of our research delivery work has recently been published, contributing to the international evidence base for primary care. The [CANAssess study](#) showed the effect of a structured needs assessment tool in primary care for people with cancer, and the [ALABAMA study](#) showed the benefits of determining the allergy status of people with a recorded penicillin allergy.

We have begun working on a range of new studies, including [RESHAPE-CARE](#) a study supported by a £6.2 million grant to use systems engineering approaches to improve care for people with multiple long-term conditions.

We opened our [Clinical Research Facility \(CRF\)](#) in North Darnall Health Centre in April this year. Funded by an NIHR Capital Funding bid, our research facilities now include a research treatment room, a research consultation room, and a research laboratory. The CRF is equipped with secure storage, dedicated fridges and freezers, centrifuge, ECG machine, and a spirometer.

We continue to work in partnership with [Darnall Well Being](#) who support the community to live healthy lives including providing opportunities to take part in research. We support the SPCR-cluster of research-active GP practices and are happy to offer any of our shareholding practices advice on getting involved in research with an open invitation to join the South Yorkshire Primary Care Research Collaborative meetings, which are chaired by Primary Care Sheffield.

NIHR | National Institute for
Health and Care Research

PCS | Primary
Care
Sheffield

Welcome to the Primary Care Sheffield Clinical Research Facility.
Made possible with funding from the National Institute for Health and Care Research.

PCS | Clinical
Research
Facility



Primary | Training

In the past year, PTS training programmes attracted 635 delegates, with every participant who completed feedback indicating they would recommend the sessions to a friend.

Our events saw a total attendance of 1,374 delegates, and 99.5% feedback received rated the events as satisfactory or better.

We continue to deliver the PLI programme for Sheffield, they covered a wide range of topics including Children and Adolescent Care, Adult/Mid-Life Care, Safeguarding, CASES and Cardiac and Pulmonary Rehabilitation.

We also hosted an additional seven health-focussed events to support primary care.

Primary Training

Part of the PCS family



1,374 delegates within the year, with all feedback satisfactory or higher.



Primary Training

Part of the PCS family



99.5% positive feedback from our events



Financial Highlights

PCS Group accounts for the year 2025-26 have been fully audited and achieved an unqualified opinion. The group continues to grow, and the overall financial position is positive. Any surplus generated by the group is reinvested in primary care services across Sheffield in line with the long-term business strategy of PCS.

Financial planning is supported by a financial management framework which consists of the following:

- Three-year Financial Strategy
- Three-year Medium Term Financial Plan
- The Annual Budget.

The table below provides a high-level view of the overall performance of the group and compares 2025-26 results with 2024-25 results. As seen below, the overall financial performance of the group has strengthened. PCS is committed to delivering value for money and providing efficient and effective services for our patients and shareholders.

 Revenue	 2026 £000	 2025 £000	 Movement £000	 Narrative
 Turnover	26,492	24,472	2,020	The increase in income is driven by increased activity and inflationary increases in relation to the global sum income.
 Expenditure	2026 £000	2025 £000	Movement £000	
 Cost of Sales	21,035	19,108	1,927	Increase in cost of sales is driven by inflationary increases in expenditure and increased service activity.
 Administrative expenses	5,146	5,242	(96)	Administrative expenses have reduced due to lower staffing costs
 Total	26,181	24,351	1,831	

The PCS group generates income in three broad categories:

- NHSE income in relation to our GP surgery contracts.
- Other contractual income in relation to primary care services delivered at scale; and
- Income contributions generated by our subsidiary operations.

PCS practices account for 37% of PCS income, Primary Care at Scale accounts for 40% of PCS income, with the remainder of the income being commissioned by either the ICB or the City Council.

With regard to expenditure, direct staffing costs account for 74% of PCS expenditure, 9% of PCS expenditure relates to indirect staffing costs and 17% of PCS expenditure relates to administrative costs.

Chief Exec's Summary and Look Ahead

The last 12 months have once again been extremely busy with the NHS facing huge pressures, not least in general practice, where contractual changes last October opened the floodgates to digital access. Despite the relentless nature of the demand, general practice has risen to the challenge and within our PCS practices we've sought to innovate with an AI receptionist and developing a proactive, multidisciplinary approach to managing frailty.

Our at-scale services have developed a new call-handling service for shareholders, reducing costs and increasing responsiveness. We've piloted spirometry and women's health services, presenting compelling data to the ICB to support longer-term commissioning of both.

A highlight of the year must be the 'Outstanding' rating from CQC which is a testament to the hard work and commitment to quality of all our teams and fantastic recognition of the organisation's maturing governance structures.

The year has been challenging for colleagues in the ICB with significant changes to structure and a reduction in staff. The reduced capacity and loss of organisational memory at a Sheffield level present a risk to general practice in the city and, more than ever, a strong, coordinated approach across PCS, the GP Provider Forum and LMC is important if we are to positively influence the transformation agenda over the next few years.

As we look to the future, we are in the process of mobilising new services for ADHD and Digital Rectoscopy whilst also anticipating the re-tendering of some important contracts.

At the same time, we will continue to work with the 16 PCN CDs and localities to develop a coordinated approach to future MNP and SNP contracts and with wider Sheffield health and care partners as we develop our city's approach to integrated care and neighbourhood working.

Needless to say, it will be another busy year ahead. I'd like to thank all PCS staff for their dedication over the last year and their ongoing commitment, and our shareholders for their ongoing support.

Dr Andy Hilton
CEO





Inspected and rated

Outstanding ★

