LCP CENTRAL TEAM UK
MCPCIL

10 Step Continuous Quality Improvement Programme (CQIP) for Care of the Dying using the LCP Framework

Within a 4 phased Service Improvement model

August 2009
(Review November 09)
CONTENTS PAGE

<table>
<thead>
<tr>
<th>Introduction</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1</td>
<td>4 – 6</td>
</tr>
<tr>
<td>Registering with LCP Project</td>
<td>7</td>
</tr>
<tr>
<td>Step 2</td>
<td>8</td>
</tr>
<tr>
<td>Step 3</td>
<td>9</td>
</tr>
<tr>
<td>Step 4</td>
<td>10</td>
</tr>
<tr>
<td>Step 5</td>
<td>11</td>
</tr>
<tr>
<td>Step 6</td>
<td>12</td>
</tr>
<tr>
<td>Step 7</td>
<td>13</td>
</tr>
<tr>
<td>Step 8</td>
<td>13 – 14</td>
</tr>
<tr>
<td>Step 9</td>
<td>15</td>
</tr>
<tr>
<td>Step 10</td>
<td>16 – 17</td>
</tr>
<tr>
<td>LCP Current status Sept 09</td>
<td>17</td>
</tr>
</tbody>
</table>

Contact Details

Deborah Murphy
National Lead Nurse – LCP

Maria Bolger
National LCP Facilitator

LCP Central Team UK
Marie Curie Palliative Care Institute Liverpool (MCPCIL)
C/o Directorate of Specialist Palliative Care
1st Floor, Linda McCartney Centre
Royal Liverpool University Hospital
Prescot Street
Liverpool
L7 8XP

Tel: +44 (0) 151 706 2274
Email: lcp.enquiries@rlbuht.nhs.uk
Website: www.mcpcil.org.uk
The 10 Step Continuous Quality Improvement Programme for Care of the Dying using the LCP Framework

The LCP Framework is a continuous quality Improvement Programme that can transform care of the dying within an environment. The implementation of the Framework will create a change situation. Recognition of the fundamental aspects of a change management programme is pivotal to success to empower, enable and engage those with whom you work. The Service Improvement Model used at the Marie Curie Palliative Care Institute Liverpool (MCPCIL) is a 4 phased approach to change management.

The LCP Central Team at the Institute has developed a 10 Step Continuous Quality Improvement Programme for Care of the Dying using the LCP Framework.

“At first I found the thought of the task ahead to implement the LCP was overwhelming but then I broke the plan down into smaller pieces and realised if I took the time to prepare the environment and gain endorsement from my steering group then the next steps would be easier. “

Lead nurse – LCP Project lead

“Step 1 took us 6 months but it was time well invested and made the rest of the process easier. “

Specialist Palliative Care Clinician

<table>
<thead>
<tr>
<th>Phase 1 Induction</th>
<th>STEP 1</th>
<th>Establishing the project – preparing the environment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase 1 Implementation</td>
<td>STEP 2</td>
<td>Develop the Documentation</td>
</tr>
<tr>
<td></td>
<td>STEP 3</td>
<td>Base Review / Retrospective audit of current documentation</td>
</tr>
<tr>
<td></td>
<td>STEP 4</td>
<td>Induction / Education Programme – Pilot Site</td>
</tr>
<tr>
<td></td>
<td>STEP 5</td>
<td>Clinical Implementation of the LCP in pilot sites</td>
</tr>
<tr>
<td>Phase 3 Dissemination</td>
<td>STEP 6</td>
<td>Maintaining and improving competencies using reflective practice and post pathway analysis</td>
</tr>
<tr>
<td></td>
<td>STEP 7</td>
<td>Evaluation and further Training</td>
</tr>
<tr>
<td></td>
<td>STEP 8</td>
<td>Continuous development of competencies in order to embed the LCP framework within the clinical environment</td>
</tr>
<tr>
<td>Phase 4 Sustainability</td>
<td>STEP 9</td>
<td>Organisational recognition that all staff who work with people who are dying are properly trained to look after dying patients and their carers within an agreed organisational / educational strategy</td>
</tr>
<tr>
<td></td>
<td>STEP 10</td>
<td>To establish the LCP within the governance / performance agenda within the organisation / institution</td>
</tr>
</tbody>
</table>

Further information re change management guidance:
See the website: www.modern.nhs.uk/improvementguides
Phase 1: INDUCTION
STEP 1 – Establishing the Project – preparing the environment

- **Preparing the environment**
  - Gain Specialist Palliative Care Support
  - Gain Executive endorsement
  - Pilot site identified for introduction of the LCP i.e. - a ward area / unit / department or directorate / GP practice

- **Register with the LCP Central Team UK** ([www.mcpcil.org.uk](http://www.mcpcil.org.uk))
- **Engage the Education Spread Model** provided by the LCP Central Team UK

“People responsible for planning and implementing change often forget that while the first task of change management is to understand the destination and how to get there, the first task of transition management is to convince people to leave home”

William Bridges

For more information read:

**Winning hearts and minds**

A major cultural shift is required if the needs of dying people are to be met and the workforce are to be empowered to take a leading role in this process. Dying patients are an integral part of the population of a clinical area. Their death must not be considered a failure; the only failure is, if a person’s death is not as restful and dignified as possible.

Since improvement depends on the actions of people, ultimately it comes down to winning hearts and minds. No matter how good you believe the LCP Framework is you cannot just expect others to do as they are told, nor can you be everywhere at once to ensure compliance. Command and control will not be successful in this process.

Individuals may modify their behaviour and participate in change during the course of a focused improvement effort, but if they do not emerge from the effort with fundamentally new capabilities or beliefs the performance benefits erode away and sustainable change is lost.

**Preparing the Environment**

Implementation of the LCP will require top down and a bottom up approach.

Executive support i.e. senior management support within the organisation is essential for the success of implementing the LCP. A small group of enthusiastic individuals are unlikely to succeed without executive support.

A Local Steering Group is then essential to take the project forward. Identify key players within the organisation / Network / Strategic Health Authority / Health economy
A lead implementer will need to be nominated. At the initial meeting it is important to discuss with the key players the aims of the LCP project:

- to empower generic workers
- to improve care for the dying patient
- to demonstrate outcomes of care for dying patients
- to improve the experience of the relative / carer in relation to care of the dying, grief, and bereavement.
- to promote care of the dying as a quality indicator at governance / performance management level.

An introduction should also be given regarding key aspects of the LCP including:

- layout of the document – importance of goals and outcomes
- the importance of the diagnosing dying
- the three sections of the LCP
  - Section 1 - initial assessment and care
  - Section 2 – ongoing assessment and care
  - Section 3 - care after death
- the LCP is multiprofessional
- the LCP replaces all previous documentation and is the legal document for patient care
- explanation of variance and variance analysis
- benefits of the LCP to the clinical governance agenda

Pilot site identified for introduction of the LCP e.g. an in patient unit / ward area / unit / department or directorate / GP practice / Care Homes / Hospice.

It is not possible to implement the LCP project across a large health care setting without first establishing successful pilot sites. This is due to the intensity of the education programme required to successfully implement the LCP.

It is imperative to ensure that the steering group recognises that the process of implementation will take time and although at the outset an improvement in the documentation of care provision will be demonstrated, statistically significant evaluation data will not be achieved in the first six months.

Testing the Change Ideas

The LCP Central Team UK recommends consideration of the use of the PDSA cycle (Deming 1994) as part of the model for improvement. This enables you to implement the LCP into a pilot site and learn from its potential impact. This is quite different from the approach traditionally used in healthcare settings.

There are 4 stages to the cycle:

- **Plan**  
  Agree the change to be implemented
- **Do**  
  Carry out the change & measure the impact
- **Study**  
  Study data before and after the change and reflect on learning
- **Act**  
  Plan the next change cycle or implementation
This PDSA Cycle supports the key questions:
- What are we trying to achieve?
- How will we know if the change is an improvement?
- What changes can we make that will sustain the improvements we seek?

Further reading:

www.modern.nhs.uk/improvementguides

LCP Facilitator
The LCP Central Team UK within the Marie Curie Palliative Care Institute Liverpool (MCPCIL) suggests an LCP Facilitator approach. The LCP Facilitator is advised to attend an LCP Foundation Study Day and familiarise themselves with the 10 step programme. All Facilitators will need to consider an exit strategy for themselves if the post is fixed term and a sustainability model for the LCP programme within the clinical environment.

Suggested Models

Hospital
1 WTE / Sessional LCP Facilitator linked with the Hospital Specialist Palliative Care Service for approx 1 yr – Hospitals of 500+ beds may require more than one facilitator & or a facilitator for up to 2 yrs

Hospice
Sessional Commitment from an LCP Facilitator for approx 6 months

Community
Depending on size of locality – 1 WTE LCP Facilitator attached to the Community Palliative Care Service for approx 6 – 12 months – (this could be a joint post with a Gold Standards Framework (GSF) & or Preferred Priorities of Care (PPC) Facilitator in the UK – see end of life website) www.endoflifecareforadults.nhs.uk

Care Home
Depending on number of beds & number of GP’s covering – sessional LCP Facilitator for 1 year linked with community or hospice palliative care service
Register with the LCP Central Team UK (MCPCIL)

It is in your interest to register and check that we have your details on the data base so that we can offer you support

Registering the project with the LCP central team UK brings a number of benefits. The LCP Central Team UK can offer much support and advice on implementing and sustaining the use of the LCP at various milestones throughout the implementation process. For example, data from the recommended retrospective audit of practice (Base Review – see step 3) can be analysed by the LCP Central Team UK and fed back to implementing teams, not only in the form of a data base but also as part of a Power Point presentation which can be used to provide feedback locally to staff. The LCP Central Team UK will also undertake analysis of the first 20 pathways used (see step 6). Registration provides the opportunity for organisations to receive up to date information regarding the pathway, including updated versions of the document and news of developments.

LCP Central Team UK (MCPCIL) Learning & Teaching Activities

The LCP Central Team also provides a programme in the form of Foundation and Advanced Study Days and an Annual Conference. This programme aims to support key staff in implementing and sustaining the use of the LCP within the clinical environment.

The Foundation Day focuses on techniques for priming the environment for change. It is helpful if key staff can attend this day prior to the commencement of the implementation phase. It discusses the concept of pathways, the development of the LCP, and also enables staff to understand the purpose and process of base review. In addition the key leads / champions are encouraged to identify issues relating to implementation of the LCP into their own clinical areas.

© MCPCIL Website – www.mcpcil.org.uk ©
Phase 2: IMPLEMENTATION
STEP 2 – Development of Documentation

- Local Steering Group meets to discuss LCP and amend prompts according to local need. It is important that the Goals on the LCP remain the same, to enable benchmarking in the future.
- Supportive documentation identified, and leaflets produced.

The local steering group should review the LCP document and amend it according to local need. However, it is vital that the goals on the pathway should not be altered as this would mean that the document would become fundamentally different from the LCP and might not be suitable to be included in any future benchmarking or National Audit programmes. Nevertheless, the prompts, which support the goals, can be adapted to better reflect local practice, provided that they do not alter the meaning of the stated goals. Extra goals may also be added to the document should the need arise locally.

© MCPCIL Website – www.mcpcil.org.uk ©
Please review the LCP Goal Definitions / Data Dictionary Document which can be found on the MCPCIL website.

The Steering Group needs to consider clinical guidance – what is currently in place that may support the implementation of the LCP – resuscitation guidance, prescribing guidance, the importance of anticipatory prescribing, local policies and procedures e.g. rehydration, skin management and existing documentation
Clear decisions need to be made about what is covered by the LCP and what local documentation can be replaced by the LCP or if specific documentation needs to remain.

Core information leaflets are recommended by the LCP:
- Relative / Carers information leaflet
- Facilities information leaflet
- Coping with Dying leaflet
- Grief and Bereavement information

© MCPCIL Website – www.mcpcil.org.uk ©
You can view and order a selection of leaflets within the ‘LCP & Associated Documentation’ section of the website
Phase 2: IMPLEMENTATION
STEP 3 – Base Review / Retrospective audit of current documentation

- Contact LCP Central Team UK (MCPCIL)
- Obtain 20 original Base Review Proformas
- Review 20 sets of current documentation in accordance with the Guidance Notes for a Base Review
- Send completed (anonymised) proformas to the LCP Central Team UK – Evaluations Unit
- Base Review Analysis and associated report available in 4 - 6 weeks
- It may be appropriate to undertake more than 1 Base Review across an organisation – for further advice – contact the LCP Central Team UK

Participating organisations are encouraged to undertake a retrospective audit (Base Review) of the routine documentation of care given to dying patients in their organisation / Institution. The main purpose of this exercise is to highlight and reinforce the need for change.

The base review involves organisations identifying a set of 20 recent consecutive notes from within the proposed pilot area. The information contained within the notes is then scrutinised for evidence that appropriate care has been delivered in the dying phase against the goals of care identified on the LCP.

A set of guidance notes is available from the LCP Central Team UK to assist organisations / Institutions in systematically coding the information onto scannable proformas to ensure confidentially and adhere to data protection guidance. Patient demographic information regarding primary diagnosis, gender and age is also collected. (The data collected is anonymised)

The information is then returned to the LCP Central Team UK - Evaluations Unit who analyse the data descriptively and report back the results to participants within 4 – 6 weeks. In the main, the feedback consists of simple charts that illustrate, at a glance, where the documentation of care is good and where it might be improved.
Phase 2: IMPLEMENTATION
STEP 4 – Induction / Education Programme / Pilot Site

- Implement intensive education programme over a 6-week period to include all members of the clinical team.
- Ensure an LCP Resource Folder is available within the clinical area.

Education at this stage is primarily focused into making sure that staff understand the document fully and are able to complete it accurately – see the goal definitions / data dictionary document on the website;

© MCPCIL Website – www.mcpcil.org.uk ©
Please review the LCP Goal Definitions / Data Dictionary Document which can be found on the MCPCIL website within the ‘LCP & Associated Documentation’ section of the website

They may, in addition, require education related to the wider issues involved in using the LCP such as communication skills, pain and symptom control, cultural and spiritual issues. The provision of a resource folder containing relevant evidence-based documentation and guidance is recommended to support the implementation process.

Increasingly, a package of educational and information resources is being sought to support the endeavours of LCP facilitators in providing timely educational input at an appropriate level to support the implementation and sustainability of the LCP in the local environment. A project has recently begun within the Marie Curie Palliative Care Institute (MCPCIL) to develop and evaluate an ‘Educational Toolkit’ for use with the LCP. The planned ‘action research’ based project will develop a variety of learning resources, both lecture format and more informal teaching approaches to support medical and nursing colleagues in their use of the LCP.

Some LCP Facilitators feel that this is an appropriate time to attend the Advanced LCP Study Day for an opportunity to network with other implementers but often the Advanced Day is more pertinent at Step 5.
Phase 2: IMPLEMENTATION
STEP 5 – Clinical Implementation of the LCP in pilot sites

- **Implement** – use the LCP in the clinical area / Pilot site(s).
- **Provide educational support** within the clinical area to staff when patients are cared for on the LCP.

Once the relevant group of staff has received their educational input, the implementation phase can begin. This is likely to be the most ‘hands on’ phase of the project, where LCP facilitators/ key champions / members of the specialist palliative care team will need to ensure that they are available within the pilot sites to offer ongoing support each time the document is used. Maintaining a ‘high profile’ during this period is imperative for success, as is ensuring strong links between staff on the pilot areas and the Specialist Palliative Care Team. Liaison between staff and the LCP facilitator/specialist team each time an LCP is used is a good way to increase specific knowledge and confidence in caring for dying patients and their families.

High visibility in the Clinical area of the LCP Facilitator / key champion and Specialist Palliative Care Team is helpful in support of troubleshooting and sustained encouragement and momentum.

Education Programmes vary greatly depending on the size and location of the clinical organisation & the level of existing knowledge & availability of educational programmes.

Attendance at an LCP Advanced Day run at a number of locations across the UK may be helpful at this time to network with other facilitators re challenges, troubleshooting and successes.

A project has recently begun within the Marie Curie Palliative Care Institute (MCPCIL) to develop and evaluate an ‘Educational Toolkit’ for use with the LCP. The planned ‘action research’ based project will develop a variety of learning resources, both lecture format and more informal teaching approaches to support medical and nursing colleagues in their use of the LCP.

© MCPCIL Website – www.mcpcil.org.uk ©
More information on study days (including dates, venues and cost) can be found within the ‘Learning & Teaching’ Section of the website.
• Review the LCP each time it has been completed and discuss the outcomes of care
• Reflect on key challenges
• Post Pathway Analysis of first 20 used in the environment

This process of ongoing review each time a LCP is used provides the opportunity for staff to actively engage in reflective practice this practice should continue at least for the first few months after the introduction of the document. Taking the opportunity to reflect formally on and discuss the specific elements of the care delivered allows the transfer and cementing of knowledge and helps to build confidence in the use of the document. Such ongoing reflection not only has the potential to highlight any inherent challenges to the delivery of optimum care, but also provides an opportunity to acknowledge and celebrate success whenever appropriate.

Whilst ongoing reflection with the staff directly involved in the delivery of care using the LCP is of paramount importance, it is also useful to take the opportunity to reflect in a more formal, quantitative way once a sizeable amount of LCP’s have been used within the pilot sites.

The LCP Central Team UK offer assistance to participating registered organisations to audit the first 20 LCPs used in the pilot site(s). 20 Post Pathway analysis Proformas can be obtained from the LCP Central Team UK, Evaluations Unit. Organisations / Institutions systematically code the information from their LCP’s onto scannable proformas to ensure confidentially and adhere to data protection guidance. Patient demographic information regarding primary diagnosis, gender and age is also collected. (The data collected is anonymised)

This provides tangible feedback that can be disseminated more widely to key staff and highlight any improvements in the environment since the implementation of the LCP.

The information gained from the audit can point to areas where further education or training would be useful and can lead to appropriate amendments to the ongoing education programme. It can also provide useful information about organisational issues, such as the availability of resources.

The feedback report is of a similar format to that of the Base Review and is returned to an organisation within 4 - 6 weeks. The reports are designed to provide useful information in an accessible and easily interpretable format, using bar charts to illustrate the proportion of ‘achieved’ (goal met), ‘variance’ (goal not met) and ‘not applicable’ coded on the pathway at the time of delivery of care, along with the proportion of missing data (i.e. nothing coded on the pathway against that particular goal). This element of evaluation will inform the direction of education development for the future.
Evaluation and review of current status will inform the direction of education for the future. It may highlight further educational needs for the future: E.g

- Spirituality
- Psychosocial skills
- Communication skills
- Religion

One mechanism for sustainable education and dissemination of the LCP has been to develop a link nurse programme. The LCP Central Team UK would recommend that there is a lead facilitator / key champion within each clinical area when the LCP is implemented. The value of getting these clinicians together to network and share challenges and successes can be extremely helpful.

An example of how this can be achieved is the Palliative Care Team Network Nurse Programme that has been running for some years within the Royal Liverpool and Broadgreen University Hospitals NHS Trust. The aim of this programme is to enhance the knowledge and skills of interested generic nurses in the palliative care approach (via regular liaison with the Hospital Specialist Palliative Care Team - HSPCT) to enable them to take a lead role in the management of patients with palliative needs, including those in the last days of life.

The programme specifically addresses issues such as the management of pain and other symptoms, communication and psychological support, care of the dying, and dealing with complex placement issues. Network Nurses are encouraged to share their knowledge and skills (including how and when to use an LCP) with others in their immediate environment using a cascade model of teaching. The Programme was subjected to a questionnaire evaluation (Jack et al, 2004) where respondents reported that it had been beneficial, particularly in providing them with increased palliative care knowledge, support and important networking opportunities. This process is currently being re evaluated in 2009.
A project has recently begun within the Marie Curie Palliative Care Institute Liverpool to develop and evaluate an ‘Educational Toolkit’ for use with the LCP. The planned ‘action research’ based project will develop a variety of learning resources, both lecture format and more informal teaching approaches to support medical and nursing colleagues in their use of the LCP and includes more information on the Network Nurse Programme.

There is a National MCPCIL Conference held annually which provides an effective forum not only for clinicians to keep up to date with developments, but to disseminate work that they may be undertaking locally themselves.

© MCPCIL Website – www.mcpcil.org.uk ©
You may want to view the following documents on the website:

- LCP Helpful References (within the ‘LCP & Associated Documentation’ section)
- Network Nurse Document (within the ‘LCP Learning & Teaching section of the website)

More information about the National Conference and study days are within the ‘Learning & Teaching' section
**Phase 4 : SUSTAINABILITY**

**STEP 9 – Organisational recognition that all staff who work with people who are dying are trained to look after dying patients and their carers within an agreed organisational / educational strategy**

- Ongoing sustainable education and support programmes need establishing within the organisation in support of the LCP to continue to embed the LCP framework within the culture of an organisation / Institution.

Passing on specialist skills and knowledge to generic healthcare workers for further dissemination directly into the clinical environment is a valuable mechanism in the spread and sustainability of the LCP framework. It is vital, however, that such clinicians are able to develop skills that will allow them to facilitate the work of others. This means that they will need to be updated regularly in all aspects of palliative care, but most importantly in current developments relating to the LCP.

The organisation with the support of Specialist Palliative Care Service and existing educational leads need to coordinate an ongoing support mechanism appropriate for the clinical staff within the organisation in support of ongoing LCP education with the role of the specialist service clearly defined.

A project has recently begun within the Marie Curie Palliative Care Institute Liverpool to develop and evaluate an ‘Educational Toolkit’ for use with the LCP. The planned ‘action research’ based project will develop a variety of learning resources, both lecture format and more informal teaching approaches to support medical and nursing colleagues in their use of the LCP and includes more information on sustainability models.
Establish a framework of analysis to feedback to staff on a regular basis and to inform the Clinical Governance agenda
Develop formal strategy to reflect Care of the Dying within the organisation / Institution at performance management level

One of the major challenges to organisations using the LCP framework is to find ways to spread and sustain the use of the LCP beyond the initial implementation phase.

A project has recently begun within the Marie Curie Palliative Care Institute to develop and evaluate an ‘Educational Toolkit’ for use with the LCP. The planned ‘action research’ based project will develop a variety of learning resources, both lecture format and more informal teaching approaches to support medical and nursing colleagues in their use of the LCP and includes more information on sustainability models. The development of the toolkit and the Network Nurse Programme (see Step 8) will undoubtedly be important elements in this regard, but equally vital is the timely feedback of data on progress both to clinical staff working with the document, staff responsible for the delivery of education and to organisational managers who have responsibility for the allocation of scarce resources.

The structure of the LCP makes it relatively easy to audit and, through the establishment of links with local clinical audit departments, it should be possible to provide ongoing relevant and up to date information concerning aspects of the delivery of care in the dying phase. This type of information is also likely to be useful in performance management within an organisation.

In addition, using the LCP to deliver and track care in the dying phase facilitates comparative audit with other organisations that are using the document. Data can be brought together to illustrate care in a wider context and to allow organisations to understand their own level of comparative performance in relation to similar settings.

The first National Care of the Dying Audit – Hospitals (NCDAH) was undertaken by the MCPCIL and the Royal College of Physicians supported by Marie Curie Cancer Care & the Department of Health UK. This assessed the quality of care given to 2672 patients who died across 94 hospital trusts in 118 hospitals in 2006 / 07. The quality of care for each patient had been documented through the use of the LCP. Each hospital provided information on up to 30 patients. Over half of the patients reported did not have cancer.

The audit enabled trusts to benchmark their performance against national findings on a range of domains, including:

- Physical comfort of the patient
- Psychosocial & spiritual aspects of care
- Communication
- Information giving & receiving
- Following appropriate procedures

The second round of this national audit commenced October 2008.
Results / Reports from NCDAH Round 1 (2006 / 2007) can be found within the ‘Research & Development’ Section

The recently published End of Life Care Strategy UK recommends the LCP or similar framework be used in all expected deaths wherever people die.


“How we care for the dying must surely be an indicator of how we care for all sick and vulnerable people. It is therefore paramount that care of the dying is recognised as a core activity with the same rigorous measures and outcomes as applied to other areas of health and social care.

How people die will remain in the lasting memory of relatives, carers, health and social care staff and so it is important that staff recognise their responsibility to provide the best possible care at the end of life”

Professor Mike Richards
Chair: End of Life Care Strategy Advisory Board

LCP Current Status at 01.08.09

Round 2 of the NCDAH data will be disseminated to participating hospitals in August 09 with action planning workshops held in the autumn of 09.

Version 12 LCP will be published on November 25th 2009 at the National LCP Conference at the Royal Society of Medicine, London. [www.rsm.ac.uk/palliative](http://www.rsm.ac.uk/palliative)

The consultation period is under way – if you have a view make it known via the News button on the Institute web site.

lcp.enquiries@rlbuht.nhs.uk