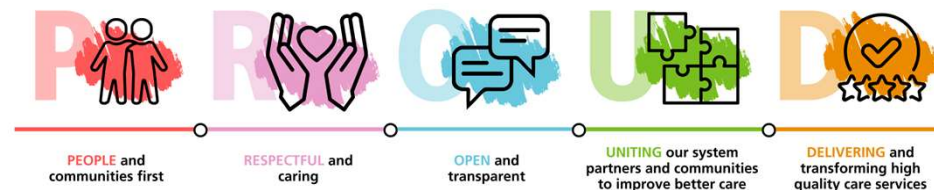


Integrated Primary Care Performance Report

January 2025



Executive Summary

- The Integrated Primary Care Performance Report (IPCPR) is produced each month to provide the latest position against key strategic primary care published performance metrics. The report contains the most recent data available at the time of writing and it should be noted that this can vary between metrics.
- The report consists of a Summary and Benchmarking table (slide 3) followed by a more detailed overview of each metric displayed on a separate pages.
- The IPCPR, and the metrics contained within, is received/considered by several groups and Committees within the ICB:
 - **Groups:**
 - Primary Medical Services Operational Group
 - Primary Ophthalmic Services Group
 - Primary Services Dental Group
 - Pharmaceutical Services Group
 - Medicines Safety Group
 - Antimicrobial Stewardship Committee
 - Primary Care Quality Group (PCQG)
 - Primary & Integrated Care Transformation Programme (not a formal ICB committee).
 - **Committees:**
 - Primary Care Commissioning Committee.
 - Quality Committee. N.B. - The Quality Committee receives the 3A's report which includes a summary of the IPCPR and the full IPCPR is appended. The Quality Committee also receives extracts and details of any metrics/performance areas as escalated by the Primary Care Quality Group.
 - Although the Finance and Performance Committee does not routinely receive this report, the Committee receives the same metric data and a summary narrative within its own reports.

January 2025 Report – performance points of note:

- The number of general practice appointments delivered in a month exceeded 1 million for the first time ever. 1,099,329 appointments were delivered in October 2024 which was 31% higher than in September. This is predominantly due to the influenza vaccination programme which commenced on 1 October and has also affected the performance of metrics 2 and 3.
- A further practice has reduced their prescribing of broad-spectrum antibiotics to below 10%, bringing the total to 177/197 practices having achieved the threshold.
- LSC continues to see a reduction in the prescribing of high dose opioids, with reductions having been seen in all sub-ICB areas since 2019. Although the ICB's prescribing remains above National levels, the gap is closing as the reduction in LSC is at a faster rate.
- LSC achieved the Quarter 3 milestone of 60% of children seeing an NHS dentist in the past 12 months (61.8%)

January 2025 Report – data points of note:

- *The action and risks sections in this report have not been updated for metric 7 (broad-spectrum antibiotic prescribing) as progress is reported quarterly.*
- *Changes have been made to the source data for metrics 15.1 and 15.2 (number of unique patients seen by an NHS dentist) to improve the consistency of the data reported, therefore the activity and plan data (current and historic) will differ from that detailed in previous reports*
- *The appearance of the chart in metric 17. (Pharmacy First Consultations by Type) has changed to be consistent with other charts in the report; there has been no change to the data.*

Primary Care Metric Summary and Benchmarking



**Lancashire and
South Cumbria
Integrated Care Board**

S05 - Meet national and locally determined performance standards and targets					
Key Performance Indicator	Date	ICB COMMISSIONER			
		Plan	Actual	In month	Direction
Number of general practice appointments per 10,000 weighted patients	Oct-24	4523	5452	✓	↑
% of Appointments within 2 weeks of booking (ACC-08)	Oct-24		84.99%		↔
General Practitioner Appointments per General Practitioner FTE	Oct-24		386		↑
FTE doctors in General Practice per 10,000 weighted patients	Oct-24		5.46		↑
FTE ALL CLINICAL staff in GP practices per 10,000 weighted patient population	Oct-24		11.26		↑
GP CQC Ratings (no. practices inadequate or requiring improvement)	Nov-24		3		·
S044b: Antimicrobial resistance: proportion of broad-spectrum antibiotic prescribing in primary care	Oct-24	10%	7.30%	✓	↑
High Dose Opioids : Opioids with likely daily dose of ≥120mg morphine equivalence per 1000 patients	Sep-24		1.01		↔
% of people aged 14 and over with a learning disability on the GP register receiving an AHC	Oct-24	0.00%	34.70%	✓	↑
Units of Dental Activity delivered as a proportion of all units of Dental Activity contracted	Nov-24		95.88%		
Percentage of resident population seen by an NHS dentist - ADULT (Rolling 24 months)	Nov-24		38.85%		↑
Percentage of resident population seen by an NHS dentist - CHILD (Rolling 12 months)	Nov-24		61.58%		↑
Optometrist - NHS Sight Tests	Nov-24		40,110		↔
Pharmacy First Consultations by Type	Sep-24		14,454		

S02 - Equalise opportunities and clinical outcomes*							
Blackburn with Darwen	Blackpool	Lancashire - East	Lancashire - Central			Lancashire - Coastal	South Cumbria
BwD (00Q)	Bpool (00R)	EL (01A)	CSR (00X)	GP (01E)	WL (02G)	FW (02M)	Mbay (01K)
4581	4690	5243	6049	5520	6227	6448	5469
88.10%	82.40%	82.30%	89.60%	90.30%	85.70%	79.50%	85.70%
420.5	323.2	364.3	412.6	314.4	396.8	438.1	432.6
5.08	4.67	5.26	5.78	6.68	5.49	4.52	5.99
8.43	10.9	10.67	10.94	12.07	10.11	11.87	13.35
0	0	0	2	0	0	0	1
5.38%	7.85%	5.46%	7.03%	7.74%	7.90%	8.37%	9.03%
1.261	1.705	0.669	0.736	0.518	1.588	1.679	0.85
34.80%	28.70%	35.60%	40.60%	39.00%	15.90%	34.60%	36.40%

Metric No.	COMMITTEE / GROUP
1	PCCC / PMSG
2	PCCC / PMSG
3	PCCC / PMSG
4	PCCC / PINCTP
5	PCCC / PINCTP
6	PCCC / PMSG / PCQG
7	QC / PCQG / AMSC
8	QC / PCQG / MSG
12	PCCC / QC / PCQG / F&P
14	PCCC / F&P / PSDG
15.1	PCCC / F&P
15.2	PCCC / F&P
16	PCCC / POSG
17	PCCC / F&P / PSG

* The place-level colour coding shows the range of Sub ICB performance per metric; (except for metric 7); green denotes the strongest performing place and red the poorest performing, a linear colour gradient is used to show the variability between these two values. For metric 7 (S044b: broad-spectrum antibiotic prescribing) the color coding denotes how far away a place is from the 10% target, anything above 10% is denoted as red.

Committee / Group Acronym Key

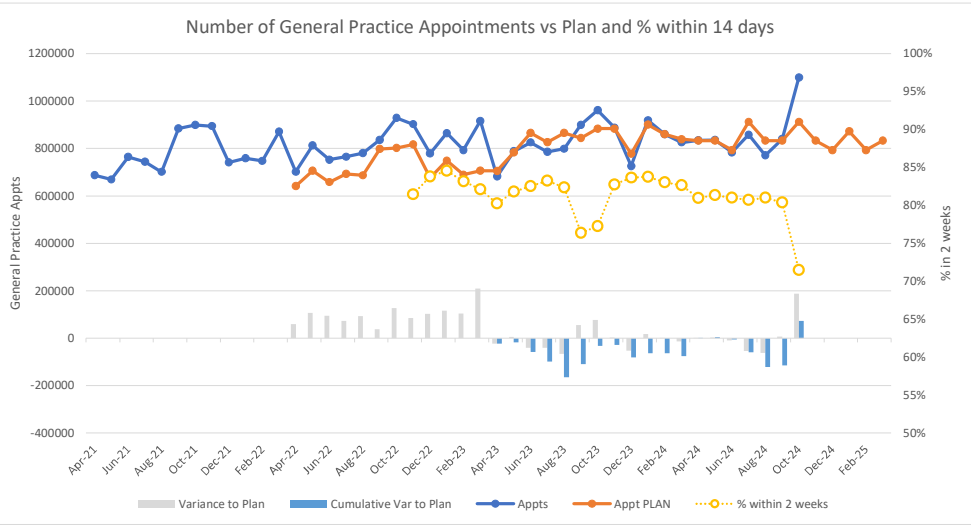
PCCC	Primary Care commissioning Committee	QC	Quality Committee	F&P	Finance & Performance
PMSG	Primary Medical Services Group	PCQG	Primary Care Quality Group		
PSDG	Primary Dental Services Group	MSG	Medicines Safety Group		
PSG	Pharmaceutical Services Group	AMSC	Antimicrobial Stewardship Committee		
POSG	Primary Ophthalmic Services Group				
PINCTP	Primary & Integrated Care Transformation Programme				

Activity Metric	1. Number of general practice appointments per 10,000 weighted patients : Oct-24									
	Primary Care Commissioning Committee / Primary Care Medical Services Group									
	Group Chair:	Peter Tinson	SRO:	Donna Roberts	Clinical Lead:	Dr Lindsey Dickinson / Dr Peter Gregory				



This metric measures:
 The data is collated from general practice appointment data (GPAD) , is currently listed as 'experimental' by NHSE. It provides an incomplete measure of activity for individual GP practices. Changes in activity levels in practices may be impacted by both changes in demand and capacity. Month to month changes are frequently influenced by seasonal changes in activity, annual trend data is more helpful to provide a longitudinal comparison.
 N.B. GPAD data excludes covid vaccination appointments but does count other vaccination appointments for example influenza and RSV.

National	North West	LSC	BwD (00Q)	Bpool (00R)	EL (01A)	CSR (00X)	GP (01E)	WL (02G)	FW (02M)	Mbay (01K)
6,214	5,381	5,452	4581	4690	5243	6049	5520	6227	6448	5469



- What does this tell us?
- In October 2024 there were over 1 million (1,099,329) general practice appointments in LSC; the highest number to date. This is 31% above last month's activity level of 839,485 appointments.
 - The significant increase is due to the influenza vaccination programme which commenced on 1 October (in previous years this has been spread over September and October), the commencement of Respiratory Syncytial Virus (RSV) vaccination programme and practices changing their operational models in preparation for winter.
 - All places have seen increases of over 20% in appointment numbers compared to last month. The variation between places (from +40.0% in CSR to +22.4% in BwD) is due to differences in vaccination uptake levels, practice operational models and ability of the national system to capture a practice/PCN Acute Respiratory Infection (ARI) Hub appointments and/or online consultations.
 - Despite October's increases LSC still offered fewer general practice appointments per head of population than the national average (-12%).
 - The number of appointments undertaken by a GP has increased but the proportion of GP appointments has decreased (this is usually around 43% for LSC, but in October dipped to 38.7%) as although some GPs will have provided vaccinations the majority are undertaken by nurses and other direct care staff.

- Actions:
- ARI Hubs are operational across the ICB and aim to provide an additional 90,000 appointments between September 2024 to March 2025 (see overleaf for more information).
 - Work continues within the Primary Care Team to improve access to general practice services including promoting and supporting practices with their implementation of the modern general practice model.
 - 44 practices (22%) have attended locally provided care navigation training, this is on top of the national NHSE training offer. Work is ongoing to review current marketing and promotional activities of the ICB's navigation training with the aim of increasing uptake over the winter period.
 - 96.9% of LSC practices are registered with the national patient online registration service, which is above the national target of 90%. The service intends to make it easier for patients to register with a practice and reduce the administrative burden for practices.

- Risks:
- There remains a significant risk that the current national GP contract dispute and subsequent GPCA will impact on patients' access to general practice services and therefore the ICB's access performance.
 - It is not possible to quantify due to online consultations data not being included in GPAD, therefore these appointments are 'hidden' from this data set.
 - ARI activity is underrepresented in GPAD data therefore there is a potential underestimation of additional primary care capacity / activity.

Activity Metric	1.a. Number of Acute Respiratory Infection Hub appointments: November 2024									
	Primary Care Commissioning Committee / Primary Care Medical Services Group									
	Group Chair:	Peter Tinson	SRO:	Donna Roberts	Clinical Lead:	Dr Lindsey Dickinson / Dr Peter Gregory				



- Acute Respiratory Infection (ARI) Hubs activity plans are indicative as hubs are given the ability to flex capacity to meet demand. Due to the nature of respiratory illness it is expected that demand and corresponding activity will be greater across the months of December, January and February.
- The Fleetwood service experienced initial low referral levels (-28% below planned levels in November) due to lack of awareness/understanding of the hubs; following engagement with the provider and local practices referrals have increased significantly from December onwards (averaging over 1,000 refs/mth)
- Following unprecedented urgent care pressures in December and a System ask, ARI activity planned for March 2025 was brought forward into December for targeted areas. The impact of this will be reported in the February performance report.
- The ICB is not expecting for any ARI Hubs to report underperformance at the end of March. Regular meetings with providers will continue to be held whilst the services are operational to discuss operational issues and monitor activity levels.

Sub-ICB Area	Provider (key partners in delivery)	Total Planned Appointments (September 2024- March 2025)	Most recent Month's Activity November 2024				Year to Date Activity (Sept-Nov)			
			Plan	Actual	Variance		Plan	Actual	Variance	
Blackpool	Bloomfield Medical (Whitegate Drive HC)	7,986	1,016	964	-52	-5%	1,793	1,623	-170	-9%
BwD	Local Primary Care/ELMS (Blended model)	8,686	1,320	1,338	+18	+1%	3,842	3,899	+57	1%
East Lancs	East Lancashire Alliance (Blended)	19,720	3,191	3,133	-58	-2%	6,849	6,830	-19	-0%
Fylde & Wyre	FCMS (PCN-based, practice spokes, Fleetwood HC)	7,522	1,092	783	-309	-28%	2,805	1,751	-1,054	-38%
	WREN PCN (PCN-based, practice spokes)	3,149	451	589	+138	+31%	1,411	1,442	+31	2%
West Lancashire	OWLS / Out of Hours West Lancashire CIC	5,873	928	864	-64	-7%	2,004	1,937	-67	-3%
Chorley & South Ribble	Bridgedale PCN (PCN based, practice spokes)	9,388	1,663	1,491	-172	-10%	2,231	1,826	-405	-18%
	Chorley & South Ribble PCN (PCN based, practice spokes)									
	Preston South Ribble PCN (PCN based, practice spokes)									
Greater Preston	Greater Preston PCN / Preston North & East PCN (1 PCN based, practice spokes)	10,106	1,295	1,649	+354	+27%	4,084	4,815	+731	20%
Morecambe Bay	Bay PCN (PCN-Based, practice spokes)	2,855	440	369	-71	-16%	684	600	-84	-12%
	Lancaster PCN (PCN-based)	3,388	826	819	-7	-1%	1,451	1,423	-28	-2%
	Carnforth & Milnthorpe PCN (PCN-based, practice spokes)	1,706	244	345	+101	+41%	609	493	-116	-19%
	Morecambe Bay PCC/Cumbria Health (PCN-based, practice spokes, Kendal UTC, Barrow A&E)	9,621	1,189	1,488	+299	+25%	3,729	3,793	+64	2%
All	TOTAL	90,000	13,655	13,832	+177	+1%	31,492	30,432	-1,060	-3%

Activity
Metric

2. % of appointments within 2 weeks of booking [ACC-08 Appointment types] : Oct-24

Primary Care Commissioning Committee / Primary Care Medical Services Group

Group Chair: Peter Tinson

SRO: Donna Roberts

Clinical Lead: Dr Lindsey Dickinson / Dr Peter Gregory



**Lancashire and
South Cumbria**
Integrated Care Board

This metric measures:

This data is collated from practice appointment data, is currently listed as 'experimental' by NHSE. The data has previously been part of a Primary Care Network (PCN) performance metric, this use has been discontinued and in 2024 exception reporting was introduced that potentially will make longitudinal assessment of the data difficult. It can provide an assessment of access but this use is significantly impacted by levels of deprivation within a practice population (areas of lower deprivation typically have more appointments booked <2 weeks).

N.B. The national contractual incentive for ACC-08 has been removed for general practices in 2024/25, although this remains as a metric for the ICB.

What does this tell us?

- In Oct-24, 85.0% of General Practice appointments with one of the 8 specified appointment categories were offered within 2 weeks of booking. This is a reduction of 2% compared to the previous month.
- In L&SC 50.0% of these appointments were offered on the same day and this is lower than the national average (52.3%)
- The LSC decreases in proportion of same day and 2 week appointments is mirrored in both regional and national data as this is mainly due to the impact of vaccination appointments which are usually booked weeks/months in advance.
- The ICB has set a plan to increase to 87.64% of appointments being held within 2 weeks of booking, despite the dip in October the ICB is on track to achieve this.
- There remains variation at sub-ICB (and lower) levels against this target which has been further impacted this month by the impact of the influenza vaccination programme. This is most evident in F&W which has seen the greatest month on month change of -6.3%.

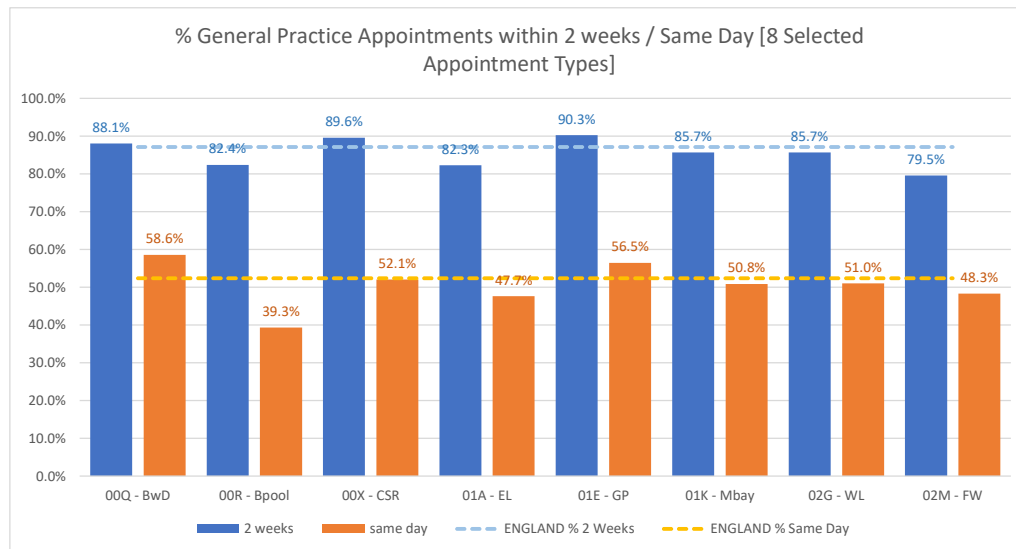
Actions:

- The GP access programme schemes will help to promote the effective triage and signposting of patients as well as them being seen within two weeks of booking.
- This includes supporting PCNs to meet the three capacity and access improvement payment (CAIP) requirements. Despite this being an area of GPCA (with practices likely to delay declaration until March 2025), in November and December the ICB saw a growing number of PCNs declaring implementation.
- As of 1 January 2025 the number of PCNs have confirmed they have completed implementation are:
 - Better digital telephony = 13 PCNs covering 50 Practices (25%) (in Sept. this was just 1 PCN)
 - Highly usable and accessible online journeys for patients = 15 PCNs covering 54 (27%) (in September this was just 3 PCNs)
 - Faster care navigation, assessment, and response = 17 PCNs covering 64 Practices (32%) (in September this was just 5 PCNs)

Risks:

- There is a risk that this metric will also be affected by the GPCA, as detailed under Metric 1.
- Ability of the ICB plan for 87.64% of patients seen within two weeks of booking (ACC-08) due to increases in the direct care workforce who see a lower proportion of patients within these timescales, and that the national contractual incentive for ACC-08 was removed for general practices in 2024/25.

National	North West	LSC	BwD (00Q)	Bpool (00R)	EL (01A)	CSR (00X)	GP (01E)	WL (02G)	FW (02M)	Mbay (01K)
87.1%	87.2%	85%	88.1%	82.4%	82.3%	89.6%	90.3%	85.7%	79.5%	85.7%



Activity Metric	3. General Practitioner Appointments per General Practitioner FTE : Oct-24									
	Primary Care Commissioning Committee / Primary Care Medical Services Group									
	Group Chair:	Peter Tinson	SRO:	Donna Roberts	Clinical Lead:	Dr Lindsey Dickinson / Dr Peter Gregory				



This metric measures:
This metric is built from GP appointment data being linked with NHS GP workforce data. It provides an approximation of workload intensity for individual GPs. There is not a current benchmark or defined limits for appropriate workload intensity. This metric is helpful to monitor medium term workload trends. The metric is limited by not capturing all General Practitioner activity.

September 2024

National	North West	LSC	BwD (00Q)	Bpool (00R)	EL (01A)	CSR (00X)	GP (01E)	WL (02G)	FW (02M)	Mbay (01K)
347	320.4	331.1	366.1	292.4	337.7	331.7	281.6	357.2	348.4	345.6

October 2024

National	North West	LSC	BwD (00Q)	Bpool (00R)	EL (01A)	CSR (00X)	GP (01E)	WL (02G)	FW (02M)	Mbay (01K)
402.8	376.2	386.0	420.5	323.2	364.3	412.6	314.4	396.8	438.1	432.6

What does this tell us?

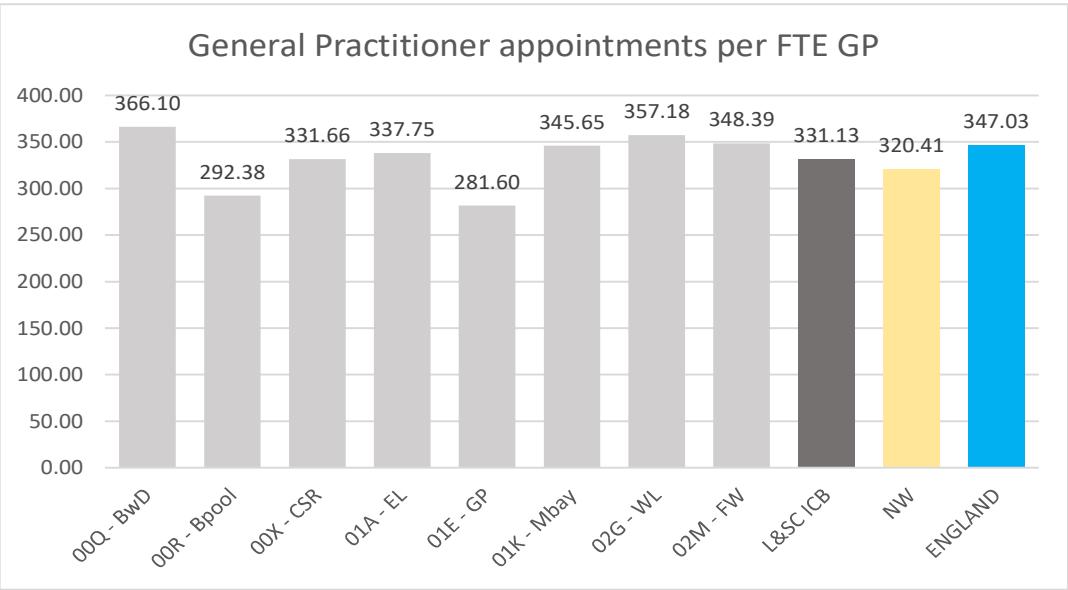
- The October increase in general practice appointments is also evident in this data set (General Practitioner Appointments per General Practitioner FTE), both L&SC and nationally.
- For October the number of appointments per GP across L&SC is marginally higher than the North West average though lower than the national average.
- There are variations by sub-ICB (and PCN / Practice) with BwD, Mbay and F&W GPs undertaking more appointments per FTE GP than national average.
- This data also uses GPAD data as its basis which is nationally recognised to be experimental and will not capture all online consultations.

Actions:

- As this is a combined metric for GP Access and Workforce the actions for this metric are the same as those for the GP Access and workforce metrics, as described in slides 4, 6, 8 and 9.
- An exploration of staffing models and appointment data is included in discussions with practices at their Proactive GP Support Visits.

Risks:

- This data (as it also uses GPAD as its basis) does not include GP online consultations data for the majority of L&SC practices as this is dependent upon the online consultation software provider. Therefore this activity does not reflect the full appointment activity undertaken as it is 'hidden'.
- There is a risk that GP practices may not recruit additional GPs as the costs of running a practice are increasing putting pressure on their budgets, affecting their recruitment plans.
- There are concerns the National Insurance increases for employers may also negatively affect practices' staffing costs and finances and therefore their decisions to recruit.



Activity
Metric

4. FTE Doctors per 10,000 weighted patients : Oct-24

Primary Care Commissioning Committee / Primary and Integrated Neighbourhood Care Transformation Programme Group

Group Chair: Peter Tinson

SRO: Paul Juson

Clinical Lead: Dr Lindsey Dickinson / Dr Peter Gregory



**Lancashire and
South Cumbria**
Integrated Care Board

This metric measures:

The data is obtained from monthly NHS workforce returns and provides an assessment of the number of full time equivalent (FTE) General Practitioners covering a population. Is an indicator of General Practitioner capacity within the populations.

October 2024:

National	North West	LSC	BwD (00Q)	Bpool (00R)	EL (01A)	CSR (00X)	GP (01E)	WL (02G)	FW (02M)	Mbay (01K)
6.18	6.05	5.46	5.08	4.67	5.26	5.78	6.68	5.49	4.52	5.99

What does this tell us?

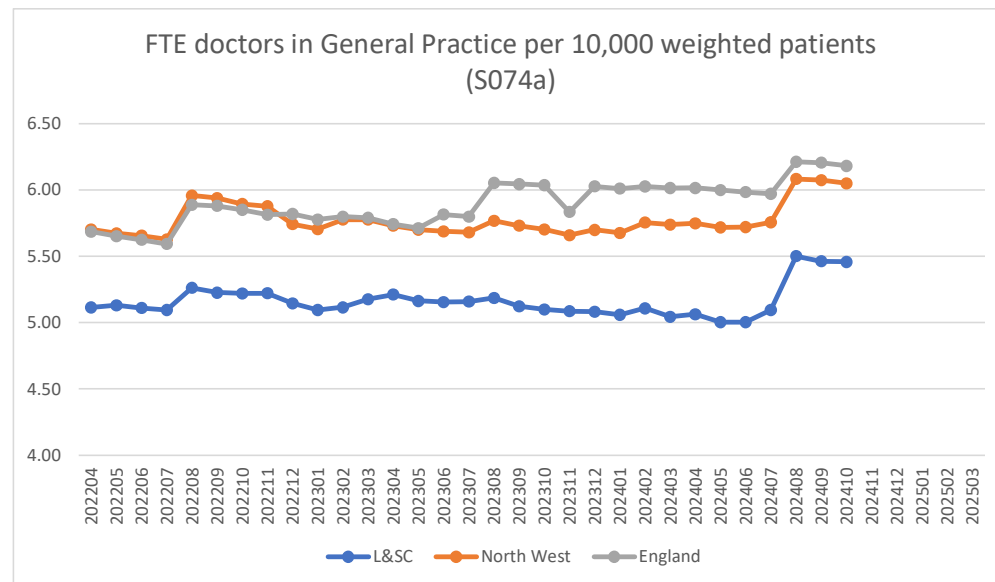
- The number of FTE doctors per 10,000 patients in LSC for October 2024 remains the same as last month at 5.46.
- L&SC is still below national and regional rates for the number of FTE doctors per 10,000 patients. However, both regionally and nationally October saw a slight reduction in the numbers of FTE doctors per 10,000 weighted patients (national decrease from 6.21 to 6.18 and within the north west a decrease from 6.08 to 6.05).
- There is local sub-ICB variation with Blackpool and Fylde & Wyre areas seeing the lowest number of GPs covering their populations.

Actions:

- To date, a combined 26 recently qualified FTE have been recruited by 10 of the ICB's 42 PCNs under the PCN Additional Roles Reimbursement Scheme (ARRS) which was expended in October 2024.
- The Primary Care Team has noted the challenges faced by PCNs in recruiting under the scheme, which does not allow flexibility in the use of funding to top up the allowable wage offer. The Director of Primary Care has feedback to NHSE suggested changes to the scheme which would support further recruitment.
- ICB workforce development managers remain in place for 2024/25 to support practices and PCNs with recruitment, this includes support with the recruitment of GPs.
- 60% of newly qualified GPs trained in LSC require visa sponsorship. 2024/25 Service Development Funding (SDF) has been allocated to support some practices to access a visa licence to support their recruitment plans.

Risks:

- Given the predictions in workforce as the primary driver of capacity there is assessed to be a risk that demand will exceed capacity for the financial year 2024/25. This will create potential challenges in the quality of care, sustainability of service delivery and access to general practice.
- There is a risk that GP practices may not recruit additional GPs to work in general practice as the costs of running a practice are increasing, putting pressure on their budgets and affecting their recruitment plans.
- There are concerns the National Insurance increases for employers may also negatively affect practices' staffing costs and finances and therefore their decisions to recruit.



Activity
Metric

5. General Practice FTE Clinical Staff by Group per 10,000 weighted patients : Oct-24

Finance and Performance Committee / Primary and Integrated Neighbourhood Care Transformation Programme Group

Group Chair: Peter Tinson

SRO: Paul Juson

Clinical Lead: Dr Lindsey Dickinson / Dr Peter Gregory



**Lancashire and
South Cumbria**
Integrated Care Board

This metric measures:

The data is obtained from monthly NHS workforce returns and provides an assessment of the number of clinical staff working within general practice across a population. It includes General Practitioners, Practice Nurses and individuals providing direct patient care (the latter focusing on ARRS or other allied health professionals working within practice). It doesn't include workforce employed directly by PCNs or other Primary Care Providers. It is an indicator of General Practitioner, Nurse and Direct Patient Care Staff capacity within the populations.

What does this tell us?

- Across all staff groups, LSC remains to have a lower FTE workforce than national average. However, the data shows a slight reduction in the numbers of General Practice FTE clinical staff group per 10,000 weighted patients nationally (11.73 – 11.71) and within the north west (10.84 – 10.81) whereas the figures has remained static within LSC.
- FTE nurses in general practice per 10,000 weighted patients are higher in LSC.
- All other Direct Patient Care (DPC) FTE staff in general practice per 10,000 weighted patients is in line with regional and national averages.
- There are significant variations at Sub-ICB level with Blackburn with Darwen highlighted as having the lowest FTE workforce per 10,000 patients for the total workforce.

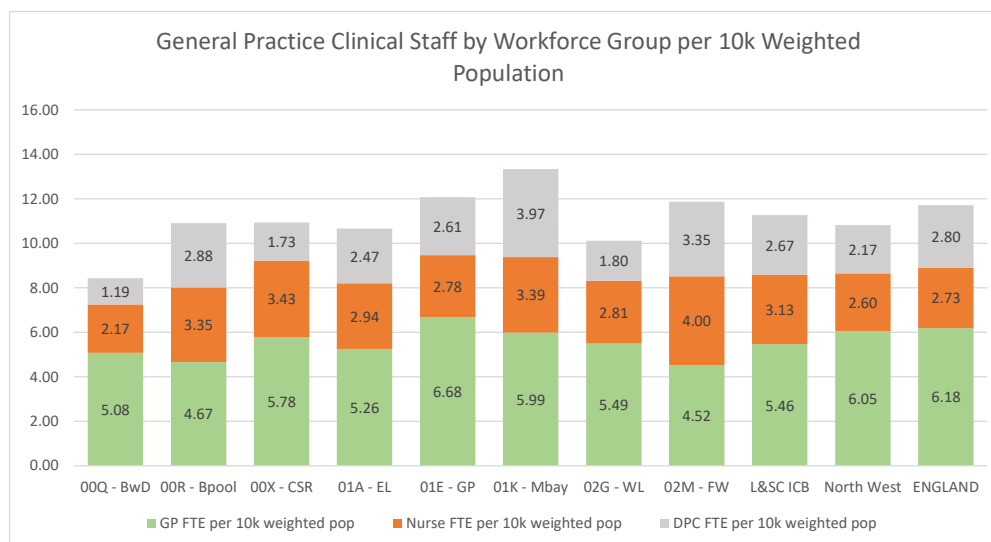
Actions:

- ICB workforce development managers funding continues for 2024/25 to support practices and PCNs with recruitment (SDF funded).
- The training available from the LSC Training Hub (TH), which supports clinical and non-clinical staff in Primary Care, are promoted in the weekly newsletter and the GP Intranet.
- The TH also have a locality team and works with Practices/PCNs to support on recruitment and retention. Within the locality TH team there are General Education Facilitators (GPEFs) that support Nurses and other Nursing roles with all aspects of training, development, placements, and recruitment.
- Through the SDF funding there was a small amount of funding to support for Visa Licences within Practices/PCNs for staff that require a Visa to work in the UK.

Risks:

- As workforce is the primary driver of capacity there is assessed to be a significant risk that demand will significantly
- There is a risk that GP Practices may not recruit additional staff to work in general practice as the costs of running a practice are increasing putting pressure on their budgets, affecting their recruitment plans.
- There is concerns that the new National Insurance increases for employers may also negatively affect practice's staffing costs and finances and therefore their decisions to recruit.

National	North West	LSC	BwD (00Q)	Bpool (00R)	EL (01A)	CSR (00X)	GP (01E)	WL (02G)	FW (02M)	Mbay (01K)
11.73	10.84	11.26	8.42	10.63	10.74	11.20	12.12	10.01	12.15	13.27



Quality Metric	6. GP CQC Ratings (no. practices inadequate or requiring improvement) : December 2024									
	Primary Care Commissioning Committee & Quality Committee / Primary Care Medical Services Group & Primary Care Quality Group									
	Group Chair:	Peter Tinson & Kathryn Lord	SRO:	Peter Tinson	Clinical Lead:	Dr Lindsey Dickinson / Dr Peter Gregory				

This metric measures:
The data is provided by the Care Quality Commission (CQC) following inspections or review of GP surgeries. The focus on inadequate or requiring improvement ratings across the five CQC domains is an indicator of quality of service provided.

No. and percentage of practices rated as inadequate or requiring improvement):

National	North West	LSC	BwD	Bpl	CSR	EL	GP	MB	WL	FW
340	32	3	0	0	2	0	0	1	0	0
[5.3%]	[3.3%]	[1.5%]			[8.7%]			[3.1%]		

Overall Practice CQC Ratings:

Chart Code	Inadequate	Requires improvement	Good	Outstanding	No published rating	TOTAL
00Q - BwD	0	0	22	1	0	23
00R - Bpool	0	0	14	2	0	16
00X - CSR	1	1	19	0	2	23
01A - EL	0	0	40	3	3	46
01E - GP	0	0	23	0	1	24
01K - Mbay	0	1	25	5	1	32
02G - WL	0	0	13	1	1	15
02M - FW	0	0	16	2	0	18
LSC ICB	1	2	172	14	8	197
North West	5	27	851	46	36	965
England	42	298	5499	293	224	6356

- What does this tell us?
- There is no change to the ICB's position since the last report.
 - Out of the 197 general practices in L&SC, two practices are currently reported as 'requires improvement' (RI) by the CQC; one in Chorley and South Ribble, and one in Morecambe Bay.
 - One practice in Chorley and South Practice is rated as inadequate.
 - The majority (186/197) of L&SC practices are rated as 'good' or 'outstanding', with 8 practices having no published rating.

Actions:

The ICB's primary care place teams are engaging with the three practices currently rated as inadequate or requires improvement to identify the improvements required, seek assurance of delivery and where relevant provide support.

- Risks:
- There is a risk that the practices do not meet the requirements of the CQC inspection reports however this is mitigated through the involvement of the ICB in liaising with the practices and providing support, as well as support provided by other bodies such as the local medical committee (LMC)

Quality Metric

7. S044b: Antimicrobial resistance: proportion of broad-spectrum antibiotic prescribing in primary care: 12 months to Oct-24

Quality Committee / Primary Care Quality Group & Antimicrobial Stewardship (AMS) Committee

Group Chair: Kathryn Lord & Peter Gregory SRO: Andrew White Clinical Lead: Peter Gregory

This metric measures:

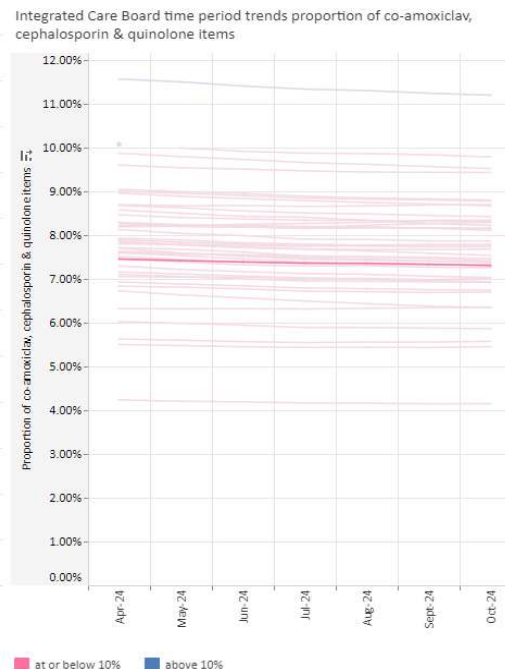
This data is collated from prescribing data and indicates quality of prescribing through responsible antibiotic stewardship. It measures the proportion of co-amoxiclav, cephalosporin and quinolone items prescribed; antibiotics linked to a higher incidence of C.difficile. A lower number represents more appropriate and higher quality prescribing.

LSC	BwD (00Q)	Bpool (00R)	EL (01A)	CSR (00X)	GP (01E)	WL (02G)	FW (02M)	Mbay (01K)
7.30%	5.38%	7.85%	5.46%	7.03%	7.74%	7.90%	8.37%	9.03%

The number of practices in LSC below and above the threshold:

LSC Totals	No. Practices	% Practices
At or below 10%	177	89.8%
Above 10%	20	10.2%

LSC's performance (bold line) compared to the other ICBs in the county →



What does this tell us?

- L&SC continues to perform well on this metric in aggregate with a steadily reducing trend that is at 7.30% for the most recent 12 months against a maximum threshold of 10%.
- From September to October 2024 there has been a decrease of 0.5%.
- There is variation at sub-ICB, PCN and practice level, with the Morecambe Bay area seeing the highest proportion of prescribing of these antibiotics at 9.03%. However, this does demonstrate a slight decrease from the previous month (9.22%).
- Currently 20 practices (10.2%) are not yet delivering the 10% or below threshold, this is a reduction of 1 practice since the last reporting period (August 24).
- It should be noted that historical CCG prescribing incentives remain in place in some areas that incentivise reduced prescribing of antibiotics and this is reflected in the data.

Actions:

- Development and mobilisation of the new general practice Medicines Optimisation Local Enhanced Services (LES) for 2025/26 which includes, within the Safety and Quality element, for practices to prescribe in line with national targets for antimicrobials.
- The UK Government has developed a new Antimicrobial Resistance (AMR) 5 year national action plan, 'Confronting antimicrobial resistance 2024 to 2029', which builds on the achievements and lessons from the first national action plan with more challenging targets for:-
 - optimise the use of antimicrobials / reduce the need for, and unintentional exposure to, antibiotics / support the development of new antimicrobials.
- An Antimicrobial Stewardship (AMS) Committee has been set up across the System to support how we manage AMS, including in primary care. The membership represents all providers in the System.
- An action plan has been developed and through the AMS Task and Finish Group is being delivered at Place, supported by the local Medicines Optimisation teams.
- Prescribing patterns are different in each Place linked to the population's demographics, which means a slightly tailored response to delivery of the action plan.

Risks:

- Former CCG antibiotic prescribing incentives creates a risk and potential inequality across the system.
- Patient expectation can be challenging to manage and there is a lack of central comms this year. As a mitigation the AMS Committee has developed quarterly rolling Campaign/Toolkit - promoting self-care and clinical excellence.
- Potential for performance to be affected by UTIs over the summer and Colds and Flu over up-and-coming winter months.

Quality Metric

8. High Dose Opioids : Opioids with likely daily dose of $\geq 120\text{mg}$ morphine equivalence per 1000 patients: Sept-24

Quality Committee / Primary Care Quality Group & Medicines Safety Group

Group Chair: Kathryn Lord & Nicola Baxter

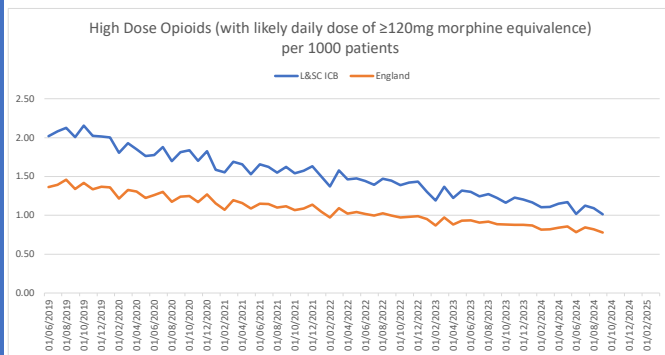
SRO: Andrew White

Clinical Lead: Faye Prescott

This metric measures:

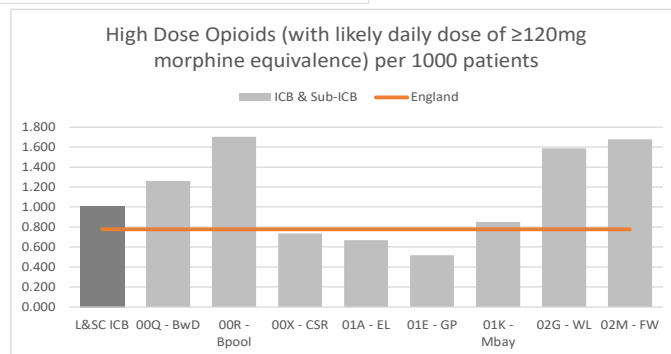
This data is collated from prescribing data and indicates quality of prescribing through responsible prescribing of high dose of opioids per 1000 population. Provides an insight into prescribing and clinical quality. The definition of high dose is above 120mg morphine equivalent per day. There is little evidence that long term prescribing above this dose is helpful and risk of harm is present.

National	LSC	BwD (00Q)	Bpool (00R)	EL (01A)	CSR (00X)	GP (01E)	WL (02G)	FW (02M)	Mbay (01K)
0.78	1.01	1.26	1.70	0.67	0.74	0.52	1.59	1.68	0.85



← Line graph of LSC's monthly performance (blue line) compared to England (orange line) since June 2019

Comparison of Place level performance against LSC ICB (dark grey) and England (orange line) →



What does this tell us?

- The LSC September 2024 position for the prescribing of high doses of opioids is 1.01 per 1,000 patients which remains to be above the national average of 0.78. This is a reduction from last month (1.09).
- The ICB's position continues to improve, with the reduction being at a faster than the national rate therefore closing the gap.
- Reductions have been seen in all sub-ICB areas since 2019.
- The prescribing of high doses of opioids is highest in Blackpool, Fylde & Wyre and West Lancashire.
- Three sub ICB areas (Greater Preston, East Lancashire and Chorley and South Ribble) are below or in line with the national average.

Actions:

- Development and mobilisation of the new general practice Medicines Optimisation Local Enhanced Services (LES) for 2025/26 which includes the reduction of opioid prescribing by practices.
- A monthly medicines of misuse group is led an ICB Medicines Optimisation Lead. This group has a 3A report which currently goes to LSC ICB medicines optimization lead meetings.
- A community of practice has been set up in Morecambe Bay, Fylde Coast and Central Lancs. The Medicines Optimisation Lead is working on establishing similar in East Lancs.
- Medicines Optimisation is developing links with population leads in Blackpool and also plans to develop similar links in the East Lancs area.
- The Medicines Optimisation team have drafted a position statement on patient opioid contract and best interest opioid reductions – which will support risk assessment on initiation and dose reductions in complex pts

Risks:

- Community of Practices are not in place in all areas, therefore the opportunity to share good practice on prescribing across all areas is being missed.
- Sustained community and clinical action is required, but even when in place this will take time for impacts to be seen on prescribing rates.
- Although Structured Medication Reviews (SMRs) prioritised to drugs of abuse, are included in the GP quality contract for LSC, the uptake is lower than expected.
- Medicines Optimisation and Practice Pharmacy Team capacity is limited.
- Blackpool and Barrow areas are ranked first and third in the UK for the highest rates of drug related deaths. Reduction in opioid prescribing has a direct impact on reducing patient deaths.

Quality Metric

12. % of people aged 14 and over with a learning disability on the GP register receiving an AHC: Oct-24

Primary Care Commissioning Committee & Quality Committee / Primary Care Quality Group & Finance & Performance Group

Group Chair: Peter Tinson

SRO: Catherine Hudspeth

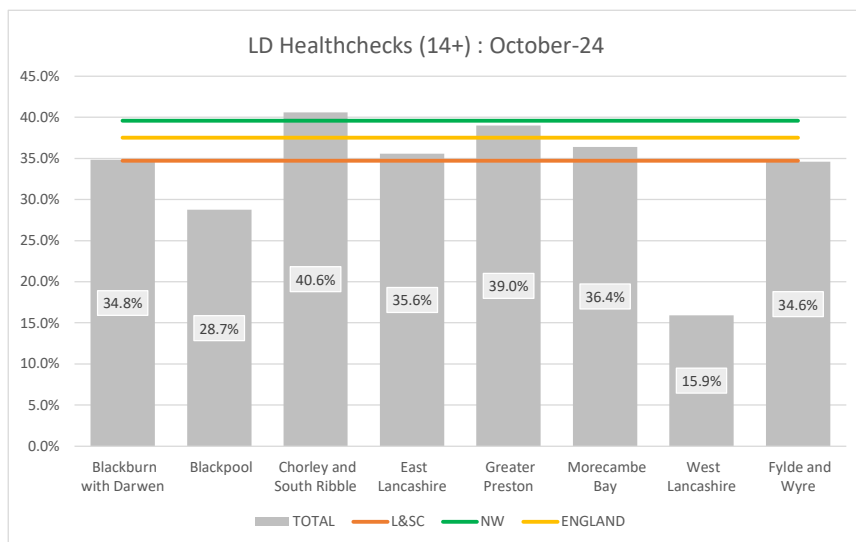
Clinical Lead: Dr Lindsey Dickinson / Dr Peter Gregory

This metric measures:

Annual Health Checks (AHC) being undertaken for patients on the Learning Disability register is a key focus for quality of care. This data is collated via the General Practice Extraction Service (GPES) every six months.

This is a cumulative target which increases month on month and is aiming to achieve 76% by March 2025.

National	North West	LSC	BwD (00Q)	Bpool (00R)	EL (01A)	CSR (00X)	GP (01E)	WL (02G)	FW (02M)	Mbay (01K)
37.5%	39.6%	34.7%	34.8%	28.7%	35.6%	40.6%	39.0%	15.9%	34.6%	36.4%



What does this tell us?

- LSC is currently on track to deliver its 2024-25 AHC targets
- However, our position is below regional and national averages
- This is a cumulative target which increases month on month and is aiming to achieve 76% by March 2025.
- There is variation at sub-ICB (former CCG) level with performance to Oct-24 ranging from 15.9% to 40.6%. Beneath this there will be further variation by PCN and practice. West Lancs completed a significant amount of AHC's in January to March so the expectation is that the West Lancs position will improve in quarter 4. It is worth noting, the population of West Lancs is smaller than in other sub ICBs, so any percentages appear more significant

Actions:

- Ongoing learning disability (LD) register validation continues (156/181 completed, does not include Blackpool) to increase the number of people on the register (+412 at end Oct 2024 compared to end Oct 2023)
- Specific activity with Lancashire Special Educational Needs or Disability (SEND) Partnership to develop guide for parents regarding Learning Disability diagnosis
- Over 400 practice staff have now attended AHC training, which continues bi-monthly via an online training platform. Specific training for front line practice staff is being revised to meet needs and respond to issues. This is now offered to PCNs
- Early stages of linking Bowel Screening update officers with Health Facilitation team to improve uptake.
- Pilot breast screening (LD) commenced in Lancashire to support practices to identify and contact eligible patients on their LD register. Specific event held in East Lancashire with LD liaison nurses on 17 December 2024 to encourage and promote breast screening.
- 41 practices are part of LD champion co-produced model. Practices are identifying action plans to enable them to support patients with a learning disability.
- 1223 people with LD, parents and cares have attended AHC workshop to demonstrate health checks, mens and womens health, reducing barriers and increasing attendance.
- The number of Health Action Plans continues to increase across the ICB. Oct 2024 data shows 408 more Health Action Plans than in Oct 2023. Practice training highlights good practice models, to support an individuals health.
- ICB dashboard provides monthly data at practice and PCN level, allowing us to identify areas of concern and respond.
- Presentations made to community radio stations (2) engagement with a SEND charity (Paradise Gems) to promote, share and raise awareness of LDAHC amongst black, Asian and ethnic communities.

Risks:

- Without ongoing messaging and work with practices and staff, lived experience and advocacy group, there is a risk that performance may always reduce to below target.
- Without constant communication and work with wider health colleagues to deliver key health messages in an accessible format, people with an LD will continue to be disadvantaged. Without the ICB investment and BI team support to collate and produce monthly LD AHC dashboard, and separate data searches targeted activity to address quality issues cannot continue

Activity
Metric14. Units of Dental Activity delivered as a proportion of all Units of Dental Activity contracted :
Nov-24

Primary Care Commissioning Committee & Finance & Performance Committee / Primary Services Dental Group

Group Chair: Amy Lepiorz

SRO: Amy Lepiorz

Clinical Lead: Shane Morgan

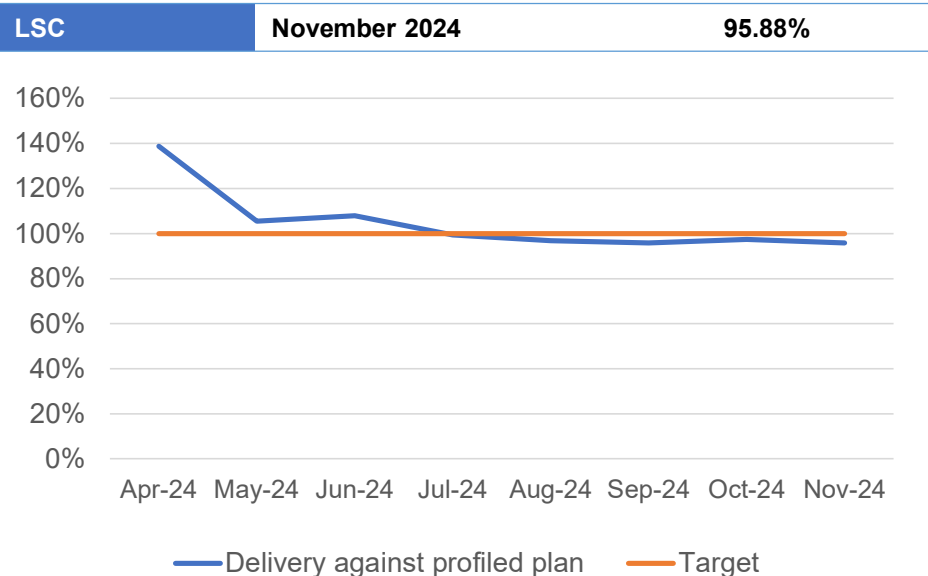


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This metric measures:

The graph details the number of delivered Units of Dental Activity (UDA) in 2024/25, compared to phased trajectory of UDA delivery within the financial year.

The chart below shows activity as a percentage against plan, with the plan being the 100% target.



How are we performing?

- As part of the 2024-25 planning round a phased trajectory was submitted outlining the expected volumes over the year.
- November 2024 activity was 95.88% against plan (100%), and saw a reduction from October of -1.56%.
- There were very high levels of activity delivered in April 2024 where Dentists delivered more activity than planned for in that month. The activity levels returned to back in line/below plan in subsequent months therefore giving a cumulative position of only slightly higher than 100%.

Actions:

The ICB has developed a local Dental Access and Oral Health Improvement Programme to enhance its understanding and management of oral health for the population of Lancashire and South Cumbria. As part of the programme a number of local and national initiatives have been developed:-

- Child Access and Oral Health Improvement
- Care Homes support
- Urgent Dental Care pathway
- Additional Treatments required following Urgent Care.
- Additional access to routine care is also offered through a specific pathway to patients who are within prioritised groups to ensure their oral health does not impact or prevent treatment for other conditions.
- The commissioning of 110% of contracted UDA's by allowing the payment of 10% over performance to providers.
- In March 2024, the New Patient Premium (NPP) was introduced nationally to support anyone who had not been able to receive NHS dental care in the preceding 2 years.
- The ICB has undertaken the mid-year performance review, any contract with performance lower than 30% for M1-6 is reviewed and performance action plans are developed by contractors. Where contractors can demonstrate how they will achieve their annual target and mutually agreed adjustment can be implemented. The ICB are working with 29 contractors as part of this process.

Risks:

- The focus of many of the above initiatives is on reducing health inequalities, and therefore the impact on improving dental access across the whole L&SC population may be minimal.
- The demand on the services are higher than pre-pandemic levels as the Oral Health of many patients declined during COVID due to restricted access during the pandemic, as a result many patients require more clinical time and a greater number of appointments to make them orally fit.
- Ongoing challenges in NHS Dental clinician recruitment and retention could further impact upon access to Dental Services and there is a risk that there will not be enough staff to deliver the core and additional / advanced services.
- Risk of under reporting, none of the activity provided under the New Patient Premium initiative is included in the actual UDA's delivered therefore activity will increase in future when reporting is improved.

Activity
Metric

15.1 Number of unique patients seen by an NHS dentist - adults : Dec-24

Primary Care Commissioning Committee / Finance & Performance Committee

Group Chair: Amy Lepiorz

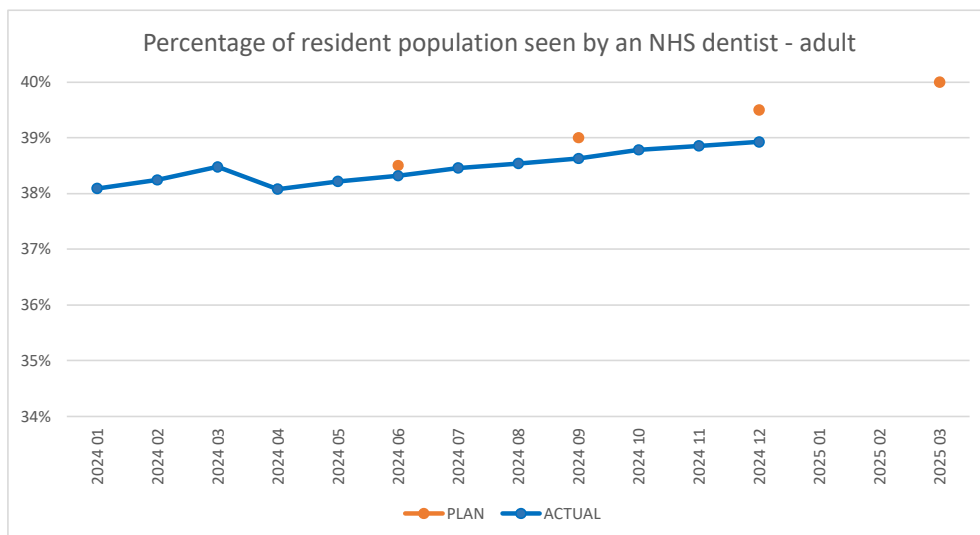
SRO: Amy Lepiorz

Clinical Lead: Shane Morgan

This metric measures:

The number of unique adult (over 18 years) patients (i.e. individual patients) seen by an NHS Dentist on a 24 month rolling basis as a percentage of the total adult (over 18 years) population.

Adults Q3 Milestone = 39.5% Dec 24 Actual = 38.9%



Note, change to data source: The data source has been changed for this metric to improve the consistency of the data reported, therefore the activity and plan data (current and historic) will differ from that detailed in previous reports. The decision to change the data source was made following review by the Business Intelligence and Performance Teams, as there was noted variation and discrepancies in some national datasets as they utilise different dental population sources which can often fluctuate. The reports will now use a more consistent data set that is extracted directly from the NHS Business Services Authority (NHSBSA) to support accurate reporting.

What does this tell us?

- 2024-25 NHS planning round required a quarterly plan for the number of unique adults (18+) with a postcode within each ICB who have received a course of treatment at any NHS dental contract within the past 24 months. It is the ICB's ambition for 40% of the adult population to have seen an NHS dentist by March 2025.
- For adults the December 2024 position is 39.5% which is a 3.3% increase from August when this metric was last reported.
- The ICB's overall performance continuing to show gradual improvement but further acceleration in the number of patients seen will be required if the ICB is to hit the 40% ambition.
- It is recognised that the levels of repeat appointments has increased as a result of the COVID pandemic and these additional treatment appointments are still impacting upon this metric. The target of 40% may not be achieved as a result of the demand for repeat appointments.

Actions:

The ICB has developed a local Dental Access and Oral Health Improvement Programme to enhance its understanding and management of oral health for the population of Lancashire and South Cumbria. As part of the programme a number of local initiatives have been developed to improve access for adults as follows:

- Care Homes support – to increase the numbers of elderly patients accessing dental services.
- Urgent Dental Care pathway – to increase access to approx 20,000 additional appointments.
- Additional Treatments required following Urgent Care. Additional access offer to Pathway 1 patients who require additional treatment.
- Additional access to routine care is also offered through a specific pathway to patients who are within prioritised groups to ensure their oral health does not impact or prevent treatment for other conditions.
- The commissioning of 110% of contracted UDA's by allowing the payment of 10% over performance to providers. This was offered across 5 geographical areas of the ICB with the greatest oral health and access need.
- In March 2024, the New Patient Premium (NPP) was introduced nationally to support anyone who had not been able to receive NHS dental care in the preceding 2 years.
- A review of the data set adopted for this indicator has been undertaken to ensure the consistency and accuracy of data.

Risks:

- The risks for this indicator are as detailed on the previous slide (metric 14.)

Activity
Metric

15.2 Number of unique patients seen by an NHS dentist - children : Dec-24

Primary Care Commissioning Committee / Finance & Performance Committee

Group Chair: Amy Lepiorz

SRO: Amy Lepiorz

Clinical Lead: Shane Morgan

This metric measures:

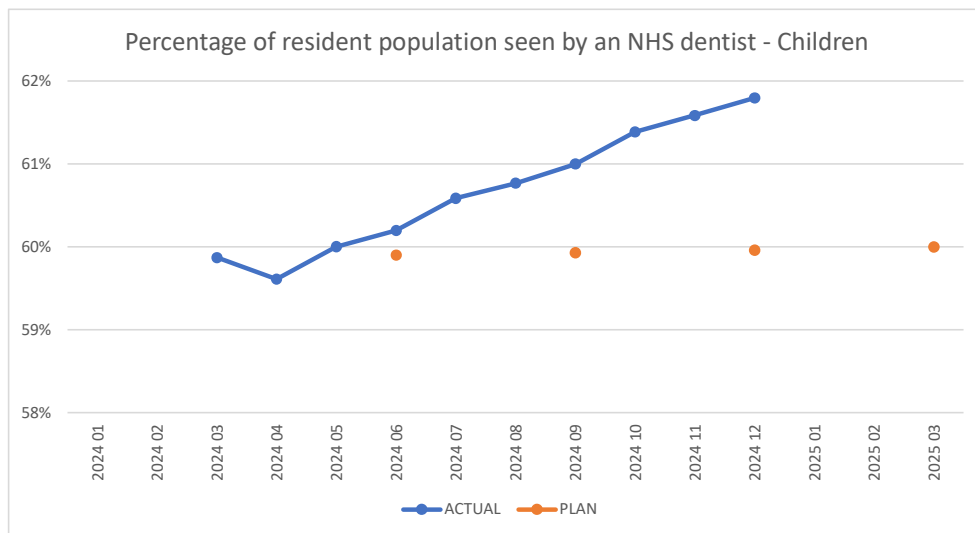
The number of unique child (under 18 years) patients (i.e. individual patients) seen by an NHS Dentist on a 24 month rolling basis as a % of the total child (under 18 years) population.

Children

Q3 Milestone = 60%

Dec 24 Actual =

61.8%



Note, change to data source: The data source has been changed for this metric to improve the consistency of the data reported, therefore the activity and plan data (current and historic) will differ from that detailed in previous reports. The decision to change the data source was made following review by the Business Intelligence and Performance Teams, as there was noted variation and discrepancies in some national datasets as they utilise different dental population sources which can often fluctuate. The reports will now use a more consistent data set that is extracted directly from the NHS Business Services Authority (NHSBSA) to support accurate reporting.

What does this tell us?

- 2024-25 Planning required a quarterly plan for the number of unique children (under 18s) with a postcode within each ICB who have received a course of treatment at any NHS dental contract within the past 12 months. It is the ICB's ambition for 60% of children to have seen an NHS dentist by March 2025.
- The December results demonstrates sustained improvement and that this target has been met

Actions:

The ICB's Dental Access and Oral Health Improvement Programme includes specific work streams for children's services this includes:

- Child Access and Oral Health Improvement commencing October 2024
- Additional access to routine care is also offered through a specific pathway to patients who are within prioritised group (namely looked after children) to ensure their oral health does not impact or prevent treatment for other conditions.
- The Primary Dental Services Statement of Financial Entitlements (Amendment) (No2) Directions 2022 (SFE's) also applies to children's dental services.
- A review of the data set adopted for this indicator has been undertaken to ensure the consistency and accuracy of data.

Risks:

- The risks for this indicator are as detailed on the previous slide (metric 14.)



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Activity
Metric

16. Optometrist NHS Sight Tests: Nov-24

Primary Care Commissioning Committee / Primary Ophthalmic Services Group

Group Chair: Dawn Haworth

SRO: Dawn Haworth

Clinical Lead: Tom Mackley



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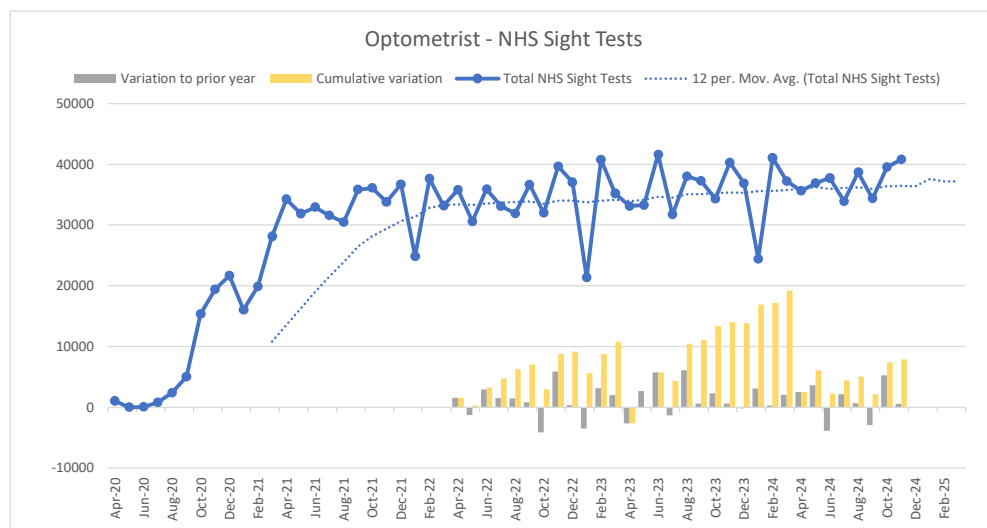
This metric measures:

The total number of NHS general ophthalmic service (GOS) sight tests carried out in Lancashire and South Cumbria per month. This data will be subject to seasonal variation.

NHS sight tests are free for restricted cohorts of the population which include children, people in full time education, those over 60 years, those receiving certain benefits, and those with/a family history of specific health and eye conditions.

LSC NHS Sight Tests, current month:

40,110



What does this tell us?

- The monthly amount of NHS sight tests has passed 40,000 in November 2024, achieving 40,110 which is an increase of 1.4% (570 tests), following on the trend of overall steady growth.

Actions:

The ICB is developing a local Sight Test Access Improvement Programme to improve access to NHS sight tests for eligible residents of Lancashire and South Cumbria. As part of the programme a number of local initiatives are being developed:-

- Homeless population – working with shelters and other Voluntary, Community & Social Enterprise (VCSE) groups to facilitate sight tests for people experiencing homelessness
- 'Easy Eye Care' – promoting sight tests for patients with learning disabilities and autism
- Special Schools – Implementing the national programme to make sight tests available for all pupils attending special schools following launch by the national team
- Reducing Inequalities – benchmarking geographies across the Lancashire and South Cumbria to promote sight tests in populations where uptake is low.

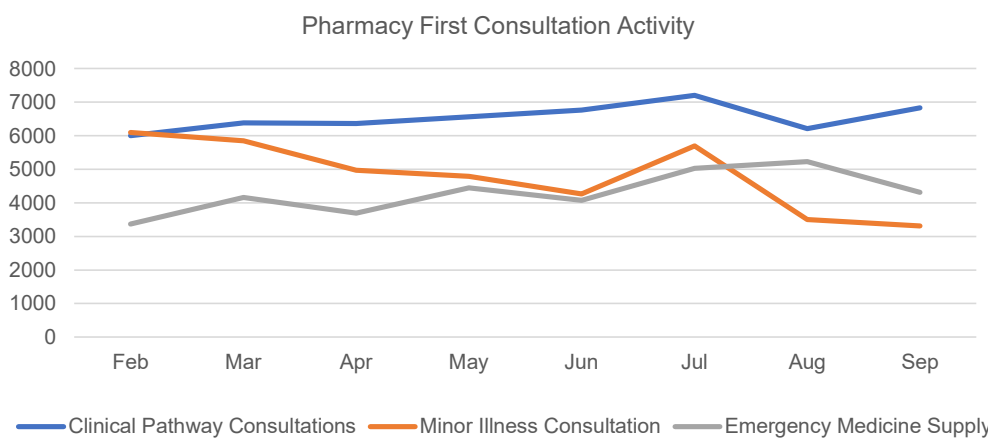
Risks:

- Recurrent funding for the Easy Eye Care initiative (which promotes sight tests for patients with learning disabilities and autism) has not been confirmed beyond the end of this financial year, therefore this scheme may cease at the end of March 2025.
- The focus of many of the above initiatives is on reducing health inequalities, and therefore the impact on improving access to NHS sight tests across the whole L&SC population may be minimal.
- The sight tests in special schools initiative has been launched by NHSE. The current GOS sight test provision allocation does not cover all special schools.

Activity Metric	17. Pharmacy First Consultations by Type : Sept-24				
	Primary Care Commissioning Committee & Finance & Performance Committee / Pharmaceutical Services Group				
	Group Chair:	Amy Lepiorz	SRO:	Amy Lepiorz	Clinical Lead: Kath Gulson

This metric measures:
The activity being delivered as part of the new Pharmacy First Service launched on 31 January 2024, which built upon the existing community pharmacy consultations service. The service enables patients to be referred into community pharmacy for an urgent repeat medicine supply, minor ailments consultation, or for one of seven minor illnesses; acute otitis media, impetigo, infected insect bites, shingles, sinusitis, sore throat, uncomplicated UTIs.
The Pharmacy First Consultation data reflects the number of claims made by community pharmacy for consultations delivered and funded by the NHS. The data is published by NHSBSA and is in the public domain on the NHSBSA website ([Dispensing contractors' data | NHSBSA](#)).

Activity Type	Sept 2024	% Total
Clinical Pathway Consultation	6,834	47.3%
Minor illness referrals	3,308	22.9%
Urgent medicine supply	4,312	29.8%
Total	14,454	



- How are we performing?
- The scheme is currently delivered by 98% of pharmacies in L&SC and will transfers some lower acuity care away from general practice.
 - Since the service started in January 2024 the number of consultations for the seven defined clinical pathways has remained relatively constant at between 6-7,000 per month, with the most recent data showing that 6,834 consultations were carried out in September 2024.
 - After the initial 'spikes' in February and March 2024, the number of minor illness referrals has been reducing (with the reductions being via GP referrals), this is thought to be due to increased awareness of the scheme by the general public enabling them to 'self-present' rather than contacting their general practice for a referral.
 - Urgent Medicine supply consultations have been increasing during the year, with some fluctuations between months. This is most likely linked to seasonal variation attributed to the number of weekends, bank holidays and holiday patterns.

- Actions:
- The ICB has developed a local Pharmacy Access Programme to support integration and use of the community pharmacy advanced services.
 - One of the 20 high impact actions identified by the ICB to support mitigate the GP collective action is to further promotion of Pharmacy First service and speed up delivery of Pharmacy Supply Service.
 - The ICB is using NHSE Community Pharmacy integration funding to maximise the opportunities for PCN integration of pharmacy services. This includes appointing Community Pharmacy PCN leads in each PCN.
 - Communications forms a large part of the access programme leaning into both national comms and any required local comms.

- Risks:
- Potential impact of GP contract dispute collective action:
 - there is a risk that fewer patients could be referred into pharmacies by general practice.
 - there is the potential for pharmacy first service demand (via self-presentation) to overwhelm community pharmacy capacity should a significant number of general practices reduce the number of appointments they provide.
 - Ongoing challenges in community pharmacy workforce recruitment and retention may result in there not being enough staff to deliver the advanced services.
 - There is a risk of national community pharmacy collective action in the future which could cause disruption to patient services in the future. A national ballot is planned and there is no confirmation of what the proposed collective action could include.



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