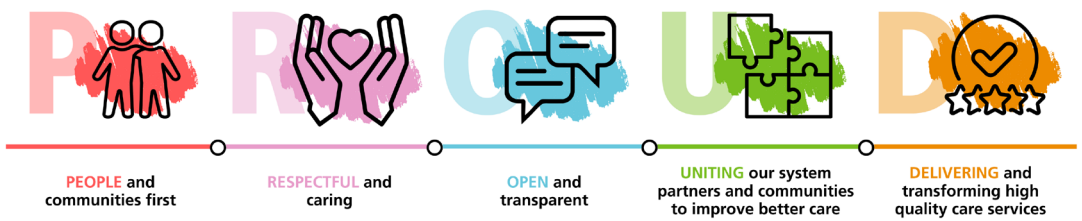
NHS
Lancashire and South Cumbria
Integrated Care Board

Integrated Primary Care Performance Report

June 2025



Executive Summary

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- The Integrated Primary Care Performance Report 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 Care Services Operational Group
    - Primary Care Quality Group
    - Medicines Safety Group
    - Antimicrobial Stewardship Committee (not a formal ICB committee)
    - Primary & Integrated Care Transformation Programme Group
  - Committees:
    - Executive Committee
    - Primary Care Contracts Sub Committee
    - Quality & Outcomes Committee (QOC). N.B. - The QOC receives the 3A's report which includes a summary of the IPCPR and the full IPCPR is appended. The QOC also receives extracts and details of any metrics/performance areas as escalated by the Primary Care Quality Group (figures / reports would not go automatically for information).
    - Although the Finance and Contracting Committee does not routinely receive this report the Committee receives the same metric data and a summary narrative within its own reports.

For the June 2025 report the following should be noted:
This month's report includes detail of the number of GP practices that have signed up to the new Local Enhanced Services (LES). Future reports will include active monitoring of LES's delivery.

June 2025 Report- Points of Note:

- General Practice 2025/26 LES sign up – 99.5% of practices have signed up to the Long Terms Condition LES. The Routine LES has 16 service elements; 13 services have sign-up rates of ≥95%, the wound care and ring pessary services have the lowest uptake so far of 66% and 87% respectively. Sign-up gaps are being managed at place level and delivery will continue to be monitored to ensure the population has equitable access to the services commissioned.
- High dose opioids – The March 2025 data shows that there are 844 fewer people on opioids in the ICB footprint since April 2024, based on NHSE harm estimates this equates circa 13 lives saved.
- % of people aged 14 and over with a learning disability receiving an Annual Health Check (AHC) – For the 2024/25 year, Lancashire and South Cumbria ICB exceeded the 76% target, achieving 81.4% of people aged 14 and over with a learning disability receiving an Annual Health Check (AHC). The ICB's performance is above national average, and slightly below region. All sub-ICB areas report a significant increase in completed AHC's since last year. Blackpool is the only area that is below trajectory but has improved significantly on previous year's performance.
- Number of unique patients seen by an NHS dentist adults and children - In May-2025 the ICB reported a positions for the % of individual patients seen by an NHS Dentist in the preceding 24 months (rolling basis) of 40.3% for adults and 64.04% for children. These figures are above original planned levels for this month and also meet the March 2026 ambition milestone of 40.3% for adults and the quarter one milestone of 63.03% for children.

Primary Care Metric Summary and Benchmarking

Lancashire and South Cumbria Integrated Care Board

S05 - Meet national and locally determined performance standards and targets		ICB COMMISSIONER				Blackburn with Darwen	Blackpool	Lancashire - East	Lancashire - Central			Lancashire - Coastal	South Cumbria	Metric No.	COMMITTEE / GROUP
Key Performance Indicator	Date	Plan	Actual	In month	Direction	BwD (00Q)	Bpool (00R)	EL (01A)	CSR (00X)	GP (01E)	WL (02G)	FW (02M)	Mbay (01K)		
Number of general practice appointments per 10,000 weighted patients	Apr-25	4004	3930	✖	↑	3795	3527	4010	4284	4165	4456	4663	4006	1	PCCSC / PMSG
% of Appointments within 2 weeks of booking (ACC-08)	Apr-25		85.96%		↑	88.7%	83.7%	85.6%	86.2%	92.1%	85.9%	84.2%	83.5%	2	PCCSC / PMSG
General Practitioner Appointments per General Practitioner FTE	Apr-25		319.00		é	404.32	266.39	329.80	340.35	266.37	325.05	333.74	318.31	3	PCCSC / PMSG
FTE doctors in General Practice per 10,000 weighted patients	Apr-25		5.38		↑	4.55	4.64	4.90	5.56	6.80	5.81	4.51	6.26	4	PCCSC / PINCTP
FTE ALL CLINICAL staff in GP practices per 10,000 weighted patient population	Apr-25		11.18		↑	8.07	10.71	10.23	10.64	12.11	10.32	11.83	13.81	5	PCCSC / PINCTP
GP CQC Ratings (no. practices inadequate or requiring improvement)	Jun-25		3			0	0	0	2	0	0	0	1	6	PCCSC / PMSG / PCQG
S044b: Antimicrobial resistance: proportion of broad-spectrum antibiotic prescribing in primary care	Mar-25	10%	7.47%	✓	↓	5.47%	8.44%	5.67%	7.22%	7.82%	7.88%	8.40%	9.19%	7	QOC / PCQG / AMSC
High Dose Opioids : Opioids with likely daily dose of ≥120mg morphine equivalence per 1000 patients	Mar-25		0.948		↑	1.245	1.454	0.625	0.645	0.464	1.471	1.681	0.833	8	QOC / PCQG / MSG
% of people aged 14 and over with a learning disability on the GP register receiving an AHC	Mar-25	73.5%	81.4%		↑	79.3%	71.2%	83.0%	82.7%	82.0%	85.8%	80.4%	83.7%	12	PCCSC/ QOC / PCQG / F&P
Units of Dental Activity delivered as a proportion of all units of Dental Activity contracted	Mar-25		98.23%		↑									14	PCCSC/ F&P / PSDG
Percentage of resident population seen by an NHS dentist - ADULT (Rolling 24 months)	May-25	40.30%	40.30%		↑									15.1	PCCSC/ F&P
Percentage of resident population seen by an NHS dentist - CHILD (Rolling 12 months)	May-25	62.60%	64.04%		↑									15.2	PCCSC/ F&P
Optometrist - NHS Sight Tests	May-25		36177		↔									16	PCCSC / POSG
Pharmacy First Consultations by Type	Feb-25		17338		↓									17	PCCSC / 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

PCCSC	Primary Care Contracts Sub Committee	QOC	Quality and Outcomes Committee	EC	Executive Committee
PCSOG	Primary Care Services Operational Group	PCQG	Primary Care Quality Group	F&PC	Finance & Performance
PINCTPG	Primary & Integrated Care Transformation Programme	MSG	Medicines Safety Group		
		AMSC	Antimicrobial Stewardship Committee		

Activity Metric	General Practice Local Enhanced Services: Initial Sign Up 2025				
	Primary Care Contracts Sub Committee / Primary Care Medical Services Group				
	Group Chair: Peter Tinson	**SRO:** Donna Roberts	**Clinical Lead:** John Miles / Felicity Guest		

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This metric measures

The number of practices signed up to the new general practice Local Enhanced Services (LES) packages; both the Long Term Conditions (LTC) LES and the Routine LES (which has 16 service elements).

What does this tell us?

- The below table describes the percentage of practices that have committed to delivering each part of the LESs for 2025/26. Uptake has generally been high for each LES with;
  - all but one Practice (in the Morecambe Bay area) signing up,
  - 13 or the 16 service elements having ≥95% of practices signing up. The exception to this is the Care Homes element (94%), Ring Pessaries (87%) and Wound Care (66%).
- The wound care element of the Routine LES has had the lowest uptake – reasons vary by place but concerns regarding definition of simple wound care, training and complexity of delivery has meant that additional work has been needed to ensure that population has access to services.
- Training is the main reason for a lower sign up to the Ring Pessary element of the Routine LES.

Actions:

- The LES implementation group is actively managing population gaps in service, and this is primarily managed at place level.
- Active monitoring of LES delivery is taking place and will replace this table for the next iteration of the report.

Risks:

Delivery will continue to be monitored and ensuring that the population has equitable access to the services commissioned.

Summary of Practice 2025/26 LES Implementation planning - Signing up

Place Name	Practices Responded	Practice LES sign up																
		LTC LES	Wound Care	Phlebotomy	Advice & Guidance	End of Life	ECG's	PSA Testing	Shared Care	Meds Optimisation	Simple Injections	Ring Pessary	Spiro/Feno (respiratory bundle)	Care Homes	Post Bariatric Monitoring	Dementia	Complex Injections	Diabetes
Blackburn with Darwen	22	22	22	22	22	22	22	22	22	22	22	22	22	22	22	22	22	22
East Lancs	47	47	15	47	47	47	47	47	47	47	47	31	47	46	45	47	46	44
Chorley & South Ribble	20	20	8	16	20	20	20	20	20	20	20	18	20	19	19	20	18	19
West Lancs	15	15	5	15	15	12	15	15	15	15	15	15	14	14	15	15	15	13
Gtr Preston	27	27	23	26	27	27	27	27	27	27	27	24	26	22	27	27	26	25
Blackpool	17	17	15	17	17	17	17	17	17	17	17	17	17	17	16	17	17	17
Fylde & Wyre	17	17	11	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17
Morecambe Bay	31	30	31	31	31	30	30	31	31	30	31	26	30	27	31	31	31	29
TOTAL		195	130	191	196	192	195	196	196	195	196	170	193	184	192	196	192	186
	196	99%	66%	97%	100%	98%	99%	100%	100%	99%	100%	87%	98%	94%	98%	100%	98%	95%

Activity Metric	1. Number of general practice appointments per 10,000 weighted patients : April 2025				
	Primary Care Contracts Sub Committee / Primary Care Medical Services Group				
	Group Chair:	Peter Tinson	**SRO:**	Donna Roberts	**Clinical Lead:** Dr Lindsey Dickinson / Dr John Miles

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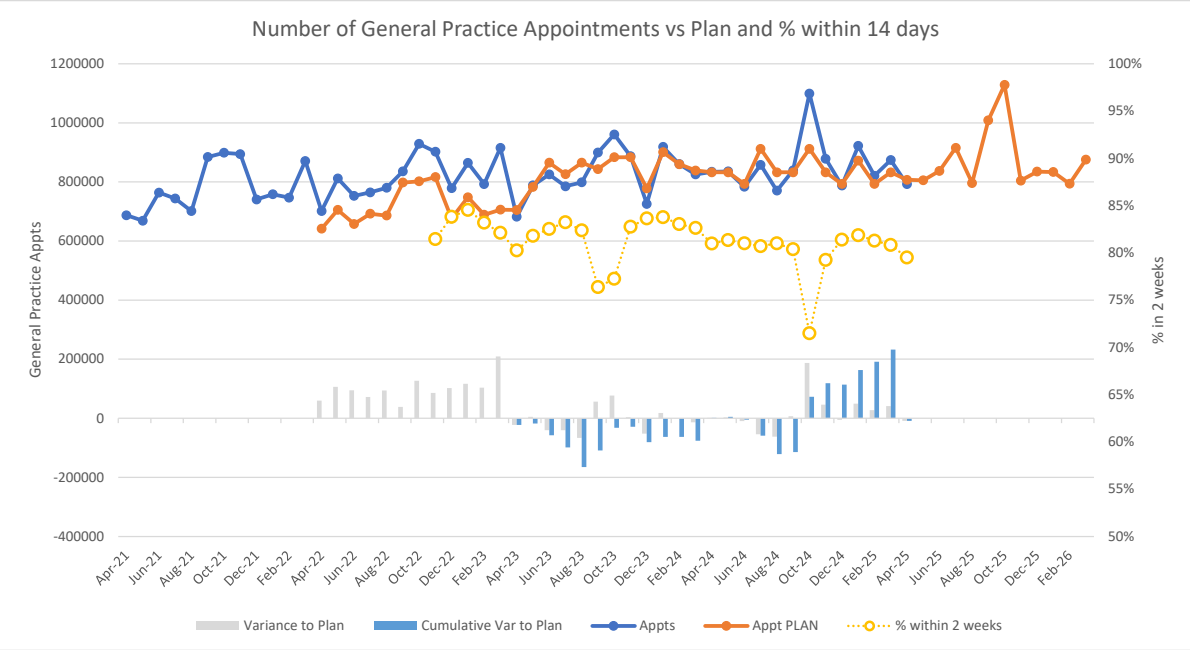
This metric measures:
The data is collated from general practice appointment data (GPAD) , is currently listed as 'experimental' by NHSE. It provides an incomplete measure of activity for individual GP practices. Changes in activity levels in practices may be impacted by both changes in demand and capacity.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

April 2025

National	North West	LSC	BwD (00Q)	Bpool (00R)	EL (01A)	CSR (00X)	GP (01E)	WL (02G)	FW (02M)	Mbay (01K)
4720	3977	3930	3795	3527	4010	4284	4165	4456	4663	4006



What does this tell us?

- Overall, for the year 2024/25 10,293,659 general practice appointments were delivered, which is 338k more than the previous year and over 200k above planned levels(darker blue bar). 41.8% of those were held on the same day, 79.9% here held within 2weeks of booking, and 70.1% held face to face and 43.1% held with a GP.
- For the new reporting year, 2025/26, April's 792k general practice appointments were delivered which was just below plan (blue line) and 39k fewer (0.05%) than last April.
- It remains that, due to workforce and recruitment pressures, L&SC has fewer FTE doctors per 10,000 weighted population than national averages. Despite this 43.7% of April's appointments were held with a GP, just 1.0% below the national rate.
- Relatedly L&SC offers fewer general practice appointments per head of population than the national (-14%) average. However, this is an increase of 1% from the previous reporting period.
- L&SC is however above the national averages for the proportion of face-to-face appointments (68.9%, compared to 63.8%). This demonstrates an increase within L&SC of 0.2% and a national decrease of 0.4%.

Actions:

- Workshop held 20 May with Primary Care, Quality, Medicines Management and Place Leads to develop plans for the ICB's 2025/26 GP Action Plan and identify key practices to put forward for the 2025/26 GP Improvement Programme (GPIP) (NHSE funded 18 places).
- LSC 2025/26 GP Action Plan was submitted to NHSE at the end of June, which includes our proposed work plans for further supporting practices improve access, move to the modern general practice model and reduce unwarranted variation. NHSE feedback and further refinement of our GP Action Plan is awaited.
- The ICB has undertaken analysis of national and local access data and information held on the implementation of modern general practice to develop a prioritised list of practices who would most benefit from participating in the GPIP. Confirmation of the ICB's intention to utilise all 18 allocated practice places has been submitted to Qualitas, our GPIP delivery partner. Qualitas held an information webinar on 17 June with the identified practices and ICB engagement is ongoing to encourage sign-up.
- PCNs have commence submitting declarations for the new CAIP requirements for 2025/26, which are being reviewed and signed off by the ICB.

Risks:

- It is not possible to quantify or fully monitor online consultations data as not all GP systems' data is captured in GP Appointment Data (GPAD), therefore these appointments are 'hidden' from this data set.

Activity Metric	2. % of appointments within 2 weeks of booking [ACC-08 Appointment types] : Apr-25				
	Primary Care Contracts Sub Committee / Primary Care Medical Services Group				
	Group Chair:	Peter Tinson	**SRO:**	Donna Roberts	**Clinical Lead:** Dr Lindsey Dickinson / Dr John Miles

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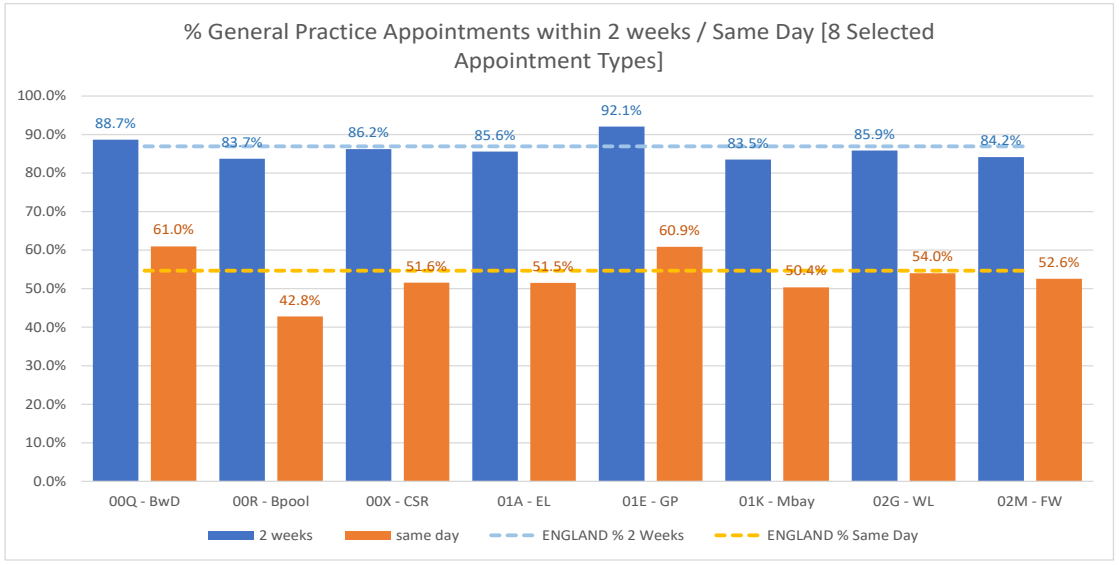
Integrated Care Board

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 was removed for general practices in 2024/25, and as a national ICB metric for 2025/26.*

April 2025

National	North West	LSC	BwD (00Q)	Bpool (00R)	EL (01A)	CSR (00X)	GP (01E)	WL (02G)	FW (02M)	Mbay (01K)
86.0%	87.7%	87.0%	88.7%	83.7%	85.6%	86.2%	92.1%	85.9%	84.2%	83.5%



What does this tell us?

- In April 2025, 86.0% of General Practice appointments with one of the 8 specified appointment categories were offered within 2 weeks of booking.
- 52.6% of these appointments were offered on the same day and this is lower than the national average (54.7%)
- There remains variations at sub-ICB (and lower) levels with same day appointments ranging from 42.8% to 61.0%. This variation reflects differences in practice operating models adapted to cater for seasonal demand and activities as well as the different needs of populations.

Actions:

- A review and potential redesign of the model of Integrated Urgent Care is currently taking place. This has the potential to improve same day access for those patients with a same day need that don't require continuity of care. Target mobilisation date is the 1 April 2026 subject to procurement processes.

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 no national target for ICB or practices for this metric.

Activity Metric	3. General Practitioner Appointments per General Practitioner FTE : Apr-25				
	Primary Care Contracts Sub Committee / Primary Care Medical Services Group				
	Group Chair:	Peter Tinson	**SRO:**	Donna Roberts	**Clinical Lead:** Dr Lindsey Dickinson / Dr John Miles

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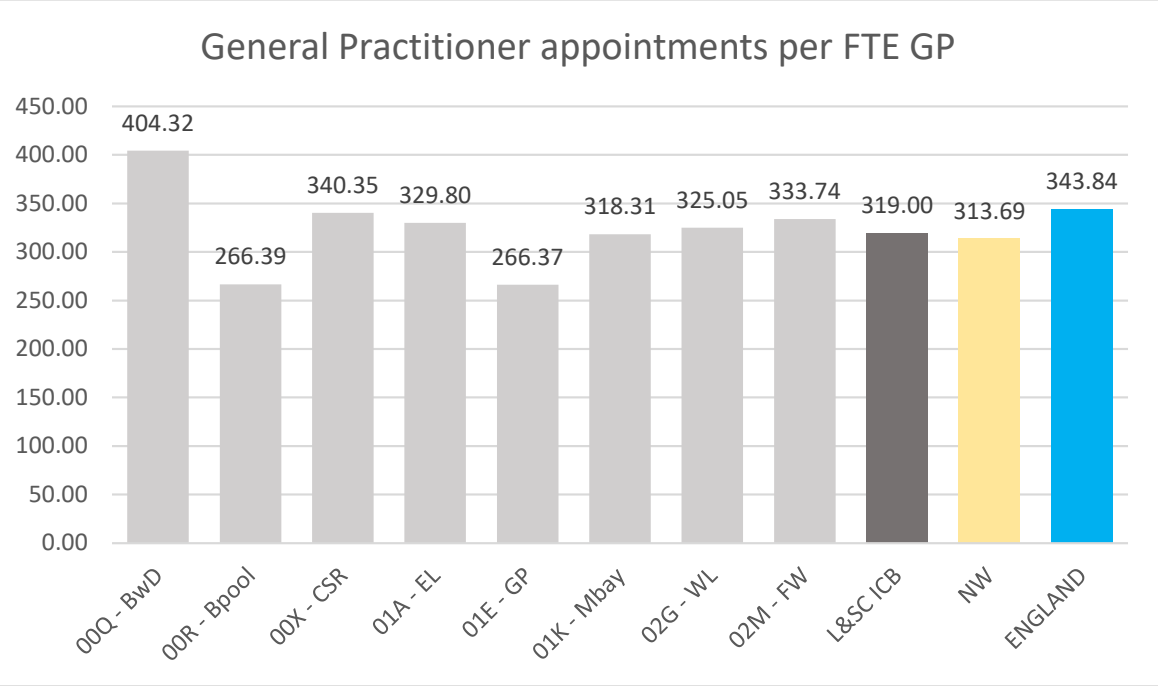
This metric measures:

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.

April 2025

National	North West	LSC	BwD (00Q)	Bpool (00R)	EL (01A)	CSR (00X)	GP (01E)	WL (02G)	FW (02M)	Mbay (01K)
343.8	313.7	319.0	404.32	266.39	329.80	340.35	266.37	325.05	333.74	318.31



What does this tell us?

- The number appointments provided per full-time-equivalent (FTE) General Practitioner across L&SC in April 2025, 319.0, is higher than the North West average though lower than the national average.
- There are variations by sub-ICB (and PCN / Practice) with GPs in Blackburn with Darwen (BwD) undertaking 404.32 appointments per FTE GP, significantly higher than the ICB, regional and national average. BwD GPs are undertaking around 85 appointments per FTE GP more than the L&SC average.
- GPs in Blackpool are undertaking around 55 appointments fewer per FTE GP than the L&SC average.

Actions:

- 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.
- ICB workforce development managers have been extended by the training hub for 2025/26 and are in place to support practices and PCNs with recruitment, this includes support with the recruitment of GPs both traditionally and through the ARRS scheme.

Risks:

- Given the predictions in workforce as the primary driver of capacity there is assessed to be a risk that demand will continue to exceed capacity for the new financial year. 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.
- SDF funding for 2025/26 is still yet to be confirmed.
- This data also uses GPAD data as its basis which is nationally recognised to be experimental.

Activity Metric	4. FTE Doctors per 10,000 weighted patients : Apr-25				
	Primary Care Contracts Sub Committee / Primary and Integrated Neighbourhood Care Transformation Programme Group				
	Group Chair:	Peter Tinson	**SRO:**	Paul Juson	**Clinical Lead:** Dr Lindsey Dickinson / Dr John Miles

NHS Lancashire and South Cumbria Integrated Care Board

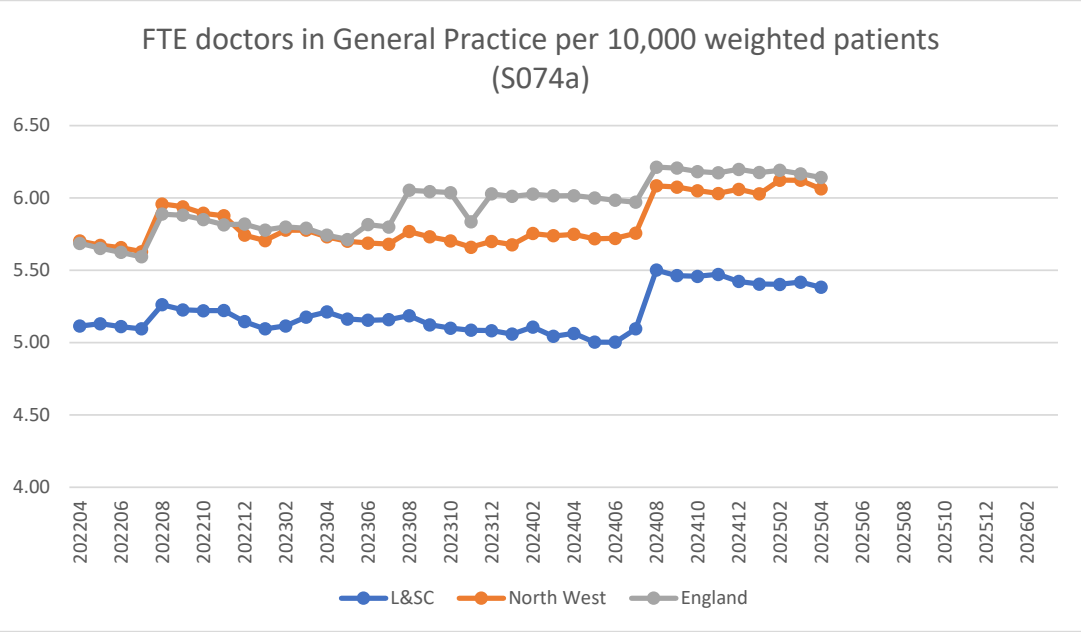
This metric measures:

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.

April 2025

National	North West	LSC
6.14	6.06	5.38

BwD (00Q)	Bpool (00R)	EL (01A)	CSR (00X)	GP (01E)	WL (02G)	FW (02M)	Mbay (01K)
4.55	4.64	4.90	5.56	6.80	5.81	4.51	6.26



What does this tell us?

- The GP workforce data shows a significant increase in the number of full-time-equivalent (FTE) doctors per 10,000 patients from August 2024 due to the positive impact of 'GP in training' grades joining the trainee programme.
- The increase in the numbers of FTE doctors has been seen across the country but overall, the proportion of GPs per population remains lower in LSC than regional and national levels.
- There is local sub-ICB variation with Blackpool, Fylde & Wyre, and Blackburn with Darwen areas continuing to see the lowest number of GPs covering their populations.
- This data does not include recently qualitied GPs employed under the expanded Additional Roles Reimbursement Scheme (ARRS) scheme, these posts are captured in ARRS roles data. To date 31 (22 WTE) recently qualified GPs have been recruited by 22 PCNs since the ARRS scheme was extended in October 2024.

Actions:

- Previously ARRS funding was separated into 2 funding streams for GPs and other clinical staff. ARRS funding has now been combined into one funding stream. The data will be reviewed to understand if this impacts on recruitment.
- The ARRS scheme now allows for greater flexibility in funding, time is needed to understand if this flexibility has an impact on recruitment levels.
- ICB workforce development managers have been extended by the training hub for 2025/26 and are in place to support practices and PCNs with recruitment, this includes support with the recruitment of GPs both traditionally and through the ARRS scheme.

Risks:

- Given the predictions in workforce as the primary driver of capacity there is assessed to be a risk that demand will continue to exceed capacity for the new financial year. 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.
- SDF funding for 2025/26 is still yet to be confirmed.

Activity Metric	5. General Practice FTE Clinical Staff by Group per 10,000 weighted patients : Feb-25
	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 John Miles

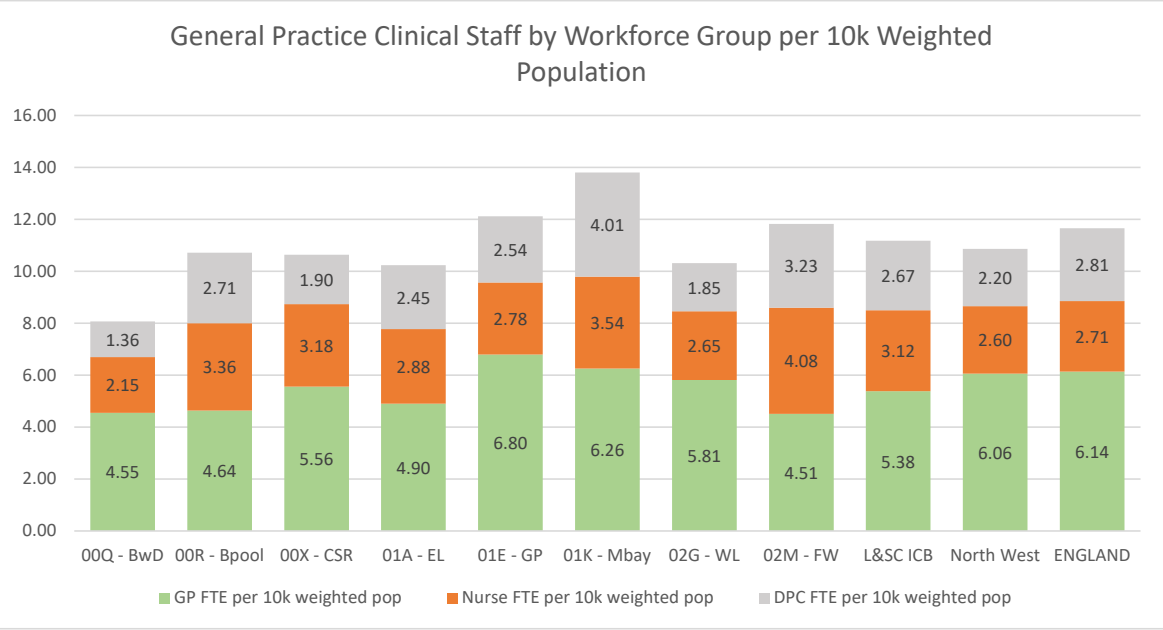
NHS Lancashire and South Cumbria Integrated Care Board

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.

April 2025

National	North West	LSC	BwD (00Q)	Bpool (00R)	EL (01A)	CSR (00X)	GP (01E)	WL (02G)	FW (02M)	Mbay (01K)
11.71	10.81	11.21	8.07	10.71	10.23	10.64	12.11	10.32	11.83	13.81



What does this tell us?

- Across all staff groups, L&SC has a lower full time equivalent (FTE) workforce than national average.
- The number of FTE nurses in general practice per 10,000 weighted patients is higher in L&SC than the North West but lower than national levels.
- All other Direct Patient Care (DPC) FTE staff per 10,000 weighted patients is in line with national averages.
- There are significant variations at sub-ICB level with Blackburn with Darwen highlighted as having the lowest FTE total workforce per 10,000 patients, which is predominantly caused by their lower number of FTE Nurses and DPC staff.
- The overall general practice workforce figures have also been positively impacted by the increase of GPs as reported on the previous slide

Actions:

- Previously ARRS funding was separated into 2 funding streams for GPs and other clinical staff. ARRS funding has now been combined into one funding stream. The data will be reviewed to understand if this impacts on recruitment.
- The ARRS scheme now allows for greater flexibility in funding, time is needed to understand if this flexibility has an impact on recruitment levels.
- ICB workforce development managers have been extended by the training hub for 2025/26 and are in place to support practices and PCNs with recruitment, this includes support with the recruitment of GPs both traditionally and through the ARRS scheme.
- Further clinical staff may be required within general practice following significant investment through the new Local Enhanced Services (LES)

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 2025/26. 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.
- Funding for the visa support sponsorship is still yet to be confirmed and will obviously affect the continuation of the scheme if not approved.
- SDF funding for 2025/26 is still yet to be confirmed.

Quality Metric	6. GP CQC Ratings (no. practices inadequate or requiring improvement) : June 2025
	Primary Care Contracts Sub Committee & Quality & Outcomes Committee / Primary Care Medical Services Group & Primary Care Quality Group
	Group Chair: Peter Tinson & Kathryn Lord **SRO:** Peter Tinson **Clinical Lead:** Dr Lindsey Dickinson

NHS Lancashire and South Cumbria Integrated Care Board

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	BpI	CSR	EL	GP	MB	WL	FW
307	31	3	0	0	2	0	0	1	0	0
[4.8%]	[3.2%]	[1.5%]			[8.7%]			[3.1%]		

Overall Practice CQC Ratings:

Chart Code	Inadequate	Requires improvement	Good	Outstanding	No published rating	TOTAL	No Inadequate or Req Improvement	% Inad / RI
00Q - BwD	0	0	22	1	0	23	0	0.0%
00R - Bpool	0	0	14	2	0	16	0	0.0%
00X - CSR	1	1	19	0	2	23	2	8.7%
01A - EL	0	0	40	3	3	46	0	0.0%
01E - GP	0	0	23	0	1	24	0	0.0%
01K - Mbay	0	1	25	5	1	32	1	3.1%
02G - WL	0	0	13	1	1	15	0	0.0%
02M - FW	0	0	16	2	0	18	0	0.0%
LSC ICB	**1**	**2**	**172**	**14**	**8**	**197**	**3**	**1.5%**
North West	4	27	850	46	42	969	**31**	**3.2%**
England	25	282	5496	291	259	6353	**307**	**4.8%**

What does this tell us?

- Out of the 197 general practices in L&SC, three practices are currently reported as 'requires improvement' (RI) by the CQC; two in Chorley and South Ribble, and one in Morecambe Bay.
- 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 'requires improvement' to identify the improvements required, seek assurance of delivery and where relevant provide support.

Within Chorley & South Ribble (CSR):

- Practice 1 – Ongoing support is being provided from the place team. Improvements continue to be made.
- Practice 2 – The place team are in contact with the CQC and the Local Medical Committee (LMC) to determine how the ICB can offer further support.

Within Morecambe Bay (Mbay):

- The practice is working on all necessary changes identified. No further support is currently required by the ICB but the Place Team remain in close contact with the practice.

There is a proactive and reactive GP visit framework in development. Where a practice rates inadequate or special measures this would trigger a reactive visit. The processes are currently being further reviewed to ensure they consider negative variation identified by the national GP Dashboard.

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 Mar-25

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

Group Chair: Kathryn Lord **SRO:** Andrew White **Clinical Lead:** Dr Felicity Guest

NHS Lancashire and South Cumbria Integrated Care Board

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.

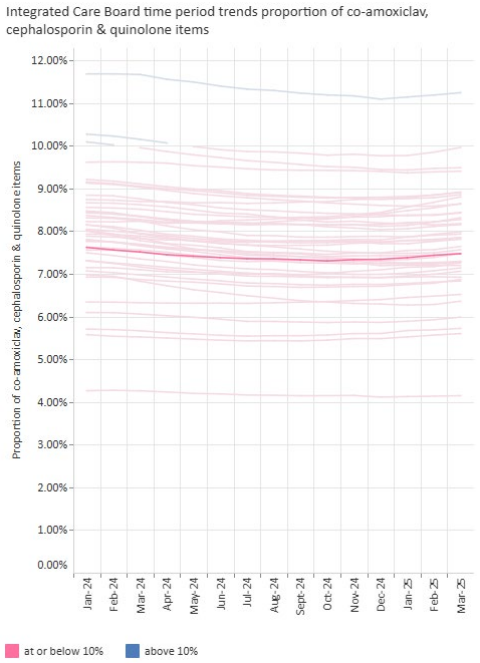
March 2025

LSC	BwD (00Q)	Bpool (00R)	EL (01A)	CSR (00X)	GP (01E)	WL (02G)	FW (02M)	Mbay (01K)
7.42%	5.47%	8.44%	5.67%	7.22%	7.82%	7.88%	8.40%	9.19%

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

LSC Totals	No. Practices	% Practices
At or below 10%	178	90.8%
Above 10%	18	9.2%

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 trend below the 10% target. However, there is variation at sub-ICB, PCN and practice levels, with the Morecambe Bay area seeing the highest proportion of prescribing of these antibiotics at 9.19%. This demonstrates a small increase from the last reporting period (+0.03%).
- Currently 18 practices are not yet delivering the 10% or below threshold, this remains static from the previous reporting period.

Actions:

- The national Antimicrobial Resistance (AMR) 5 year national action plan, 'Confronting antimicrobial resistance 2024 to 2029', 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 (MO) 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.
- The recently agreed GP MO LES requires maintenance of national top quartile performance or at least 10% improvement from baseline, with outliers targeted. The new MO LES replaces legacy CCG antibiotic prescribing incentives to reduce inequalities in the prescribing of antimicrobials. This should help to reduce the sub-ICB variation and contribute to the ICB reaching the national target of less than 10%.

Risks:

- 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 urinary tract infections (UTIs) over the summer and colds and influenza over the upcoming winter months.

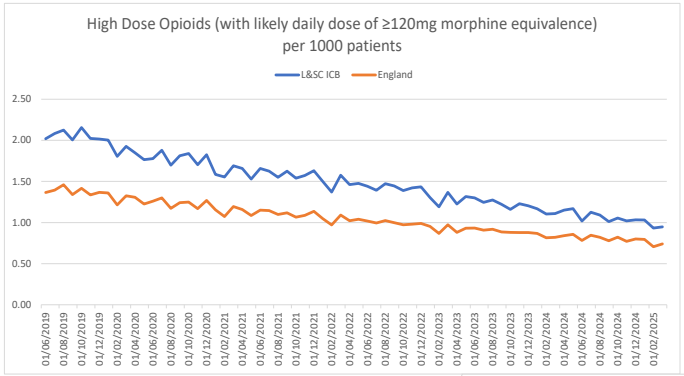
Quality Metric	8. High Dose Opioids : Opioids with likely daily dose of ≥120mg morphine equivalence per 1000 patients: Mar-25
	Quality & Outcomes Committee / Primary Care Quality Group & Medicines Safety Group
	Group Chair: Kathryn Lord & Nicola Baxter **SRO:** Andrew White **Clinical Lead:** Faye Prescott

NHS Lancashire and South Cumbria Integrated Care Board

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.

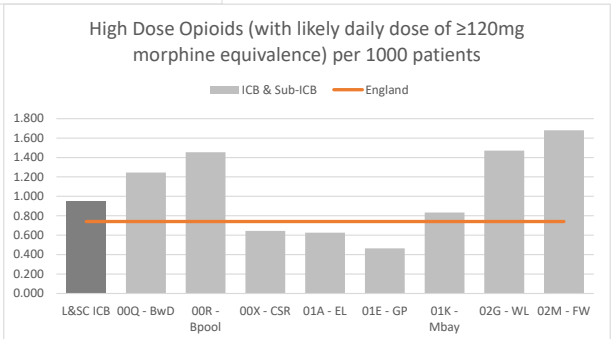
March 2025:

National	LSC	BwD (00Q)	Bpool (00R)	EL (01A)	CSR (00X)	GP (01E)	WL (02G)	FW (02M)	Mbay (01K)
0.74	0.95	1.25	1.45	0.63	0.65	0.46	1.47	1.68	0.83



← 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 L&SC March 2025 position for the prescribing of high doses of opioids is 0.95 per 1,000 patients which remains above the national average of 0.74.
- 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.
- 3 sub ICB areas (Greater Preston, East Lancashire and Chorley and South Ribble) are below the national average
- Since April 2024, there are 844 fewer people on opioids within LSC ICB; it is estimated that this equates to at least 13 lives saved (based on NHSE harm statement *"We estimate that for every 62 patients with chronic pain who can be supported with alternatives to long-term opioid analgesia one life can be saved"*). NOTE: the next data set will be available late September.

Actions/ updates :

- Mobilisation of the new general practice Medicines Optimisation (MO) Local Enhanced Services (LES) for 2025/26 which includes the reduction of opioid prescribing by practices.
- ICB wide community of practice planned in October with focus on high doses, large volume prescribing, risk of diversion and trauma in formed training.
- The Pain Café is being explored in other localities; the aim over Quarter 2 2025/26 is to have a dedicated community of practice aimed at sharing best practices and encourage other integrated care communities (ICC)/PCNs to explore. .

Risks:

- Sustained community and clinical action is required, but even when in place this will take time for impacts to be seen on prescribing rates.
- Medicines Optimisation and Practice Pharmacy Team capacity is limited but has recruited recently.
- The Blackpool and Barrow areas are still ranked first and third in the UK for the highest rates of drug related deaths.

Quality Metric	12. % of people aged 14 and over with a learning disability on the GP register receiving an AHC: Mar-25				
	Primary Care Contracts Sub Committee & Quality & Outcomes Committee / Primary Care Quality Group & Finance & Performance Group				
	Group Chair:	Peter Tinson	**SRO:**	Debbie Wardleworth	**Clinical Lead:** Dr Lindsey Dickinson / Dr Felicity Guest

NHS Lancashire and South Cumbria Integrated Care Board

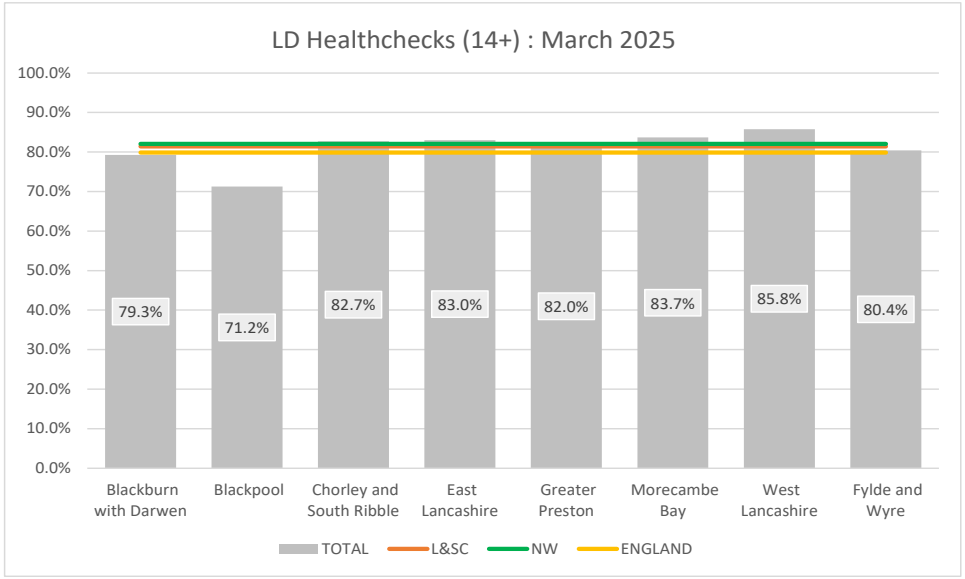
This metric measures:

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.

March 2025

National	North West	LSC	BwD (00Q)	Bpool (00R)	EL (01A)	CSR (00X)	GP (01E)	WL (02G)	FW (02M)	Mbay (01K)
79.9%	82.0%	81.4%	79.3%	71.2%	83.0%	82.7%	82.0%	85.8%	80.4%	83.7%



What does this tell us?

- For the 2024/25 year LSC exceeded the 76% target, achieving 81.4% of people aged 14 and over with a learning disability receiving an Annual Health Check (AHC). The ICB is above national average, and slightly below the regional average.
- All sub ICB areas report a significant increase in completed AHC's since the previous reporting period.
- There is variation at sub-ICB (former CCG) level with performance in March 2025 ranging from 71.2% - 85.8%. Beneath this there will be further variation by PCN and practice.
- Blackpool is the only sub-ICB area that is below trajectory but has improved significantly on previous year's performance.
- The target for 2025/26 has been set at 75%, to take account of impact of changes within the ICB

Actions:

- Shorter training continues to be offered to administrative practice staff to support their roles and to support patients with a learning disability and identify reasonable adjustments. This is now an ongoing offer.
- 43 practices who are part of LD champion co-produced model, and roll-out is phased to enable the team to support during the highest quarter of health check delivery. Phased roll-out of the champion model is in place to manage capacity.
- Work is underway with the specialist eye care team, to deliver a programme of comms and promotion of the service. The ICB LD&A webpage has been updated to include a link to trained opticians.
- Over 1,552 people with LD, parents and carers have attended AHC workshops to demonstrate health checks, mens' health and breast screening workshops. These continue to be effective in reducing barriers to attendance, and empowering people with a LD to question their health check.
- The number of Health Action Plans (HAP) continues to increase in the ICB. February 2025 data shows 508 more HAPs and 686 more health checks than in March 2024. HAPs are essential for enabling individuals to manage their own wellbeing.
- ICB dashboard provides monthly data at practice and PCN level, allowing us to identify areas of concern and respond accordingly. This allows us to monitor trends and changes in practice delivery.
- As part of the provision of trusted information for our advocacy groups, parent/carers, health colleagues and people with a learning disability the ICB webpage now incudes an easy read library including appropriate health messaging for people with a learning disability; resources for schools; and support and signposting. LSC Integrated Care Board :: Support

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, and experience avoidable mortality.
- 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.
- In Fylde and Wyre one practice has not renewed their data sharing agreement, and this impacts slightly upon our collation and comparisons within the ICB. However, the data for this report remains uncompromised.
- LD register validation in Blackpool is not undertaken by the health facilitation team but by the CLDT who are connected to the LD&A team to share data, trends and practice data to shape activity

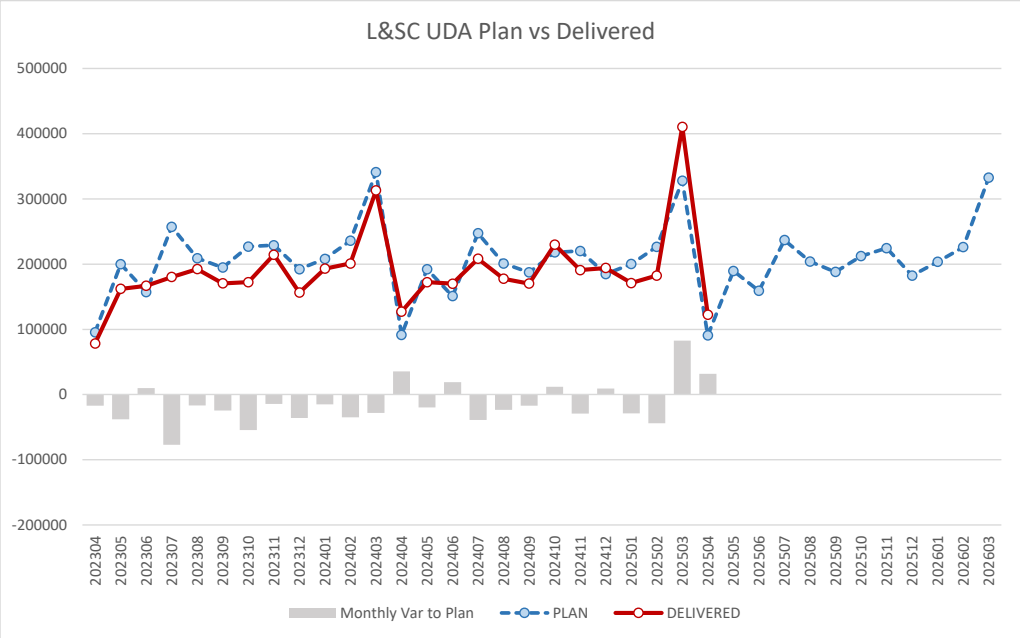
Activity Metric	14. Units of Dental Activity delivered as a proportion of all Units of Dental Activity contracted : Mar-25 (provisional)
	Primary Care Contracts Sub Committee & Finance & Performance Committee / Primary Services Dental Group
	Group Chair: Amy Lepiorz **SRO:** Amy Lepiorz **Clinical Lead:** Shane Morgan

NHS Lancashire and South Cumbria Integrated Care Board

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.

LSC	March 2025	98.23%



How are we performing?

- The cumulative year-to-date (YTD) position to March 2025 is 98.23% of contracted activity has been delivered. We are not expecting any further activity to be reported for 2024/25
- The reported position is very close to achieving the full annual target, the under performance equates to 43,400 UDAs or 1.7%

Actions:

- The ICB's local Dental Access and Oral Health Improvement Programme was developed to enhance its understanding and management of oral health for LSC, and includes local and national initiatives :-
  - 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 in prioritised groups to ensure their oral health does not impact or prevent treatment for other conditions.
  - commissioning of 110% of contracted UDA's by allowing 10% over performance provider payments.
  - 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.
- As part of the 2025/26 planning round a phased trajectory has been submitted outlining the expected volumes over the year.

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.
- The ending of the New Patient Premium initiative may impact on the levels of activity delivered, but this is very difficult to quantify.

Activity Metric	15.1 Number of unique patients seen by an NHS dentist – adults (Resident Population): May-25				
	Primary Care Contracts Sub Committee / Finance & Performance Committee				
	Group Chair: Amy Lepiorz	**SRO:** Amy Lepiorz	**Clinical Lead:** Shane Morgan		

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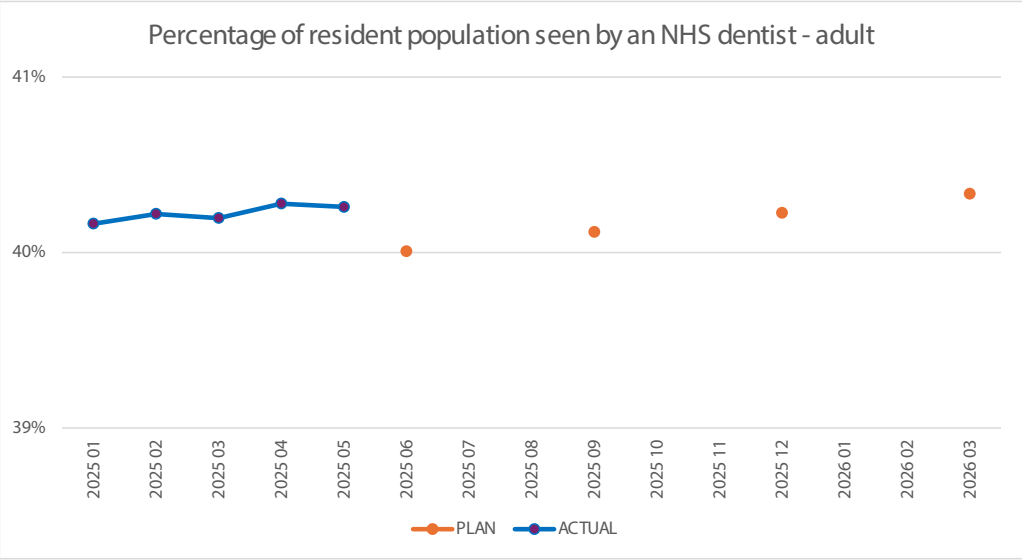
This metric measures:
The number of unique adult (over 18 years) patients (i.e. individual patients) seen by an NHS Dentist on a 24 month rolling basis as a percentage of the total adult (over 18 years) population.

Adults	Q1 Milestone =	40.3%	May 25 Actual =	40.3%



What does this tell us?

- It is the ICB's ambition for 40.3% of the adult resident population to have seen an NHS dentist by March 2026.
- In May-2025 the reported position is 40.3% which is above original planned levels, exceeds the quarter 1 milestone and meets the March 2026 target.
- Data reporting for the ICB by month has now been updated to use the national reporting dataset available on NHS Futures
- For 2025-26 the reporting basis has changed from "patients who received dental treatment from contracts commissioned by the ICB" to "patients who reside in the L&SC area who receive dental treatment from anywhere"

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 approximately 20,000 additional appointments.
- Integrated Dental Access Programme to support patient with additional treatment needs following Urgent Care, patients who are not urgent but require treatment within 7 days, and specific patients who are within prioritised groups to ensure their oral health does not impact or prevent treatment for other conditions.
- A review of the data set adopted has been undertaken to ensure consistency and accuracy of data.

Risks:

- The risks for this indicator are as detailed on the previous slide (metric 14.)
- The increased number of repeat appointments for adults with complex dental issues arising during the covid pandemic are still impacting upon the performance of this metric.
- The end of the New Patient Premium programme implemented national may impact on the levels of access.

Activity Metric	15.2 Number of unique patients seen by an NHS dentist – children (resident Population): May-25				
	Primary Care Contracts Sub Committee / Finance & Performance Committee				
	Group Chair:	Amy Lepiorz	**SRO:**	Amy Lepiorz	**Clinical Lead:** Shane Morgan

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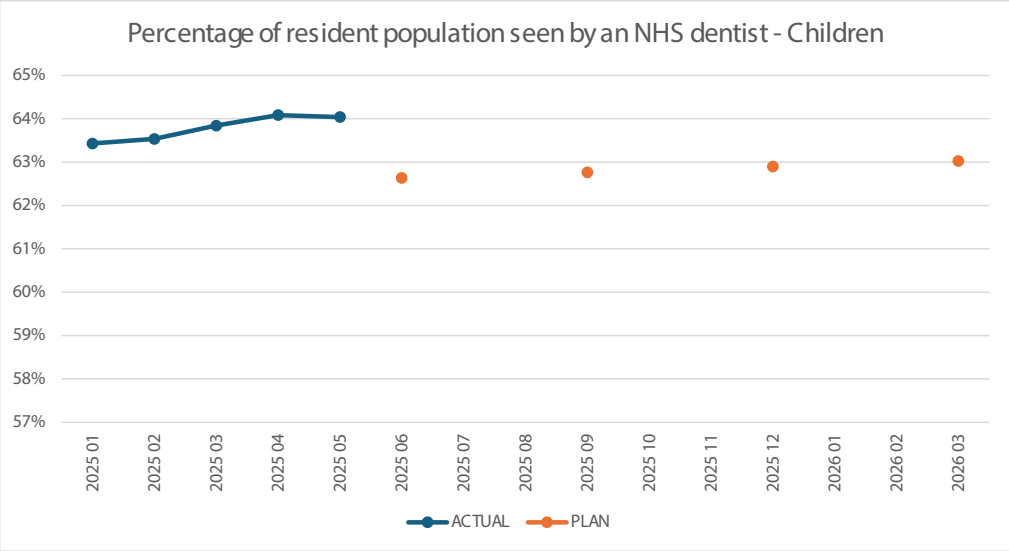
This metric measures:
The number of unique child (under 18 years) patients (i.e. individual patients) seen by an NHS Dentist on a 24 month rolling basis as a % of the total child (under 18 years) population.

Children	Q1 Milestone = 62.6%	May 25 Actual = 64.04%



What does this tell us?

- It is the ICB's ambition for 63.03% of resident children to have seen an NHS dentist by March 2026.
- In May-2025, 64.04% of children had seen an NHS dentist within the past 12 months which exceeds the quarter 1 milestone and meets the March 2026 target.
- Data reporting for the ICB by month has now been updated to use the national reporting dataset available on NHS Futures
- For 2025-26 the reporting basis has changed from "patients who received dental treatment from contracts commissioned by the ICB" to "patients who reside in the L&SC area who receive dental treatment from anywhere"

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.)

Activity Metric	16. Optometrist NHS Sight Tests: May 25				
	Primary Care Contracts Sub Committee / Primary Ophthalmic Services Group				
	Group Chair:	Dawn Haworth	**SRO:**	Dawn Haworth	**Clinical Lead:** Tom Mackley

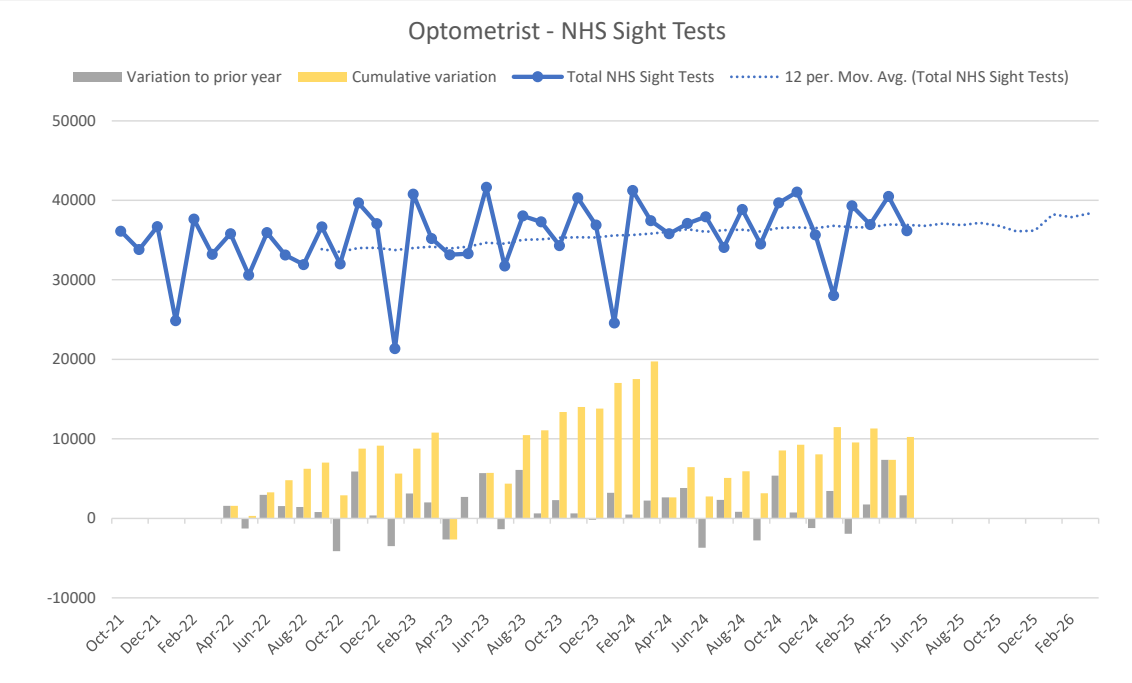
NHS Lancashire and South Cumbria Integrated Care Board

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 60years, those receiving certain benefits, and those with/a family history of specific health and eye conditions.

LSC NHS Sight Tests, current month May 2025:	**36,177**



What does this tell us?

- The monthly volume of NHS sight tests has remained relatively static over the past 12 month period, with the number of tests being undertaken usually lying between 35,000 and 40,000 per month.
- In May, the number of sight tests performed decreased (-10%) from the previous month but remains in line with the 12-month average. This performance in part is thought to be due to the two bank holidays and fewer working days in the month.

Actions:

The contract for the Easy Eye Care initiative (which promotes sight tests for patients with learning disabilities and autism) has been renewed until March 2026.

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 – shelters within Blackburn with Darwen, East Lancs and Blackpool have provided eye tests.
- 'Easy Eye Care' – promotes sight tests for patients with learning disabilities and autism and the service is continuing during 2025 / 26
- 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.

There is a communications and engagement workstream as part of the programme which will develop material to support patients accessing eyesight tests (subject to available funding)

Risks:

- 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 : Feb – 25

Primary Care Contracts Sub Committee & Finance & Performance Committee / Pharmaceutical Services Group

Group Chair: Amy Lepiorz **SRO:** Amy Lepiorz **Clinical Lead:** Amy Lepiorz

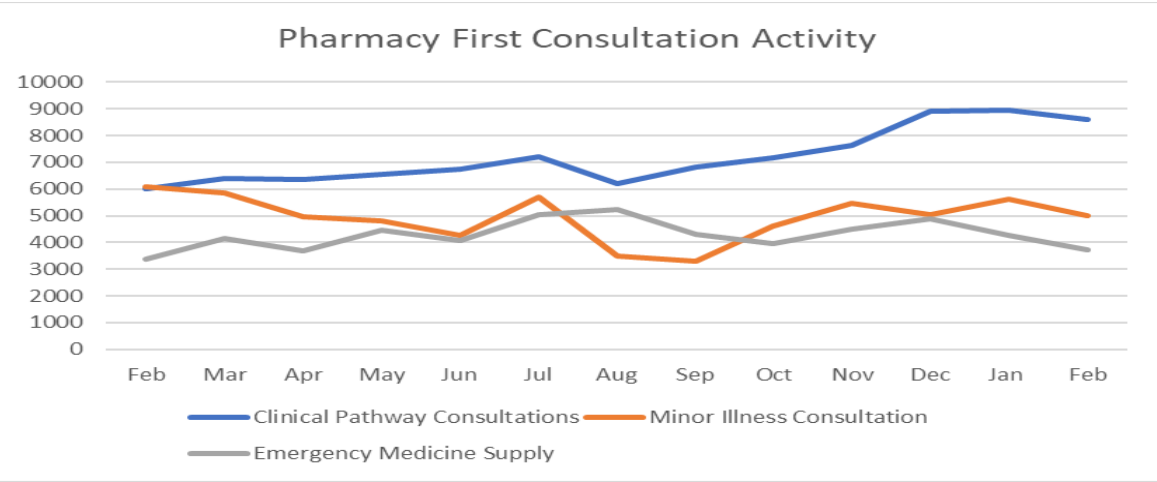
NHS Lancashire and South Cumbria Integrated Care Board

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 aliments 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	Feb 25	% Total
Clinical Pathway Consultation	8607	47.5%
Minor illness referrals	5015	29.9%
Urgent medicine supply	3716	22.6%
Total	**17,338**	



How are we performing?

- In January 2025 just under 19k pharmacy first appointments were delivered in LSC, this was the highest number of clinical pathway consultations (8,966) delivered by LSC Community Pharmacies.
- February 2025 saw a slight dip in activity from the past two months down to 17.3k appointments; this is potential due to it being a short month and families going on holiday during half term.
- February's performance is still inline with the upward trajectory of activity noted since November 2024. Prior to that, the number of consultations remained relatively constant at between 6-7,000 per month.
- L&SC continue to have the highest number of referrals from GP practices in England.
- The scheme is currently delivered by 98% of pharmacies in L&SC and will transfers some lower acuity care away from general practice.
- Urgent Medicine supply consultations (grey line) 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.
- A gap analysis has started, however the local intelligence regarding GP referrals at GP practice level is off track in some areas due to pressures within PaCC teams. There is a plan to work with the LPC to support the intelligence from GP practice using the PCN lead resources.
- ICB website redesign is ongoing, as well as the intranet site. There is an ongoing round of engagement with various GP practice stakeholders such as the PCN Assembly.

Risks:

- Recruitment of PCN leads is problematic leaving gaps in provision, there are presently plans being developed to address.
- Prioritisation of primary care programmes has taken place, meaning decreased support from place colleagues due to competing pressures. Potential to link in with medicines optimisation team and utilise the LES to ensure GP referrals continue and increase.

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