

- 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 August 2025 report the following should be noted:

There is no update available for; 7. SO44b: Antimicrobial resistance: proportion of broad-spectrum antibiotic prescribing in primary care, or 16. Optometrist NHS Sight Tests.

August 2025 Report- Points of Note:

- **General Practice LES: long term condition holistic health assessment initial delivery:** A total of 53% of practices have delivered more than 25% of their total annual target. Overall, this level of activity is within expectations for this point in the year.
- **GP CQC Ratings:** The number of practices rated as inadequate or requires improvement has not changed since the last reporting period. However, a practice in BwD has been served 2 warning notices for failing to meet regulations related to safe care and treatment and good governance. At the time of reporting, the practice overall CQC rating remains as Good.
- **Units of Dental Activity delivered as a proportion of all units of dental activity contracted:** In July 2025 the cumulative year-to-date (YTD) position is 103.9% of contracted activity has been delivered.
- **Urgent Dental Appointments – 700k National Target increase in urgent appointments:** The cumulative year to date figure is 94.67% against baseline target. This is a reduction from last month (3.13%), however, July has seen an increase in the monthly target from 11,430 to 13,743 appointments.

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
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	Jun-25	4153	4130	x	↓	3912	3584	4129	4257	4341	4555	4265	4185
% of Appointments within 2 weeks of booking (ACC-08)	Jun-25		86.77%		↑	88.7%	85.5%	86.6%	87.0%	92.0%	87.5%	84.5%	84.3%
General Practitioner Appointments per General Practitioner FTE	Jun-25		339.80		↔	425.20	286.80	364.80	352.60	292.00	348.30	331.90	335.20
FTE doctors in General Practice per 10,000 weighted patients	Jun-25		5.35		↔	4.58	4.57	4.83	5.70	6.77	5.76	4.41	6.23
FTE ALL CLINICAL staff in GP practices per 10,000 weighted patient population	Jun-25		11.09		↓	8.17	10.71	9.90	10.57	11.95	10.27	11.82	13.82
GP CQC Ratings (no. practices inadequate or requiring improvement)	Aug-25		3			0	1	0	1	0	0	0	1
S044b: Antimicrobial resistance: proportion of broad-spectrum antibiotic prescribing in primary care	May-25	10%	7.54%	✓	↓	5.54%	8.62%	5.74%	7.29%	7.91%	7.90%	8.48%	9.20%
High Dose Opioids : Opioids with likely daily dose of ≥120mg morphine equivalence per 1000 patients	May-25		0.984		↑	1.330	1.561	0.623	0.629	0.510	1.521	1.684	0.890
% 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%
Units of Dental Activity delivered as a proportion of all units of Dental Activity contracted	Jul-25		103.93%		↑								
Percentage of resident population seen by an NHS dentist - ADULT (Rolling 24 months)	Jul-25	40.12%	40.41%	✓	↑								
Percentage of resident population seen by an NHS dentist - CHILD (Rolling 12 months)	Jul-25	62.77%	64.72%	✓	↑								
Urgent dental appointments - 700k national target increase in urgent appointments	Jul-25	11430	11481										
Optometrist - NHS Sight Tests	Jun-25		36935		↔								
Pharmacy First Consultations by Type	Apr-25	24665	31667	✓	↑								

Metric No.	COMMITTEE / GROUP
1	PCCSC / PMSG
2	PCCSC / PMSG
3	PCCSC / PMSG
4	PCCSC / PINCTP
5	PCCSC / PINCTP
6	PCCSC / PMSG / PCQG
7	QOC / PCQG / AMSC
8	QOC / PCQG / MSG
12	PCCSC / QOC / PCQG / F&P
14	PCCSC / F&P / PSDG
15.1	PCCSC / F&P
15.2	PCCSC / F&P
15.3	
16	PCCSC / POSG
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: Long-Terms Condition Holistic Health Assessment Initial Delivery 2025

Primary Care Contracts Sub Committee / Primary Care Medical Services Group

Group Chair: Peter TinsonSRO: Donna RobertsClinical Lead: John Miles / Felicity Guest

This metric measures  
The number of GP practices in each sub-ICB grouping who have achieved respective percentages of their target holistic health assessments (Domain 2 of the ICB's new Long-Terms Condition Local Enhanced Service).

Practice Achievement for April 2025 -July 2025 - Per Sub ICB Group							
Sub ICB Group	Total Practices	Domain 2 - Total Achieved					
		0-10%	11-25%	26-50%	51-75%	76-100%	100% +
Blackburn With Darwen CCG	22	7	4	8	1	1	1
East Lancashire CCG	47	14	8	13	9	1	2
Chorley & South Ribble CCG	25	8	8	5	0	2	2
West Lancashire CCG	15	3	6	6	0	0	0
Greater Preston CCG	22	3	3	5	6	3	2
Blackpool CCG	14	3	1	9	1	0	0
Fylde & Wyre CCG	20	2	9	5	3	1	0
Morecambe Bay CCG	30	14	10	6	0	0	0
	195	54	49	57	20	8	7
% of total number of practices achievement per percentage		28%	25%	29%	10%	4.10%	3.59%

What does this tell us?

Holistic Health Assessments (HHA) – Q1 Delivery Update (2025/26)  
Delivery of Holistic Health Assessments (HHAs) under the Long-Term Conditions (LTC) Local Enhanced Service (LES) is progressing well in the first quarter of 2025/26.

- 53% of practices have delivered more than 25% of their total annual target.
- A smaller group, 17.95% of practices, have achieved over 50% of their target, with seven practices already exceeding their full-year allocation. It's important to note that any activity beyond the set target is not eligible for additional funding, and practices have been made aware of this cap. 7 practices have achieved over their allocated target.
- As requested last month, the data now identifies practices with 0–10% achievement of their total target. Currently, 54 practices fall within this range.
- Overall, this level of activity is within expectations for this point in the year.

Actions:  
• Initial Delivery Progress: The delivery of HHAs under the LTC LES is progressing as expected. Other LES activity data is currently being processed and will be included in future updates.

General Practice Local Enhanced Services – Sign-Up Status Summary  
• **Sign-Up Rates:** The sign-up figures for all LESs across the ICB remain unchanged from last month, with an average sign-up rate of 96% across GP practices in Lancashire and South Cumbria (LSC).  
• **Service Coverage Oversight:** The LES Implementation Group continues to monitor and address population gaps in service delivery. While this is primarily managed at place level, system-wide working groups have been established to focus on specific areas, including wound care and phlebotomy.

Risks:  
**Ongoing Monitoring:** Delivery will continue to be closely monitored to ensure equitable access to commissioned services across the population.  
**Supportive Engagement:** A webinar was held on 13 August to support practices in promoting quality and maximising activity within the LES framework.

Activity Metric	1. Number of general practice appointments per 10,000 weighted patients : June 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		

This metric measures:

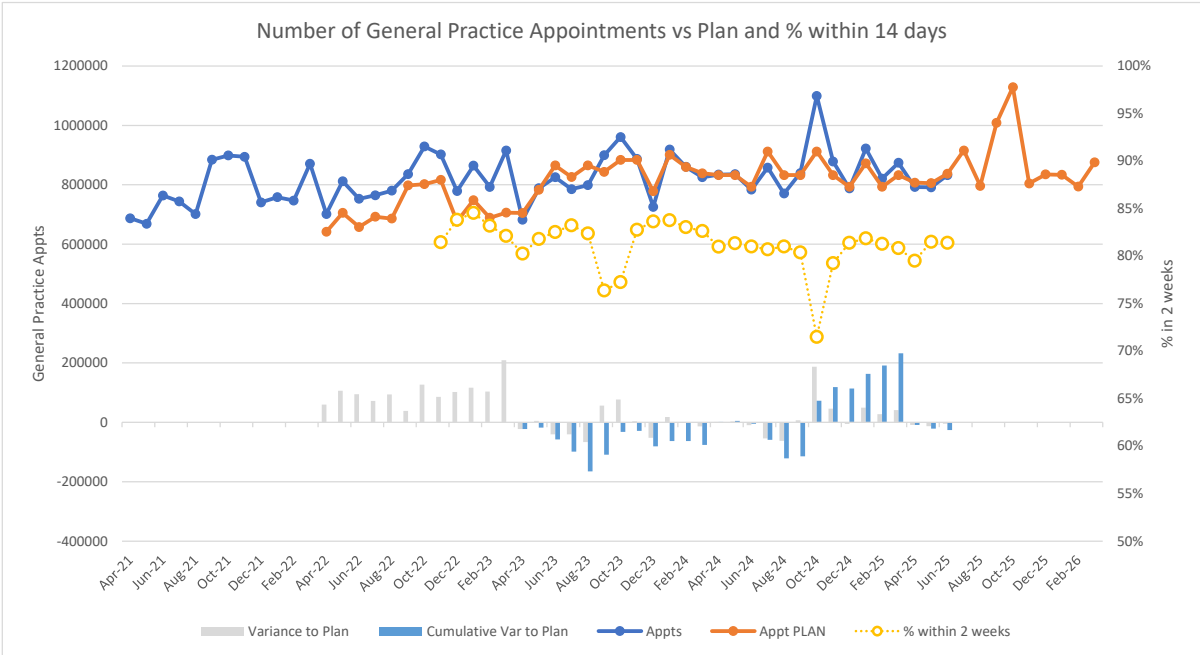
The data is collated from general practice appointment data (GPAD) , is currently listed as 'experimental' by NHSE. It provides an incomplete measure of activity for individual GP practices. Changes in activity levels in practices may be impacted by both changes in demand and capacity. Month to month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

What does this tell us?

- 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, in June 44.1% of appointments were held with a GP, just 1.2% below the national rate.
- Relatedly L&SC offers fewer general practice appointments per head of pop. than the national (-16.2%) average.
- For the year to date 68.4% of appointments were held face-to-face, compared with 63.3% nationally.

June 2025

National	North West	LSC	BwD (00Q)	Bpool (00R)	EL (01A)	CSR (00X)	GP (01E)	WL (02G)	FW (02M)	Mbay (01K)
4927	4143	4130	3912	3584	4129	4257	4341	4555	4265	4185



Actions:

- **GP Improvement Programme (GPIP):** Engagement work has continued with practices identified as having the potential to benefit from participating in the 2025 GPIP, to encourage sign-up. This supports the ICB's GP Action Plan to reduce negative variation in access and patient experience.
  - This has included follow-up emails being sent to all priority practices and 16 meetings held with key practices to discuss their access models, concerns, and explain how GPIP could support them.
  - The ICB has confirmed all of the 18 GPIP NHSE funded places, with the first cohort of practices due to commence the 15 week programme in September 2025.
- **25/26 Capacity and Access Improvement Payment (CAIP):** PCNs have commenced submitting declarations for the new CAIP requirements for 2025/26, with declarations having been received for both the Risk Stratification for Continuity of Care and Supporting Modern General Practice Access domains for 18 practices over the months of June and July; these are currently 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. For the year-to-date national data indicates that 4.1% of LSC appointments were held via video conference/Online, compared to 7.7% nationally, but the value is thought to be higher due to missing data.

Activity Metric	2. % of appointments within 2 weeks of booking [ACC-08 Appointment types] : June-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					



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.*

- What does this tell us?
- In June 2025, 86.8% of General Practice appointments with one of the 8 specified appointment categories were offered within 2 weeks of booking within LSC.
  - 51.2% of these appointments were offered on the same day.
  - There remains variations at sub-ICB (and lower) levels with same day appointments ranging from 42.3% to 58.6%. This variation reflects differences in practice operating models adapted to cater for seasonal demand and activities as well as the different needs of populations.

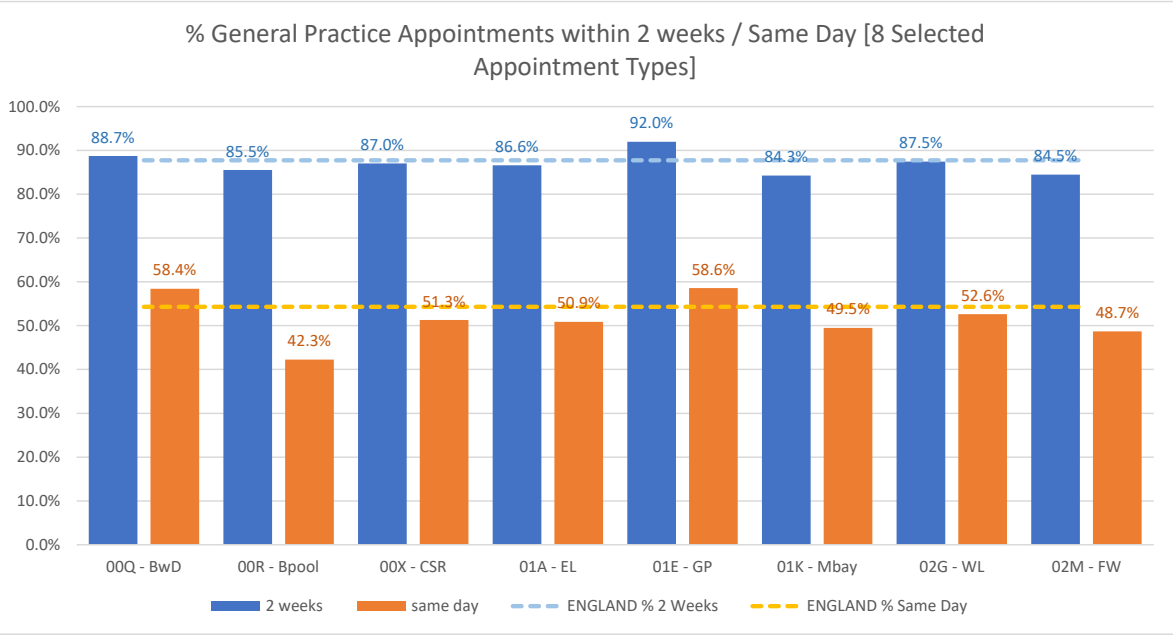
- Actions:
- A review and potential redesign of the model of Integrated Urgent Care is currently taking place. This has the potential to improve same day access for those patients with a same day need that don't require continuity of care. Target mobilisation date is the 1 April 2027 subject to procurement 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.

**10 Year Health Plan : Access**  
NHS App: By 2028, patients will be able to see who is involved in their care, communicate with professionals directly, draft and view their care plans, book and hold appointments and leave feedback. AI-powered online advice will be built into the App.  
Digital telephony will be used to ensure all phones are answered quickly. Those who need it, will get a digital or telephone consultation for the same day they request it.

June 2025

National	North West	LSC	BwD (00Q)	Bpool (00R)	EL (01A)	CSR (00X)	GP (01E)	WL (02G)	FW (02M)	Mbay (01K)
87.7%	88.4%	86.8%	88.7%	85.5%	86.6%	87.0%	92.0%	87.5%	84.5%	84.3%



Activity Metric

### 3. General Practitioner Appointments per General Practitioner FTE : June-25

Primary Care Contracts Sub Committee / Primary Care Medical Services Group

Group Chair:

Peter Tinson

SRO:

Donna Roberts

Clinical Lead:

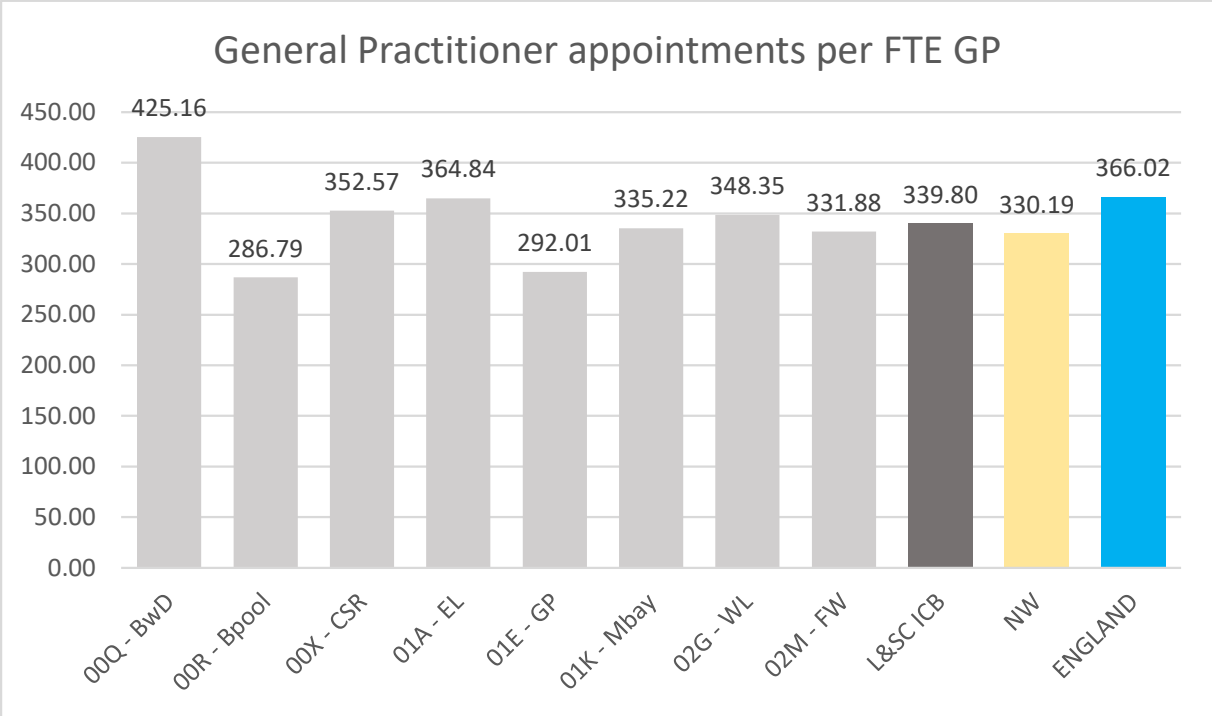
Dr Lindsey Dickinson / Dr John Miles



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.

June 2025

National	North West	LSC	BwD (00Q)	Bpool (00R)	EL (01A)	CSR (00X)	GP (01E)	WL (02G)	FW (02M)	Mbay (01K)
366.0	330.2	339.8	425.2	286.8	364.8	352.6	292.0	348.3	331.9	335.2



- What does this tell us?
- The number appointments provided per full-time-equivalent (FTE) General Practitioner across L&SC in June 2025 is 339.8. This 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 425.2 appointments per FTE GP, significantly higher than the ICB, regional and national average. BwD GPs are undertaking around 85.4 appointments per FTE GP more than the L&SC average, whilst GPs in Blackpool are undertaking around 53 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 ARRS 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.
  - The ICB's work to support practices with Access and the new ICB's Local Enhanced Services (LES) will also support this indicator's performance during 2025/26.

- 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.
  - 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 : June-25

Primary Care Contracts Sub Committee / Primary and Integrated Neighbourhood Care Transformation Programme Group

Group Chair:

Peter Tinson

SRO:

Donna Roberts

Clinical Lead:

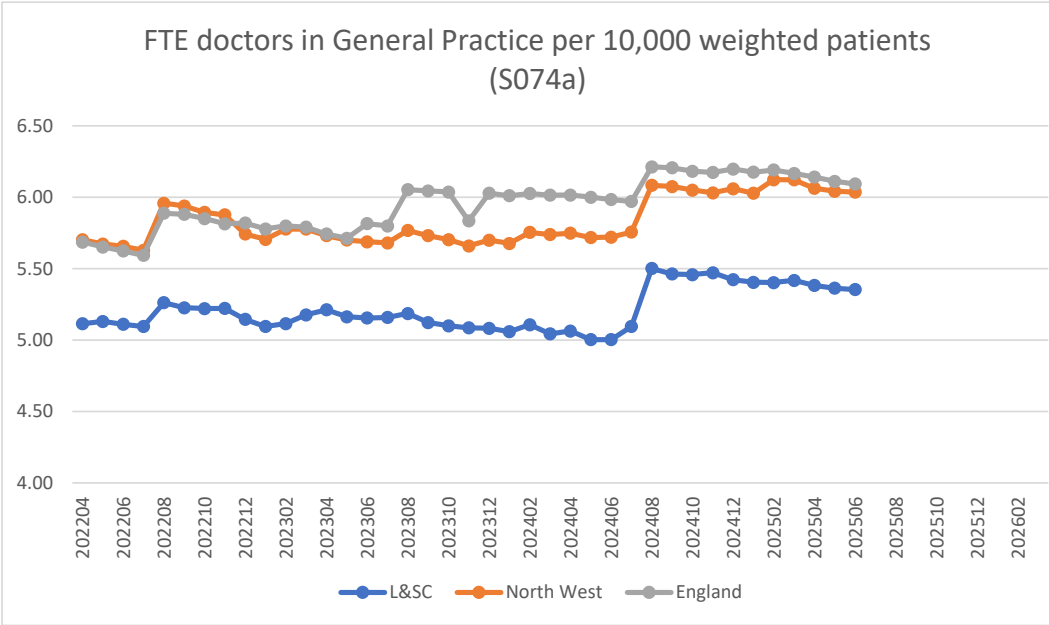
Dr Lindsey Dickinson / Dr John Miles



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.

June 2025

National	North West	LSC	BwD (00Q)	Bpool (00R)	EL (01A)	CSR (00X)	GP (01E)	WL (02G)	FW (02M)	Mbay (01K)
6.09	6.04	5.35	4.58	4.57	4.83	5.70	6.77	5.76	4.41	6.23



10 Year Health Plan focus: Workforce  
Thousands more GPs will be trained

- 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 qualified GPs employed under the expanded Additional Roles Reimbursement Scheme (ARRS) scheme, these posts are captured in ARRS roles data. To date 49 (22 WTE) recently qualified GPs have been recruited by 22 PCNs since the ARRS scheme was extended in October 2024. Any update?

- 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.

Activity Metric

5. General Practice FTE Clinical Staff by Group per 10,000 weighted patients : June-25

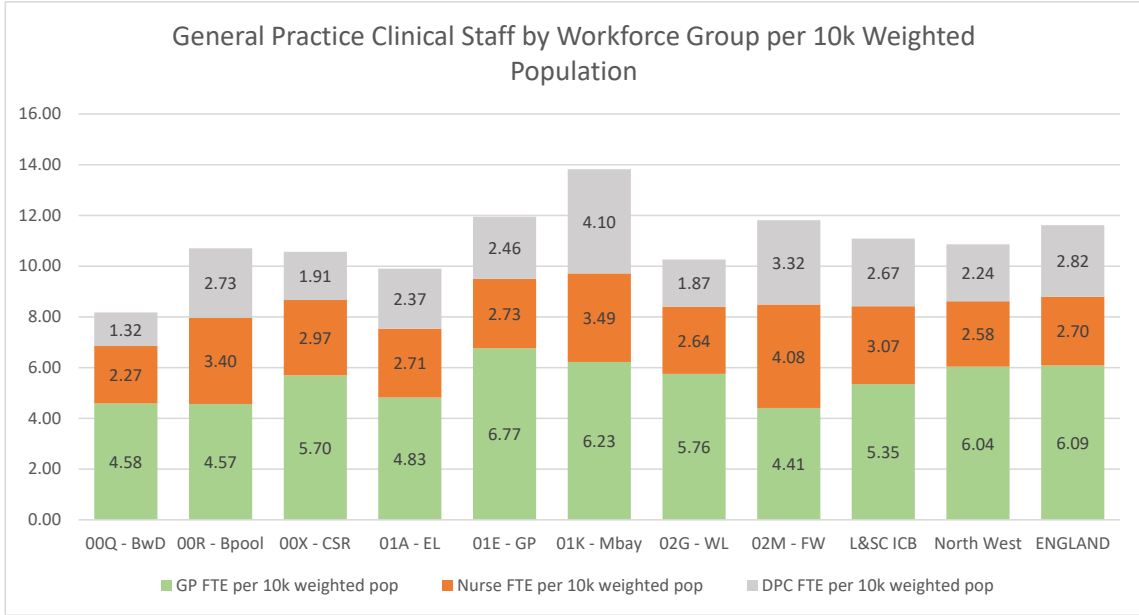
Finance and Performance Committee / Primary and Integrated Neighbourhood Care Transformation Programme Group

Group Chair: Peter TinsonSRO: Donna RobertsClinical Lead: Dr Lindsey Dickinson / Dr John Miles

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.

June 2025

National	North West	LSC	BwD (00Q)	Bpool (00R)	EL (01A)	CSR (00X)	GP (01E)	WL (02G)	FW (02M)	Mbay (01K)
11.63	10.86	11.13	8.17	10.71	9.90	10.57	11.95	10.27	11.82	13.82



- 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 or compared to national levels.
  - All other Direct Patient Care (DPC) FTE staff per 10,000 weighted pts.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 two 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.
  - As at Q1 2025/26 1,210 non-medical ARRS staff were employed by PCNs within LSC.
  - 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 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 the visa support sponsorship is not available for 2025/26.



Quality Metric

6. GP CQC Ratings (no. practices inadequate or requiring improvement) : July 2025

Primary Care Contracts Sub Committee & Quality & Outcomes Committee / Primary Care Medical Services Group & Primary Care Quality Group

Group Chair: Peter Tinson & Kathryn LordSRO: Peter TinsonClinical Lead: Dr Lindsey Dickinson



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.

Number and percentage of practices rated by the CQC as inadequate or requiring improvement:

National	North West	LSC	BwD	Bpl	CSR	EL	GP	MB	WL	FW
294 (4.6%)	32 (3.3%)	3 (1.5%)	0	1 (3,1%)	1 (3,1%)	0	0	1 (3.1%)	0	0

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	1	0	14	1	0	16	1	3.1%
00X - CSR	0	1	19	0	3	23	1	3.1%
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	13	9	197	3	1.5%
North West	5	26	849	45	43	968	31	3.2%
England	24	280	5489	290	264	6347	304	4.8%

- What does this tell us?
- Out of the 197 general practices in L&SC, one practice in Blackpool has been rated as 'inadequate' and two practices are currently reported as 'requires improvement' (RI) by the CQC; one in Chorley and South Ribble, and one in Morecambe Bay.
  - The Chorley & South Ribble practice previously rated as 'Requires Improvement' is currently under review so subsequently does not currently have a rating.
  - The majority (185/197) of L&SC practices are rated as 'good' or 'outstanding', with 9 practices having no published rating.

- Actions:
- The ICB's primary care and quality teams continue to engage 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:
- Within Chorley & South Ribble (CSR):
- The CSR practice previously rated as 'requires improvement' is currently receiving a quality review by the CQC. The ICB conducted a further visit in June 2025.
  - The place team remain 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 has completed all actions and are awaiting a reinspection from CQC. The date of the reinspection is unknown at present.
- Within Blackpool (Bpool):
- The CQC report of 4 July 2025 updated the overall practice rating from 'outstanding' (14 June 2016) to 'inadequate' following their assessment of 25 April - 1 May 2025. Accordingly, the practice has been placed in special measures.
  - The CQC have issued a report to the practice with a timescale of the 8 August 2025 to respond.
  - The ICB undertook a reactive visit with the practice on the 5 August and were reassured by the progress the practice has made in relation to the concerns raised. Feedback from the ICB visit has been shared highlighting a number of actions which will be monitored.
- Within Blackburn with Darwen (BwD):
- The CQC have served 2 warning notices on a practice within BwD in July for failing to meet regulations related to safe care and treatment and good governance. At the time of reporting, the practice overall CQC rating remains as Good.
  - The local Place Team are arranging to meet with the practice to identify what support is needed.
  - The LMC are also supporting the practice
- The ICB's proactive and reactive GP visit framework has been refreshed and will be relaunched next month.. Reactive visits are triggered by a practice rating of inadequate, is in special measures, or where serious concerns have been identified/raised.

- 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 and other bodies, such as the Local Medical Committee (LMC), in liaising with the practices and providing support,

Quality Metric

7. S044b: Antimicrobial resistance: proportion of broad-spectrum antibiotic prescribing in primary care: 12 months to May-25

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

No update available

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.

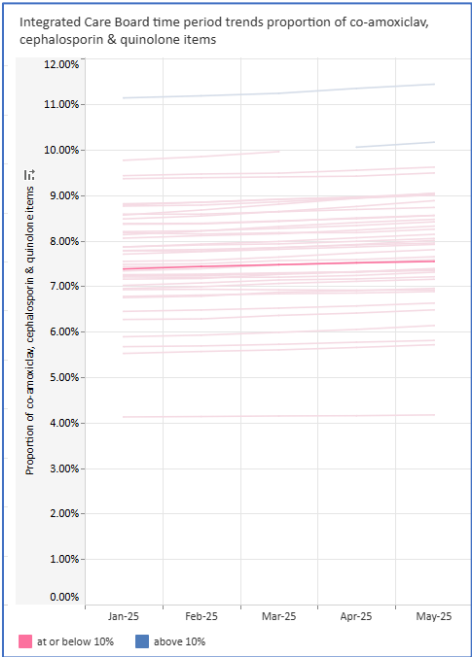
May 2025

LSC	BwD (00Q)	Bpool (00R)	EL (01A)	CSR (00X)	GP (01E)	WL (02G)	FW (02M)	Mbay (01K)
7.54%	5.5%	8.6%	5.7%	7.3%	7.9%	7.9%	8.5%	9.2%

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

LSC Totals	No. Practices	% Practices
At or below 10%	170	86.3%
Above 10%	27	13.7%

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



- What does this tell us?
- There has been an increase in the number of LSC practices reporting prescribing of broad-spectrum antibiotics above the 10% threshold since the last reporting period. The number of practices has increased in the last reporting period from 18 to 27. The greatest increase can be found in Blackpool (1.6% increase) and Fylde & Wyre (1% increase).
  - 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 9.2%.

- 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.

8. High Dose Opioids : Opioids with likely daily dose of ≥120mg morphine equivalence per 1000 patients: May-25

Quality & Outcomes Committee / Primary Care Quality Group & Medicines Safety Group

Group Chair: Kathryn Lord & Nicola Baxter    SRO: Andrew White    Clinical Lead: Faye Prescott

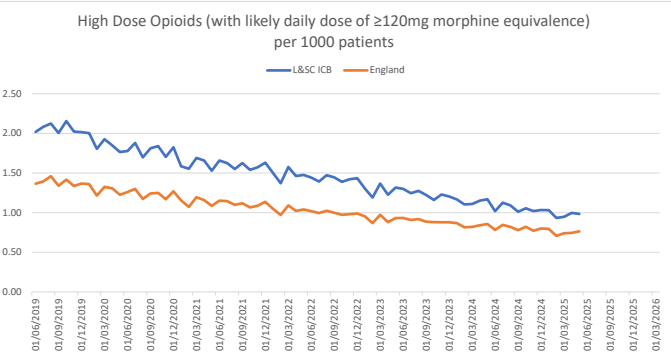


This metric measures:

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.

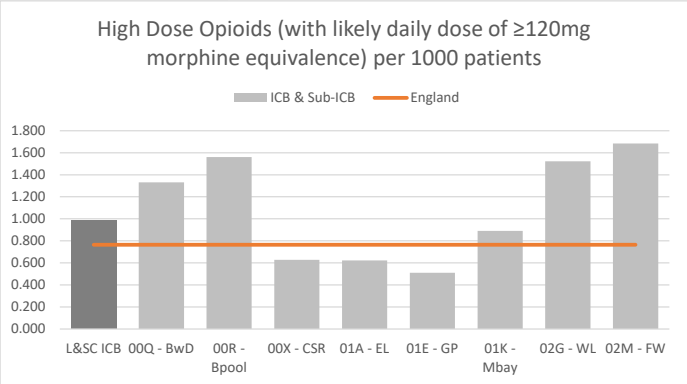
May 2025:

National	LSC	BwD (00Q)	Bpool (00R)	EL (01A)	CSR (00X)	GP (01E)	WL (02G)	FW (02M)	Mbay (01K)
0.765	0.984	1.33	1.56	0.62	0.63	0.51	1.52	1.68	0.89



← 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 May 2025 position for the prescribing of high doses of opioids is 0.984 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 rate than the national rate therefore closing the gap. Indeed, in the last month LSC position has improved by 0.013 per 1,000 patients and the nation position has worsened by 0.025 per 1,000 patients.
- 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 :

- Exploration of local public engagement event in Mid Furness.
- MAPS (Medicines Awareness Pathway) pilot in Fleetwood was presented to South Cumbria and Fylde coast community of practice. Alongside Waterloo house practice in Millom.
- Meeting with drug and alcohol provider on linking to LSCMMG on RAG status of Methadone and sublingual buprenorphine
- 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 drugs of dependence prescribing incentives to reduce inequalities in the prescribing of opioids and gabapentinoids. This should help to reduce the sub-ICB variation and contribute to the ICB reducing from being the highest prescriber of opioids in England.

Risks:

- No RAG status for Methadone and sublingual buprenorphine in terms of addiction and long-term pain.

Quality Metric

12. % of people aged 14 and over with a learning disability on the GP register receiving an AHC: June-25

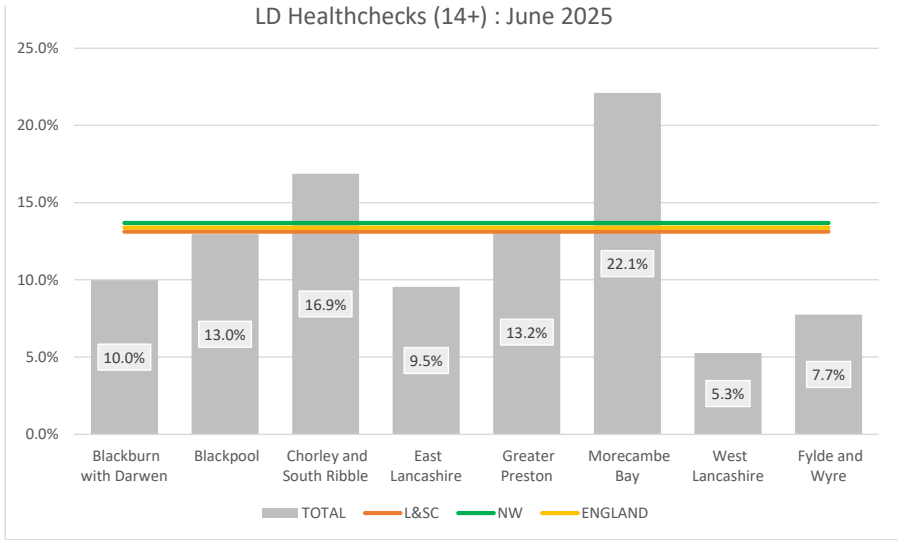
Primary Care Contracts Sub Committee & Quality & Outcomes Committee / Primary Care Quality Group & Finance & Performance Group

Group Chair: Peter TinsonSRO: Debbie WardleworthClinical Lead: Dr Lindsey Dickinson / Dr Felicity Guest

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 75% by March 2026.

June 2025

National	North West	LSC	BwD (00Q)	Bpool (00R)	EL (01A)	CSR (00X)	GP (01E)	WL (02G)	FW (02M)	Mbay (01K)
13.4%	13.7%	13.1%	10.0%	13.0%	9.5%	16.9%	13.2%	5.3%	7.7%	22.1%



10 Year Health Plan focus: Learning Disabilities

Individuals with learning disabilities die about 20 years earlier on average. Care from a neighbourhood team will improve their life outcomes through more holistic, on-going support.

- Actions:
- A programme of activity to support access to specialist eye care (Easy Eye Care service) has been delivered by the service, PCN and LD&A team to encourage take up. This has included enhancing the link on the LD&A and LSCFT webpages to enable optician searches; dissemination to advocacy and LD partnership boards and key partners. Optical checks and Audiology checks remain part of the health check prompt and training 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. Enhanced support is being offered to champion practices with excellent examples of promotion being seen in practice newsletters
  - Over 1,650 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.
  - Performance in quarter 1 is always low across the ICB, as the majority of health checks are completed in Quarters 3 and 4.
  - 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 and has supported the identification and rectification of practices delivering by telephone; with larger DNAs and low invites.
  - One practice, in the Fylde and Wyre area, has declined to share data.

- 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.
  - 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. Since January 2025 each month LD&A team share data including practices of concerns, and this is proving fruitful.

Activity Metric	14. Units of Dental Activity delivered as a proportion of all Units of Dental Activity contracted : July 2025			
	Primary Care Contracts Sub Committee & Finance & Performance Committee / Primary Services Dental Group			
	Group Chair:	Amy Lepiorz	SRO:	Amy Lepiorz
			Clinical Lead:	Shane Morgan

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.

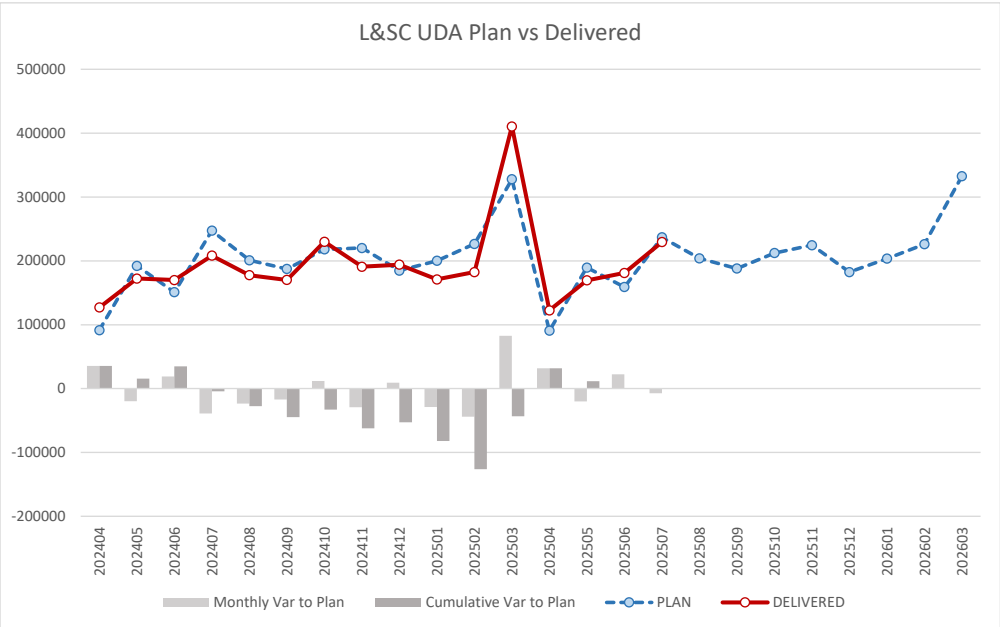
How are we performing?

- The cumulative year-to-date (YTD) position to July 2025 is 103.9% of contracted activity has been delivered.
- Performing marginally above the expected planning levels, however, activity is slightly lower when compared to the activity delivered in the same period in 2024/25.

- 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
    - Integrated Dental Access Pathway to provide patient with additional Treatments required following Urgent Care and for non- emergency 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.
  - 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.

LSC	July 2025	103.9%
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Activity  
Metric15.1 Number of unique patients seen by an NHS dentist – adults (Resident Population):  
July-25

Primary Care Contracts Sub Committee / Finance &amp; 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.

## What does this tell us?

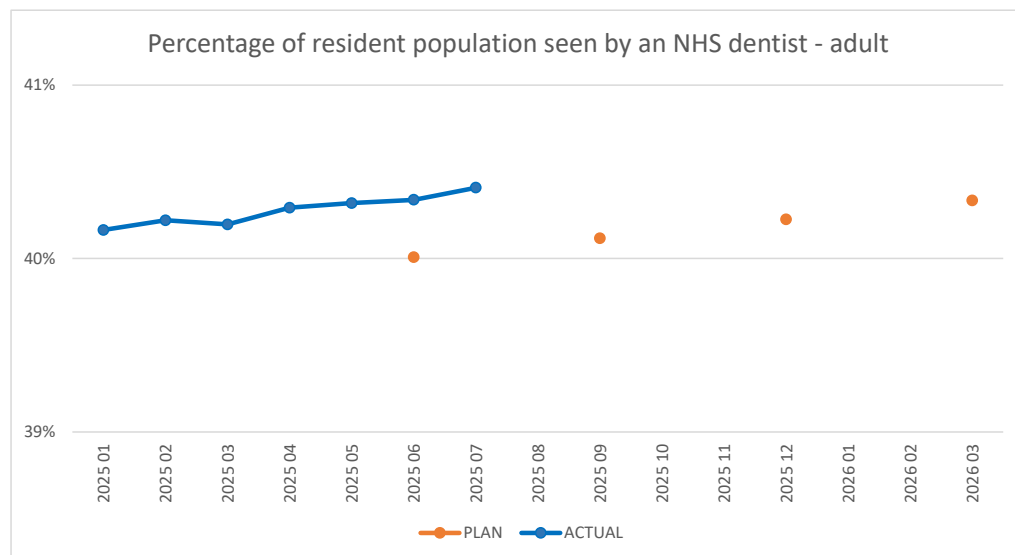
- It is the ICB's plan for 40.3% of the adult resident population to have seen an NHS dentist by March 2026.
- In July 2025 the reported position is 40.4% which demonstrates a slight increase from the June data (0.1%) and exceeds the Q2 target (0.3%).

## Adults

Q2 Milestone = 40.1%

July 25 Actual =

40.4%



## 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.

10 Year Health Plan focus: NHS Dentistry

Shift from UDA to outcome/prevention-based contracts



Activity Metric

15.2 Number of unique patients seen by an NHS dentist – children (resident Population): July-25

Primary Care Contracts Sub Committee / Finance & Performance Committee

Group Chair: Amy Lepiorz SRO: Amy Lepiorz Clinical Lead: Shane Morgan



Lancashire and South Cumbria Integrated Care Board

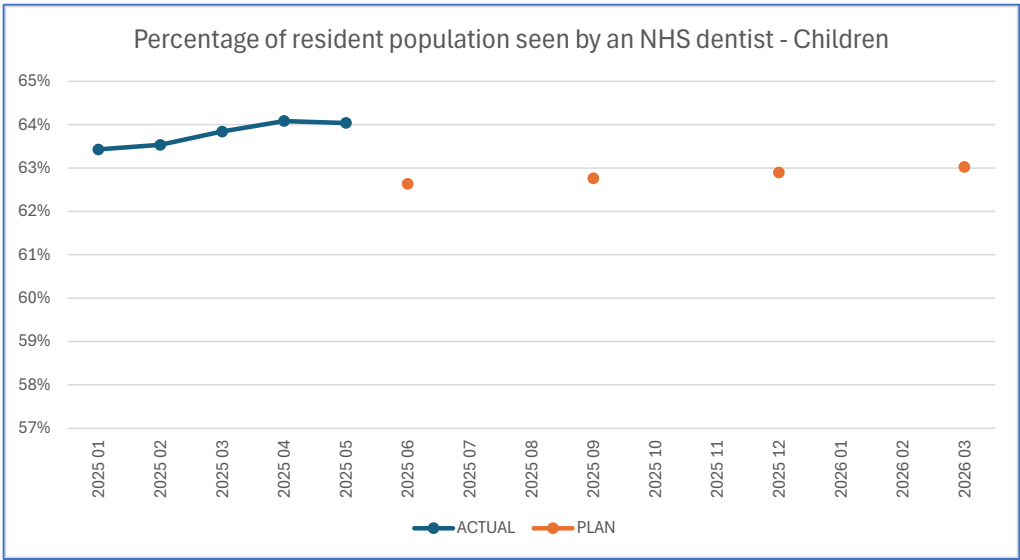
This metric measures:

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.

What does this tell us?

- It is the ICB's plan for 63.03% of resident children to have seen an NHS dentist by March 2026.
- In July 2025, 64.7% of children had seen an NHS dentist within the past 12 months which exceeds the quarter 2 milestone and the March 2026 target.

Children Q2 Milestone = 62.8% July 25 Actual = 64.7%



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.)

10 Year Health Plan focus: NHS Dentistry  
Focus on prevention e.g. children and tooth extractions

Activity Metric	15.3 Urgent Dental Appointments – 700k National Target increase in urgent appointments: July 2025					
	Primary Care Commissioning Committee & Finance & Performance Committee / Primary Services Dental Group					
	Group Chair:	Amy Lepiorz	SRO:	Amy Lepiorz	Clinical Lead:	Shane Morgan

This metric measures:  
The number of Urgent Dental appointments delivered by NHS Dentists compared to the baseline and phased trajectory to increase the number of urgent appointments.  
The government has pledged to increase the number of urgent dental appointments nationally by 700,000 per annum for the term of the parliament, the LSC proportion of this is 20,822 appointments. The ICB is required to increase Urgent Appointments from the annual baseline activity of 137,157 appointments to 157,979.

LSC	July 2025 achievement = 83.5%	Cumulative YTD achievement = 94.7%
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Month	Baseline Target	Additional Appointment Target	Monthly Target	Monthly Delivery	% Achieved	Cumulative Achieved %
Apr25	11,430		11,430	11,486	100.4%	100.4%
May25	11,430		11,430	11,074	96.8%	98.7%
Jun25	11,430		11,430	10,964	95.9%	97.8%
Jul25	11,430	2,313	13,743	11,481	83.54%	94.67%
Aug25	11,430	2,313	13,743			
Sept25	11,430	2,313	13,743			
Oct25	11,430	2,313	13,743			
Nov25	11,430	2,313	13,743			
Dec25	11,430	2,313	13,743			
Jan25	11,430	2,313	13,743			
Feb26	11,430	2,313	13,743			
Mar26	11,430	2,313	13,743			
YTD	34,290	-	34,290	45,005	-	-

What does this tell us?  
The cumulative reported position of the ICB is very close to the target at 97.8%.

**Actions:**  
The ICB's local Dental Access and Oral Health Improvement Programme was developed to enhance the understanding and management of oral health for LSC, but also included access initiatives designed to achieve the additional urgent appointment target including:-

- Urgent Dental Care Pathway.
- Integrated Dental Access Pathway (IDAP) for additional treatments following Urgent Care.

The scope of the new target is wider than the traditionally defined 'Urgent Care' (which was treatment within 24 hours) and now includes unscheduled care, or patients requiring treatments within a 7-day period. The following actions will support the performance against this metric:

- The ICB has commissioned the additional capacity across primary care to support delivery of the NHS England increased targets. Furthermore, as the initial expression of interest (EOI) was oversubscribed, those not successful have been asked if their EOI can be kept on file should the ICB need to reapproach them to secure additional provision.
- The Local Dental Network (LDN) has convened an urgent care provider network discuss the urgent care pathway and receive feedback
- The ICB has commissioned additional capacity within the call handling service to manage the increased demand and management of patients into the new IDAP service. In addition, the LDN has supported the development of prioritised call handling to ensure those with greatest and immediate need are reviewed/treated first.

**Risks:**

- The national target for Urgent Dental Appointments in LSC per head of pop. is one of the highest nationally, there is a risk that the patient demand for services does not match the national target.
- The additional targeted activity has been phased to align with the introduction of additional call handling capacity, delays in recruiting new call handling staff will impact on access rates. The dental team are working with call handling to work to try and ensure that there are no empty slots
- 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.

Activity  
Metric

## 16. Optometrist NHS Sight Tests: June 25

Primary Care Contracts Sub Committee / Primary Ophthalmic Services Group

Group Chair: Dawn Haworth

SPO: Dawn Haworth

Clinical Lead: Tom Mackley

No update available

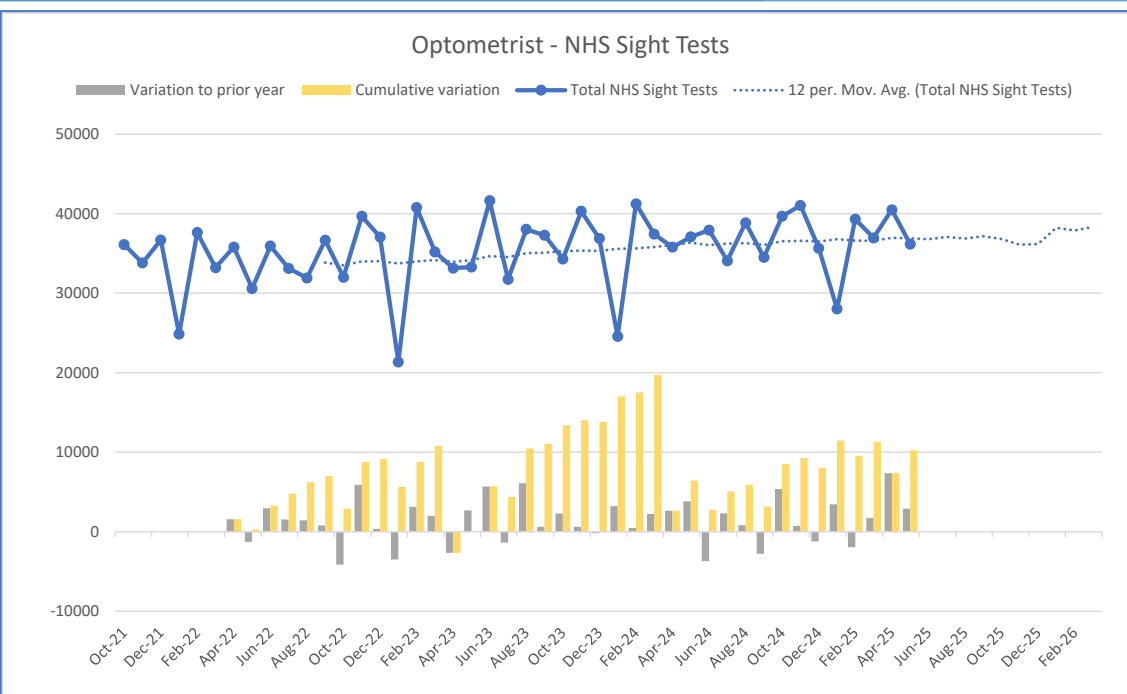
This metric measures

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 June 2025:

36,935



## 10 Year Health Plan focus: Optometry and Eye Health

Improvements in Optometry services and eye health will be achieved by:

- Local diagnosis of glaucoma, diabetic retinopathy, Acute Macular Degeneration (AMD)
- Improved access through community diagnostic hubs.
- Integration with Neighbourhood Health Centres and MDTs

## 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 June, the number of sight tests performed increased (2%) from the previous month and remains in line with the 12-month average..

## 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.

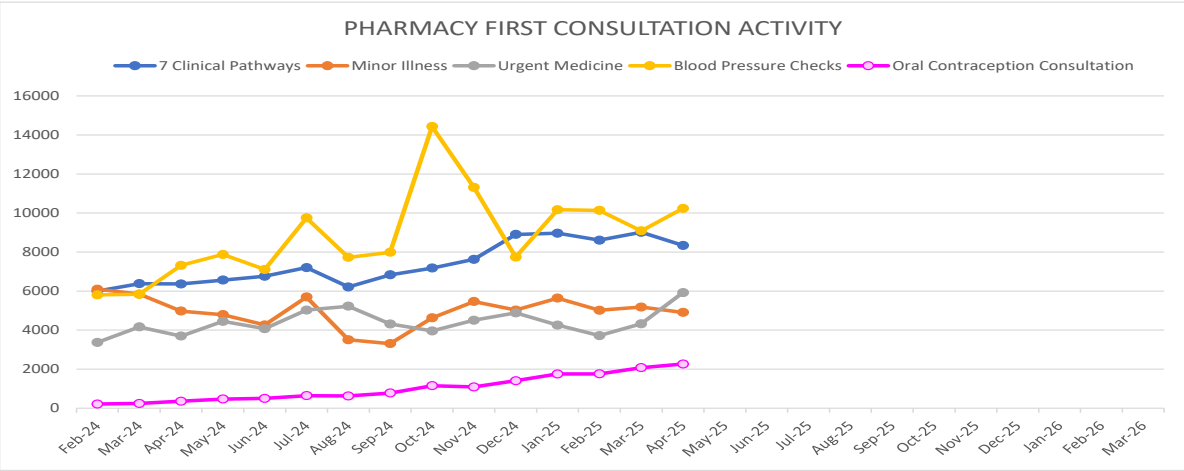
Activity Metric	17. Pharmacy First Consultations by Type : April – 25					
	Primary Care Contracts Sub Committee & Finance & Performance Committee / Pharmaceutical Services Group					
	Group Chair:	Amy Lepiorz	SRO:	Amy Lepiorz	Clinical Lead:	Amy Lepiorz

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	Apr 2025	% Total
Clinical Pathway Consultation	8,339	26.3%
Minor illness referrals	4,906	15.5%
Urgent medicine supply	5,924	18.7%
Blood Pressure Checks	10,234	32.3%
Oral Contraception Consultation	2,264	7.1%
Total	31,667	



**10 Year Health Plan focus: Community Pharmacy**  
Pharmacy integral to neighbourhood health service, move away from 'dispensing'.  
Increase the role of community pharmacy in the management of long-term conditions, in prevention by expanding their role in vaccine delivery and in screening, and link them to the single patient record.

What does this tell us?

- Pharmacy First data for April 2025 highlights that we are reporting more pharmacy first consultations than we originally planned for.
- The growth in the number of consultations for the seven defined clinical pathways has levelled off, with the most recent data showing that 8339 consultations were carried out in April 2025.
- Minor illness referrals have been running at around 5,000 referrals per month for the past 7 months while urgent medicine supply referrals have also settled into a pattern of between 4-5,000 referrals per month (though the April figure has increased)
- Blood Pressure checks had a peak in October 2024, though the underlying trend is one of steady growth. Similarly, oral contraception consultations are also increasing.

Actions:

- The ICB has developed a local Pharmacy Access Programme to support integration and use of the community pharmacy (CP) advanced services.
- Due to limited team capacity the CP access programme will focus on offering support as and when requested by GP practices, sharing referral data and promoting the service across stakeholder groups. The LPC continues to work with and utilise PCN CP Leads to provide a complete picture of current performance and what improvements to target, however not every PCN has a CP lead.
- ICB website and intranet site CP pages are being redesigned, informed by ongoing engagement with various GP practice stakeholders such as the PCN Assembly.

Risks:

- Recruitment of PCN CP leads is problematic leaving gaps in provision, there are presently plans being developed to address this.
- The clinical lead has retired and the ICB is unable to recruit to the post therefore the programme is currently without clinical leadership.
- 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.



**Lancashire and  
South Cumbria**  
Integrated Care Board

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