

NHS Medium Term Planning Framework

Summary of Key Asks for Primary Care and Our Response

Primary Care Contracts Sub-Committee: 9th December 2025



Overview of content

Published in October 2025, the framework has four sections:



The following slides focus on the key asks for primary care and set out how these are reflected in our commissioning intentions and priority work programmes for 2026/27. In addition, there is a raft of BAU activity which also supports and underpins our response.

Integrated Urgent Care – urgent treatment centres and same day episodic care

Interface working – improve relationships and ensure transfers of work are agreed

Pathology and diagnostics – address variation, including standard offer, guidelines, reporting and education

Pathology and diagnostic data set – contractual standard

General Practice – address variation, including commissioning improvement support

Routine LES (18 services) – maximise delivery

Hospital Discharge Medicines Service – increase usage

Asks for General Practice

Deliver GP Contracts

Ensure practices deliver the 2025/26 and 2026/27 GP contracts, including improved access by phone, online, or walk-in during core hours

Same-Day Access:

Achieve 90% same-day appointments for all clinically urgent patients (face-to-face, phone, or online)

Patient Communication

Ensure every patient knows on the day how their request will be managed and increase opportunities to see their preferred healthcare professional

Performance Monitoring

Year-on-year improvement in patient experience of access (ONS Health Insights Survey)

Oversight & Variation

Develop action plans to improve contract oversight, commissioning, and transformation, and tackle unwarranted variation in access and delivery

Surge Capacity

Commission additional capacity for out-of-hours and surge periods (bank holidays, weekends)

Digital Transformation

Deploy ambient voice technologies and expand digital/telephony-based triage and booking

Medicines Management

Enable online medicine requests and management; transition all messaging to NHS Notify and NHS App-based push notifications

Integrated Urgent Care – redesign/procurement

Interface – primary and secondary care

Variation programme - incorporating GPAP, GPIIP, proactive and reactive visits and data/intelligence

LES Delivery

Asks for Dental

Urgent Care

Deliver the ICB's share of 700,000 additional urgent dental appointments annually (against July 2023–June 2024 baseline)

Capacity Planning

Secure necessary capacity for urgent dental care every year from 2026/27 to 2028/29

Contract Reform

Implement dental contract reforms from April 2026 (subject to consultation in summer 2025), ensuring urgent care targets are included in contracts

Quality Improvement

Establish locally driven quality improvement approaches, with clinical leadership and communities of practice to support access and new pathways for high-needs and complex patients

Performance Monitoring

Monitor and report delivery against urgent dental appointment targets

**Primary care restorative
dentistry** – upskilling

Dental anxious patient pathway
– roll out

**Orthodontic early discharge
scheme** – roll out

**Dental Access & Oral Health
Improvement Programme**

Pharmacy First

– increase usage

Community Pharmacy –

expanded service offer, for example,
LTC, mental health, etc.

**Independent community
pharmacy prescribers** – roll out

Asks for Pharmacy

Pharmacy-First Model

Embed pharmacy-first approaches to support primary care pressures

Emergency Services

Expand access to emergency contraception and HPV vaccination through community pharmacies

Prescribing Services

Introduce prescribing-based services in community pharmacies during 2026/27.

Collaboration

Develop relationships between general practice and community pharmacy to support access

Digital Integration

Ensure all community pharmacies enable prescription tracking via the NHS App and online medicine management

Communication

Transition all messaging to NHS Notify and NHS App-based push notifications

**Sight tests in special education
settings** - recommission

Asks for Optometry
Community Eye Care Services Support the roll-out and uptake of tier 1 services (e.g., Community Urgent Eyecare Service, post-op cataract assessments, glaucoma repeat readings, low vision assessments)
Address Inequalities Expand services for special schools, people with learning disabilities, and those experiencing homelessness
Prevention & Early Diagnosis Promote healthy living optical practices and maximise tier 1 pathway benefits (e.g., independent prescribing, foreign body removal)
Pathway Development Standardise referral management, clinical triage, and patient choice; develop new community ophthalmology pathways
Support for Sight Loss Ensure robust support for people experiencing sight loss, including the Eye Care Support Pathway
Workforce Development Expand independent prescribing and glaucoma skills; develop integrated children's services and community monitoring for chronic eye conditions
Digital Transformation Integrate with NHS App and digital referral systems; promote digital-first pathways
Performance Monitoring Benchmark and promote sight test uptake, especially in populations with low access

Next Steps

To be progressed via:

- Commissioning intentions for 2025/26
- ICB Five Year Strategic Commissioning Plan
- Clinical Strategy

Note – links to later road map item



**Lancashire and
South Cumbria**
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