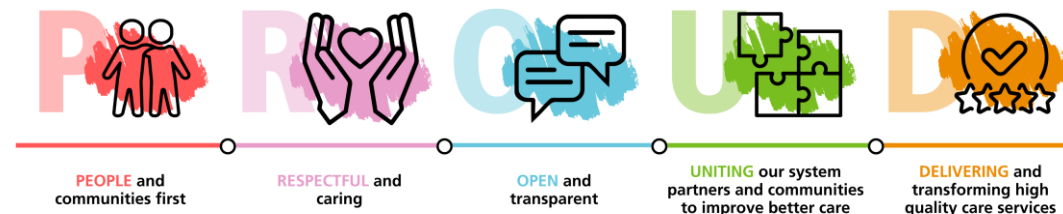


# Integrated Primary Care Performance Report

November 2025



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 IPCPR, and the metrics contained within, is aligned to several committees and groups within the ICB.

- **Groups:**
  - Primary Care Services Medical Services Group
  - Medicines Safety Group
  - Primary & Integrated Neighbourhood Care Transformation Programme Group
  - Primary Services Dental Group
  - Primary Care Quality Group
  - Antimicrobial Stewardship Committee (not a formal ICB committee)
  - Primary Ophthalmic Group
  - Pharmaceutical Services Group
- **Committees:**
  - 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).
  - Finance and Contracting Committee, although it does not routinely receive this report the Committee receives the same data and summary narratives within its own report by exception.

**For the November 2025 report the following should be noted:**

- The November report is limited to GP LES performance data, due to pressures from the 2026/27 planning round effecting the Business Intelligence/Performance team's capacity to provide the charts and tables required.
- The Primary and Community Care Team have not been made aware of any concerning deterioration in any of the metrics omitted from this report.

**October 2025 Report- Points of Note:**

- **GP LES Capitated Contracts:** The report includes new capitated data (see attached slide 5).
- **GP LES Long Term Condition Holistic Health Assessments** (slide 3); 56.3% of practices have delivered more than 50% of their annual target, a 12.3% increase from last month. This is within expectations for this point in the year.
- **GP LES Cost and Volume** (slide 4); Activity compared to planned levels ranges from 60-80%. It is acknowledged that some LES contracts are new to some areas and a 'ramping up' of activity was expected in the first 6 months of delivery.

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 Tinson

SRO: Donna Roberts

Clinical Lead: John Miles / Felicity Guest



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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 -October 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	22	1	4	6	5	3	3
East Lancashire	47	5	3	8	10	8	13
Chorley & South Ribble	25	2	2	7	5	4	5
West Lancashire	15	1	3	2	6	2	1
Greater Preston	22	0	4	2	3	6	7
Blackpool	14	1	1	4	4	3	1
Fylde & Wyre	20	0	0	8	7	3	2
Morecambe Bay	30	6	2	14	5	2	2
Total	195	16	19	51	45	31	34
% of total number of practices achievement per percentage		8.2%	9.7%	26.2%	23.1%	15.9%	17.4%

\* Excludes the ICB’s Special Allocation Scheme practice provider and a practice who has given notice on their contract. and therefore, did not sign up to the LTC LES.

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 into the third quarter of 2025/26.

- 56.3% of practices have delivered more than 50% of their total annual target by the end of Oct 2025 and shows exceptional delivery by practices across Lancs & South Cumbria.
  - A total of 33.3% of practices, have achieved over 75% of their annual target,
  - The number of practices reporting to have only achieved 0-10% of their target has reduced to 16. A reduction of 26 from last month.
  - Overall, this level of activity is within expectations for this point in the year.
- Regular updates on LES performance are also received by Primary Care Medical Services Group, the Acute Trusts’ contract monitoring meetings, Finance and Contracting Committee and Board.

Actions:

- Initial Delivery Progress: The delivery of HHAs under the LTC LES is progressing well. Other LES activity data is provided in the next slide and shows a comprehensive overview of the LES performance across 8 LES contracts.
- 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 Oversight 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 ring pessary.

Risks:

- Ongoing Monitoring: Delivery will continue to be closely monitored to ensure equitable access to commissioned services across the population.
- Supportive Engagement: A series of LES review webinars were held on 26th and 27th November with practices and the Local Medical Committee to jointly review the LES programme performance and delivery and as a result a range of actions have been agreed and implemented including coding changes.

## General Practice Local Enhanced Services: Cost and volume

Primary Care Contracts Sub Committee / Primary Care Medical Services Group

Group Chair: Peter Tinson

SRO: Donna Roberts

Clinical Lead: John Miles / Felicity Guest

The below table provides a summary of the Lancashire and South Cumbria monthly planned versus actual delivered activity per LES contract which began in May 2025 with one specialist practice-specific LES contracts beginning in April 2025 e.g. vasectomy.

LES	Planned/Delivered Activity	April-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25
Post Bariatric Monitoring	Planned Activity		254	254	254	254	254	254
	Delivered Activity		66	151	182	92	84	72
Dementia	Planned Activity		1,332	1,332	1,332	1,332	1,332	1,332
	Delivered Activity		588	774	1,078	753	813	694
Complex Injections	Planned Activity		181	181	181	181	181	181
	Delivered Activity		189	127	168	122	146	165
Diabetes	Planned Activity		975	975	975	975	975	975
	Delivered Activity		861	917	958	610	742	579
Ring Pessary	Planned Activity		382	382	382	382	382	382
	Delivered Activity		243	328	275	233	315	299
Vasectomy Procedure	Planned Activity	91	91	91	91	91	91	91
	Delivered Activity	89	35	87	73	69	124	129
Vasectomy Counselling	Planned Activity	87	87	87	87	87	87	87
	Delivered Activity	146	66	110	126	95	102	198
Spiro/Feno (Respiratory Bundle)	Planned Activity		2,014	2,014	2,014	2,014	2,014	2,014
	Delivered Activity		1,542	1,824	1,907	1,437	1,575	1,396

## What does this tell us?

- The table shows the LES contracts which are delivered on a cost and volume basis by practices across Lancashire and South Cumbria.
- There is a 96% sign up to the delivery of the routine LES contracts for 2025/26.
- Routine LES activity has steadily increased towards planned levels in the first six months, of the year.
- Activity compared to planned levels currently ranges from 60-80%. It is acknowledged that some LES contracts are new in some places and a 'ramping up' of activity was expected in the first 6 months of delivery.
- The LES programme activity is reviewed on a monthly basis with actions plans and dedicated sub-groups in place to oversee contract performance and ensure delivery against targets.

## Actions:

- Service Coverage Oversight: The monthly LES Oversight 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, phlebotomy and ring pessary.
- Supportive Engagement: A six-monthly LES review session and webinars have taken place during October and November with Practices and the Local Medical Committee Chairs and commissioning and population health colleagues to review delivery and identify improvement support.
- Mid point review: A mid point review is underway to provide a summary of activity against plan at practice level to enable practices to review their performance and address any delivery issues at practice/PCN or place level. The Data Quality Team are also providing practices with individualised data reports to enable practice to review their coding and activity. This will address any mis-coding issues.

## Risks:

- There is a risk to ongoing monitoring of delivery due to Business Intelligence Team capacity.

## General Practice Local Enhanced Services: Capitated contracts

Primary Care Contracts Sub Committee / Primary Care Medical Services Group

Group Chair: Peter Tinson

SRO: Donna Roberts

Clinical Lead: John Miles / Felicity Guest

The below table provides a summary of the Lancashire and South Cumbria monthly planned versus actual delivered activity per capitated LES contract. These contracts are new contracts rolled out across Lancs & South Cumbria in May 2025.

LES	Planned/Delivered Activity	April-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25
LTC LES	Planned Activity	6,384	6,384	6,384	6,384	6,384	6,384	6,384
	Delivered Activity	469	3,236	8,143	9,280	7,230	8,084	8,166
Wound Care	Planned Activity		6,877	6,877	6,877	6,877	6,877	6,877
	Delivered Activity		1,729	3,146	3,770	3,300	4,070	4,266
Phlebotomy	Planned Activity		135,297	135,297	135,297	135,297	135,297	135,297
	Delivered Activity		79,713	90,062	99,402	87,746	102,648	106,075
ECGs	Planned Activity		5,572	5,572	5,572	5,572	5,572	5,572
	Delivered Activity		3,850	4,484	4,768	4,028	4,593	4,303
PSA Testing	Planned Activity		2,265	2,265	2,265	2,265	2,265	2,265
	Delivered Activity		7,029	7,619	7,572	6,338	7,273	7,582
Simple Injections	Planned Activity		27,455	27,455	27,455	27,455	27,455	27,455
	Delivered Activity		10,303	10,974	12,084	11,250	12,702	12,521

## What does this tell us?

- The table shows the LES contracts which are delivered on a capitated budget basis by practices across Lancashire and South Cumbria.
- The Long Term Condition LES is performing well against the annual target and has delivered 58% (44,698 Holistic Health Assessments) of their annual target by October 25.
- The activity is increasing month on month for wound care, phlebotomy ECG's and simple injections as they embed across practices signed up to deliver. Some issues relating to practice coding for these contracts is currently being improved through webinar meetings with practices and the LMC. However, it is expected that practices achieve the monthly planned levels in the next quarter.
- Activity levels are on target for the PSA testing contract.
- The majority of these contracts are being newly delivered equitably across Lancs & S. Cumbria and therefore local referral pathways and shift of activity from the acute trust is being closely supported and monitored.

## Actions:

- Service Coverage Oversight:** The LES Oversight 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.
- Supportive Engagement:** A six-monthly LES review session and webinars have taken place during October and November with Practices and the Local Medical Committee chairs and commissioning and population health colleagues to review delivery and identify improvement support.
- Mid point review:** A mid point review is underway to provide a summary of activity against plan at practice level to enable practices to review their performance and address any delivery issues at practice/PCN or place level. The Data Quality Team are also providing practices with individualised data reports to enable practice to review their coding and activity. This will address any mis-coding issues.

## Risks:

There is a risk to ongoing monitoring of delivery due to BI capacity.



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