Lancashire and South Cumbria Integrated Care Board

L & SC Integrated Care Board

Primary Care Contracts Sub-committee

Date of meeting	13 November 2025
Title of paper	Proactive and Reactive GP Support Framework
Presented by	Sarah Bloy, Head of Primary Care
Author	Sarah Bloy, Head of Primary Care
Agenda item	5
Confidential	No

Purpose of the paper

The purpose of this paper is to present the framework (attached as a separate document) for conducting proactive GP support visits and the process for responding to incidents that may occur in year. The framework is accompanied with two internal standard operating procedures.

Executive summary

The Proactive and Reactive GP Support Framework has been developed over the last 18 months. The framework documents how the ICB primary and quality teams combine the use of local and national data, informing variation, and soft intelligence to underpin and inform a cycle of proactive visits to GP Practices ensuring all practices receive at lease one visit every 3 years. The framework also sets out examples of incidents that may happen in-year that require a reactive visit to a practice within a defined timescale.

The framework includes a support repository for GP Practices to access.

The process of developing this has included collaboration with internal ICB departments including primary care, quality, medicines optimisation, safeguarding, infection prevention, estates and complaints. The Local Medical Committee (LMC) has also been included in the Oversight Group. The approach to proactive visits has been tested with 7 GP Practices across the geographic footprint and 4 actual reactive visits have been undertaken recently.

There has been, and will continue to be a reflective, learning approach and a continuous feedback loop to ensure the framework is fit for purpose.

Recommendations

Primary Care Contracts Sub-committee is asked to:

- Note the contents of this paper and the associated framework.
- Provide any further feedback in the development of the framework.
- Approve the use of the framework for proactive and reactive visits.

Governance and reporting (list other forums that have discussed this paper)		
Meeting	**Date**	**Outcomes**
Primary Medical Services Group	1/10/25	Support and recommend for approval.
Primary Care Quality Group	24/9/25	Support and recommend for approval.

Conflicts of interest identified
Not applicable.

Implications				
(If yes, please provide a brief risk description and reference number)	**Yes**	**No**	**N/A**	**Comments**
Quality impact assessment completed			X	
Equality impact assessment completed			X	
Data privacy impact assessment completed			X	
Financial impact assessment completed			X	
Associated risks	X			Ability of the ICB to effectively identify and respond to quality and safety concerns for Primary Care.
Are associated risks detailed on the ICB Risk Register?	X			The above risk is included in the ICB risk register. This work seeks to mitigate this risk.

Report authorised by:	Peter Tinson, Director of Primary and Community Commissioning

Primary Care Contracts Sub-Committee - 13 November 2025

Proactive and Reactive GP Support Framework

1. Introduction

1.1 The purpose of this paper is to present the framework (attached as a separate document) for conducting proactive GP support visits and the process for responding to incidents that may occur in year. The framework is accompanied with two internal standard operating procedures.

1.2 The paper seeks approval to use the framework for proactive and reactive GP visits.

2. Background

2.1 Colleagues within the primary and community care team, and wider teams within the ICB have been developing a framework to identify practices that may require support and benefit from a proactive visit.

2.2 The framework ensures that all practices receive a visit within a 3-year cycle.

2.3 An accompanying support repository has also been developed.

2.4 The framework includes examples of incidents that may occur in-year that require an immediate response and intervention, support or action, and a process to follow.

2.5 This framework has been in development for over 12 months with extensive engagement and testing with practices in each area. Feedback from practices involved in the test visits is attached as **appendix A**.

3. Framework Development and Launch

3.1 The framework is live on the ICB GP intranet with a dedicated page and associated templates and documents.

3.2 The framework seeks to visit 66 practices proactively in a full year. For the remainder of this year (November – March) ICB teams seek to visit 33 practices proactively.

3.3 The framework demonstrates that practices selected for a proactive visit are chosen based on a range of data (including national and local variation), soft

intelligence and random representation, to ensure all practices receive at least one visit every three years.

3.4 The framework includes a support repository for practices to access or be signposted to.

3.5 It is anticipated that by actively visiting all GP Practices proactively, the need for in year reactive visits will decrease.

4. Conclusion

4.1 The report and attached framework articulates how ICB primary care and quality teams will approach visiting GP Practices proactively and reactively.

4.2 The framework is underpinned by local and national data including variation between practices.

4.3 The approach to visiting GP Practices seeks to minimise the need for in year reactive visits.

5. Recommendations

5.1 Primary Care Contracts Sub-committee is asked to:

1. Note the contents of this paper and associated framework;
2. Provide any further feedback in the development of this framework;
3. Approve the use of this framework in proactive and reactive GP visits.

Sarah Bloy

28 October 2025

Lancashire and South Cumbria Integrated Care Board

APPENDIX A – TEST PRACTICE VISIT FEEDBACK

What we heard	How we responded
Letter was a bit intimidating.	Revised the language in the letters.
Launch - should be via PM Forums/PLT session for PMs	Planned to launch on GP intranet and at PM Forums or equivalent forum.
Could include test practice feedback was…..and we responded with….	We will include on intranet and in comms.
The more people the more intimidating it feels.	Core team of two, maybe other colleagues by exception.
It should be local people on the ground known to practices.	Place facing ICB primary care team rep will lead the visits.
If it feels like an inspection practices are more likely to be defensive.	This should not feel like a CQC inspection and the format is very different.
Share data before but as far before as possible and include additional narrative.	Data and agenda to be shared 1 week in advance, template packs and letters will be on the intranet.
Visting pack to be sent at least a week prior to the visit to allow the practice to analyse data etc.	As above.
Include source data and year.	Where possible this is included.
Change flow of information in visiting pack.	This has been changed to have the agenda and support repository first.
Visting pack to be sent at least a week prior to the visit to allow the practice to analyse data etc.	Data and agenda to be shared 1 week in advance, template packs and letters will be on the intranet.
Some of the formatting wasn't clear - national versus practice.	The pack has been adapted to make this clearer.

Use of Ulysses - apathy - don't like to complain as nothing is done.	The quality team have done a lot of work in terms of feedback from Ulysses.
Enjoyed having meds opt review on its own. Best to keep separate as meeting would be too long otherwise.	Meds Opt indicators included for the rounded view of the practice but noted that their visits will be separate.
PCN visit should be separate - take off the agenda. Practice only one part of PCN - unsure what to prepare.	Actioned and taken off the agenda. If practices wish to raise anything PCN related they can do under the relevant agenda item.
Data packs - needs fine tuning. is there an easier way to populate?	We have fine-tuned.
Less data, more discussion.	Data is now at the back of the pack and the emphasis is on the discussion.
This was done well, and we were given enough time to go through the data beforehand. The pre-meet helped to understand what was going to be discussed and it was an opportunity to know there were no surprises.	We introduced a pre-meet via teams which worked well.
We would suggest using more wide-ranging data than some of the smaller stratifications that are included in the visiting pack, for example: *· Use Friends and Family data rather than, or in conjunction with GPPS*	FFT now included.
We didn't find it useful to talk about our QOF attainment as there were no issues – If a practice had a specific indicator that was a major outlier, then that would be a point for discussion. For practices who have on the whole done well with their achievement, it doesn't seem relevant to talk about minutiae and specific percentage figures around very specific aspects of QOF elements	Will note in the pack to discuss if issues or if the practice want to share best practice.

We think that it would be useful for practices to be kept updated in terms of what actions have been taken from support meetings. For example, if a practice raised specific issues that they are having and the team were going to take that away and feed back to someone, or discuss with relevant people etc. *It would be good to know what the outcome of that was, or who the issue has been passed to etc. We did not have any major problems with any aspect of the visit, and we welcomed the opportunity to speak to the ICB informally, and face-to-face. As we commented during the visit, Teams meetings and emails seem to have taken over a lot of Face-to-face contact with ICB colleagues, and it sometimes feels like there's not the same relationship between practice and commissioner as there used to be. These visits, and the subsequent action plans and follow ups should be emphasised as a basis to try and go some way to restoring that relationship and used as an opportunity to understand the problems that we have to contend with on a daily basis in primary care.*	There will be a report produced after each visit and any actions for the ICB will be noted and any follow up. Equally any actions for the practice will be followed up.
Format could be adapted to not provide data reports as the first section. Provide supportive pathways and what the ICB can do to help the practice. Tangible examples and case studies would display a proactive and supportive attitude.	Actioned the flow in the pack. As this develops, we will include tangible case studies. Live example is the response and support to new CQC regime.
Future communication to practices should be as personal as possible. Practices who maybe struggling will feel overwhelmed with emails and threads. Supportive phones call can be beneficial as the first engagement stage. Practical examples of what support can be offered will invite practices to be more honest if support is needed. Real outcomes need to be displayed to practices for them to recognise the importance of them engaging.	As above.

Comparative data, needs to include the average so can see how the practice is doing. *where possible get similar demographics and other areas to be able to compare (cervical screening for example), also previous years.*	We have included averages where we can, and will seek to improve this.
Positive Feedback/Other Comments	
We found it useful to be able to discuss problems that we are having within primary care such as estates, the Lloyd George digitisation programme and commissioning gaps related to service provision as they highlight the challenges that we are facing every day.	
We did not have any major problems with any aspect of the visit, and we welcomed the opportunity to speak to the ICB informally and face-to-face. As we commented during the visit, Teams meetings and emails seem to have taken over a lot of face-to face contact with ICB colleagues, and it sometimes feels like there is not the same relationship between practice and commissioner as there used to be.	
The visits and subsequent action plans and follow-ups should be emphasised as a basis to try and go some way to restoring that relationship and used as an opportunity to understand the problems that we have to contend with on a daily basis in primary care.	
As a test it felt good, thought the discussions were good. Face to face at the practice to foster relationships is excellent.	
Pleased to know about complaints data - sometimes done get to know everything and whether the number is low.	

Flowed well *Agenda was well done, and you kept well to time for the different areas, allowing for discussions where appropriate.* *Panel attending was appropriate, and they could answer questions which was useful*	
Data was useful for both us and you to understand how the practice works operatically and understand the practice demographics. *There were no surprises, and any discrepancies were discussed and explained on the day.* *Meeting overall was pleasant, informative and supportive. No questioning of how the practice is doing in different aspects* *As a practice we were given the opportunity to showcase the work that is done but not reflected in targets or financial incentives.*	
Very comprehensive covered a lot of information from the date *Feedback to the practice from the visit – any information about recommendations, improvements or areas where support is available*	
Having LMC rep was also useful	
Good communication from Yvonne before the meeting, and useful information provided around the structure of the meeting and what would be discussed. *Helpful to have the data contained within the visit pack beforehand to give PM and GP time to review data and make notes about any points for discussion.*	

We were happy with points included on the agenda, and were given the opportunity to discuss things in as much or little detail as we felt necessary. We were also given the chance to ask any questions or add anything further to the agenda that we felt warranted discussion. *The visit flowed well and there was a relaxed/informal feel to the conversations rather than them feeling like a tick box, which was much preferred.*	
Useful to talk through different functions of the practice and share ideas/experiences.	
Yes, two-way communication. Very comfortable and informal meeting.	
Felt the visit was useful and helpful to be able to have some of the conversations face to face. Not everything in the pack was needed/ up to date or useful.	
Appreciated the opportunity to discuss what had happened with CQC and the impact on the practice.	
Doing pro-active is good and feels supportive. The relationships between the practice and the ICB are important.	
Other Issues for Discussion/Further Exploration	
The reference of 3-yearly cycle makes it feel like an inspection.	Not sure how else to describe this, we want to visit all practice but due to capacity they cannot all be done in one year, so over 3 years.
ICB feels disconnected to practices.	This is one of the reasons we are doing this.
Include regional, national and LSC comparisons.	This has proved difficult but we will explore this
Meds Opt - Need explanation	Narrative to explain the meds opt indicators to be added.

GPQC - 'this is how you are doing'	GPQC - now replaced with LESs and LTC LES.
We would suggest using more wide-ranging data than some of the smaller stratifications that are included in the visiting pack, for example: *· Review workforce data and source of information - didn't seem up to date or accurate in our case in terms of GP numbers.* *· Use NHS Website reviews rather than Google or Health Watch – According to the CQC, NHS reviews are the only ones which require a practice response.*	Workforce data was a consistent issue – no data will be shared but will include a discussion when we visit.
Data could be more current. Practices would be better providing their own current data from Emis to display a true reflection of performance areas.	Option now included for practices to showcase.
Felt the GP survey didn't give the best reflection of the practice.	We appreciate this is a small sample and not always reflective which is why it is beneficial to have the discussion when we get to the practice.
Workforce data - Felt the figures didn't really support the conversation, however a general chat about staffing and skill mix was welcomed.	As above.
Would be useful to ask practices if they would like to provide any additional survey / patient experience data prior to the meeting.	As above.