

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 2) followed by a more detailed overview of each metric displayed on a separate pages.

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).

For the March 2026 report the following should be noted:

Updated optometry NHS sight test numbers are now available following an issue with the national dataset.

March 2026 Report- Points of Note:

- **NHS sight tests;** analysis of the recently received for June to December 2025 positively shows that the monthly volume of NHS sight tests has remained relatively static over the past 12 month period, with a gradual slight increase. The number of tests being undertaken usually lying between 38,000 and 40,000 per month, with seasonal variation affecting December's figures.
- **Number of general practice appointments per 10,000 weighted patients :** The January data shows a continuation of the year-to-date position against plan, which now stands at being just -0.2% below plan, compared to -4.1% back in September 2025.
- **Number of unique patients seen by an NHS dentist** – the performance indicators for both the Children and Adult metric remain on track to exceed the ICB's targets for 2025/26.
- **General Practice LES: long term condition holistic health assessment initial delivery:** A total of 64.1% of practices have completed a 100% of the holistic health assessments. An increase of 16.9% from the previous reporting period.

Primary Care Metric Summary and Benchmarking

S05 - Meet national and locally determined performance standards and targets	Date	ICB COMMISSIONER				Blackburn with Darwen	Blackpool	Lancashire East	Lancashire - Central			Lancashire Coastal	South Cumbria
		Plan	Actual	In month	Direction	BwD (00Q)	Bpool (00R)	EL (01A)	CSR (00X)	GP (01E)	WL (02G)	FW (02M)	Mbay (01K)
Key Performance Indicator													
Number of general practice appointments per 10,000 weighted patients	Jan-26	4134	4499	✓	↔	4275	3611	4644	4733	4812	5125	4822	4322
% of Appointments within 2 weeks of booking (ACC-08)	Jan-26		87.10%		↑	87.7%	85.7%	87.9%	87.2%	92.8%	88.0%	84.0%	84.0%
General Practitioner Appointments per General Practitioner FTE	Jan-26		371.7		↓	448.7	321.7	384.5	401.8	349.4	410.6	365.4	342.5
FTE doctors in General Practice per 10,000 weighted patients	Jan-26		5.25		↔	4.66	4.32	4.98	5.47	6.21	5.50	4.52	6.08
FTE ALL CLINICAL staff in GP practices per 10,000 weighted patient population	Jan-26		11.17		↔	8.49	10.38	10.45	10.79	11.55	9.79	12.07	13.78
GP CQC Ratings (no. practices inadequate or requiring improvement)	Mar-26		6			1	2	0	1	1	0	0	1
% of people aged 14 and over with a learning disability on the GP register receiving an AHC	Jan-26		60.0%		↑	51.5%	58.4%	56.9%	71.0%	61.4%	52.4%	60.2%	64.7%
S044b: Antimicrobial resistance: proportion of broad-spectrum antibiotic prescribing in primary care	Dec-25	10%	7.62%	✓	↓	6.01%	8.74%	5.90%	7.19%	7.76%	7.69%	8.79%	9.14%
High Dose Opioids : Opioids with likely daily dose of ≥120mg morphine equivalence per 1000 patients	Dec-25		1.155		↑	1.687	1.859	0.780	0.836	0.693	1.390	1.905	0.965
Optometrist - NHS Sight Tests	Dec-25		35854		↔								
Units of Dental Activity delivered as a proportion of all units of Dental Activity contracted	Jan-26		91.27%										
Percentage of resident population seen by an NHS dentist - ADULT (Rolling 24 months)	Jan-26	40.33%	41.12%	✓	↔								
Percentage of resident population seen by an NHS dentist - CHILD (Rolling 12 months)	Jan-26	63.03%	67.45%	✓	↑								
Urgent dental appointments - 700k national target increase in urgent appointments	Feb-26		98.62%										
Pharmacy First Consultations by Type	Nov-25	24665	31760	✓	↑								

Metric No.	COMMITTEE / GROUP
1	PCCSC / PMSG
2	PCCSC / PMSG
3	PCCSC / PMSG
4	PCCSC / PINCTP
5	PCCSC / PINCTP
6	PCCSC / PMSG / PCQG / QOC
7	PCCSC / QOC / PCQG / F&C
8	QOC / PCQG / AMSC
9	QOC / PCQG / MSG
10	PCCSC / POSG
11	PCCSC / F&C / PSDG
12.1	PCCSC / F&C
12.2	PCCSC / F&C
12.3	PCCSC / F&C / PSDG
13	PCCSC / F&C / 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
PCMSG	Primary Care Medical Services Group	PCQG	Primary Care Quality Group	F&C	Finance & Contracting
PSDG	Primary Services Dental Group	POSG	Primary Ophthalmic Services Group	PSG	Pharmaceutical Services Group
PINCTPG	Primary & Integrated Care Transformation Programme	MSG	Medicines Safety Group		
		AMSC	Antimicrobial Stewardship Committee		

Local Enhanced Service (LES) Delivery Pictorial – Lancashire & South Cumbria

February 2026



Lancashire and South Cumbria
Integrated Care Board

In 2025/26 the ICB consistently commissioned from all LSC general practices. It is the first year of a three-year commissioning plan and for many practices a stepped change in service delivery expectations. The pictorial below provides a delivery update for each of the LES commissioned.

Post Bariatric Monitoring	Dementia	Complex Injections	Diabetes	Ring Pessary	Vasectomy	Spiro/FeNO	Wound Care
<p>1,409</p> <p>patients received their annual monitoring avoiding secondary care follow up</p>	<p>10,471</p> <p>patients received a comprehensive assessment and medication review avoiding outpatient follow up</p>	<p>1,445</p> <p>patients received an injection for osteoporosis avoiding secondary care attendance</p>	<p>9,193</p> <p>patients received injectable therapy, thereby avoiding referral to secondary care for insulin initiation.</p>	<p>3,004</p> <p>patients received ring pessaries, thereby avoiding referral to secondary care.</p>	<p>1,017</p> <p>patients received vasectomies, thereby avoiding referral to secondary care.</p> <p><i>Saved 581kg of CO₂.</i></p>	<p>16,865</p> <p>patients received tests as part of a holistic respiratory assessment, thereby avoiding referral to secondary care diagnostics.</p>	<p>37,994</p> <p>patients received wound care treatment, thereby avoiding referral to community and same-day urgent care services.</p>
Phlebotomy	ECGs	PSA Tests	Simple Injections	End of Life Care	Long Term Conditions		
<p>986,737</p> <p>individual blood test appointments were undertaken in General Practice.</p>	<p>47,807</p> <p>patients received an ECG, avoiding referral to secondary care CDCs.</p>	<p>11,531</p> <p>patients have been followed up for PSA monitoring, reducing the need for outpatient follow-up.</p>	<p>116,409</p> <p>increased injections for endometriosis and prostate cancer reduced the number of avoided outpatient appointments. Run B12 injection clinics have also been introduced.</p>	<p>9998</p> <p>patients with an advanced care plan.</p> <p>0.8%</p> <p>of the patients on the palliative care register.</p>	<p>83,734</p> <p>patients received a Holistic Health Assessment (HHA).</p>	<p>10.1%</p> <p>reduction in non-elective admissions of patients receiving an HHA</p>	<p>5%</p> <p>of patients receiving an HHA offered social prescribing support.</p>

The impact of the LES differs in each place depending on the historic commissioning arrangements. The consistent commissioning of the LES represents both the retention of existing impact and new impact. The second year of the LES commissioning plan includes an expansion of outcome-based metrics.

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 - February 2026 - 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	0	0	1	2	5	14
East Lancashire	46	0	0	1	1	8	36
Chorley & South Ribble	25	1	0	0	1	3	20
West Lancashire	15	0	0	2	0	4	9
Greater Preston	22	0	0	1	0	6	15
Blackpool	14	0	1	0	2	1	10
Fylde & Wyre	20	0	0	0	2	9	9
Morecambe Bay	31	2	1	2	3	11	12
Total	195	3	2	7	11	47	125
% of total number of practices		2%	1%	4%	6%	24.1%	64.1%

Previous reporting period (April - January 2026)							
% of total number of practices achievement per percentage	2%	3%	9%	12%	27.20%	47.20%	

** There are 196 practices who are signed up and delivering a range of LES contracts for 2025/26. The Long-Term Condition (LTC) LES has temporarily had 195 practices due to a change of practice leadership and procurement in a single practice in Morecambe. This practice has since contracted to deliver the LTC LES and therefore their activity is now being counted moving forwards.*

What does this tell us?

Holistic Health Assessments (HHA) – Q4 Delivery Update (2025/26)

Delivery of Holistic Health Assessments under the Long-Term Conditions (LTC) Local Enhanced Service continues to show strong performance across Lancashire and South Cumbria. As of February 2026, delivery remains ahead of plan, with the majority of practices achieving or exceeding their annual target.

- 64.1% of practices (125) have already achieved 100% or more of their annual target.
- A further 24.1% of practices (47) have delivered between 76–100% of target.
- Only a small proportion of practices remain below mid-year delivery expectations, with 13 practices (6.7%) delivering below 50% of target.

Overall, this demonstrates strong system-wide delivery, with the majority of practices performing within expected ranges for this stage of the financial year.

Performance continues to be monitored through Primary Care Medical Services Group and the Contracting Committee, with regular reporting through the Acute Trust's contract monitoring meetings.

Actions:

Initial Delivery Progress

- Delivery of HHAs within the LTC LES continues to progress well. Wider LES delivery across all services is outlined in the following slides.

General Practice Local Enhanced Services – Sign-Up Status

- Sign-up figures for all LES across the ICB remain consistent with previous reporting, with an average sign-up rate of 96% across GP practices in Lancashire and South Cumbria.

Service Coverage Oversight

- The LES Oversight Group continues to monitor delivery and address population gaps in service coverage where identified.

Risks:

Ongoing Monitoring

- Delivery will continue to be closely monitored to ensure equitable access to commissioned services across the population.

Supportive Engagement

- Engagement with practices and the LMC continues to support delivery improvements, including changes to reporting and an engagement plan running January–March 2026.

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



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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 (M01)	May-25 (M02)	Jun-25 (M03)	Jul-25 (M04)	Aug-25 (M05)	Sep-25 (M06)	Oct-25 (M07)	Nov-25 (M08)	Dec-25 (M09)	Jan-26 (M10)	Feb-26 (M11)
Post Bariatric Monitoring	Planned Activity		254	254	254	254	254	254	254	254	254	254
	Delivered Activity		84	169	207	125	122	124	128	181	151	118
Dementia	Planned Activity		1,332	1,332	1,332	1,332	1,332	1,332	1,332	1,332	1,332	1,332
	Delivered Activity		664	897	1,154	949	1,027	1,144	1,151	1,116	1,450	919
Complex Injections	Planned Activity		181	181	181	181	181	181	181	181	181	181
	Delivered Activity		190	128	175	120	155	176	142	116	140	103
Diabetes	Planned Activity		975	975	975	975	975	975	975	975	975	975
	Delivered Activity		1,079	1,144	1,367	761	950	824	834	732	942	560
Ring Pessary	Planned Activity		382	382	382	382	382	382	382	382	382	382
	Delivered Activity		258	343	287	260	353	337	329	323	284	230
Vasectomy Procedure	Planned Activity	91	91	91	91	91	91	91	91	91	91	91
	Delivered Activity	89	36	89	74	70	124	129	106	67	106	127
Vasectomy Counselling	Planned Activity	87	87	87	87	87	87	87	87	87	87	87
	Delivered Activity	146	67	115	129	96	152	230	113	80	123	169
Shared Care	Planned Activity	8,032	8,032	8,032	8,032	8,032	8,032	8,032	8,032	8,032	8,032	8,032
	Delivered Activity	2,500	5,214	5,005	5,048	3,540	4,374	4,140	4,256	4,239	3,857	2,786
Spiro/Feno	Planned Activity		2,014	2,014	2,014	2,014	2,014	2,014	2,014	2,014	2,014	2,014
	Delivered Activity		1,556	1,870	1,945	1,481	1,712	1,663	1,833	1,635	1,787	1,383

What does this tell us?

- The table shows the LES contracts delivered on a cost and volume basis across Lancashire and South Cumbria.
- There is a 96% sign up to routine LES contracts for 2025/26.
- Delivery across services remains mixed, with some services performing strongly while others are still below planned levels.
- Activity has increased across the year as services embed.

Actions

- The LES Oversight Group continues to review activity monthly and monitor delivery against planned levels.
- Ongoing engagement with practices and the LMC continues to support delivery and address areas of lower activity.

Risks

- Variation in activity delivery across services may result in some activity remaining below planned levels by year end.

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 from May 2025 onwards.

Due to some data quality concerns, PSA and wound care figures are being reviewed.

LES	Planned/Delivered Activity	April-25 (M01)	May-25 (M02)	Jun-25 (M03)	Jul-25 (M04)	Aug-25 (M05)	Sep-25 (M06)	Oct-25 (M07)	Nov-25 (M08)	Dec-25 (M09)	Jan-26 (M10)	Feb-26 (M11)
LTC LES	Planned Activity	6,384	6,384	6,384	6,384	6,384	6,384	6,384	6,384	6,384	6,384	6,384
	Delivered Activity	760	3,798	8,947	10,001	8,192	9,157	9,086	9,393	8,123	8,362	7,915
Wound Care	Planned Activity		6,877	6,877	6,877	6,877	6,877	6,877	6,877	6,877	6,877	6,877
	Delivered Activity		1,744	3,117	3,740	3,286	4,210	4,627	4,131	4,722	4,335	4,082
Phlebotomy	Planned Activity		135,297	135,297	135,297	135,297	135,297	135,297	135,297	135,297	135,297	135,297
	Delivered Activity		80,265	90,455	99,862	88,127	102,418	105,371	100,543	100,652	112,331	106,713
ECGs	Planned Activity		5,572	5,572	5,572	5,572	5,572	5,572	5,572	5,572	5,572	5,572
	Delivered Activity		3,896	4,542	4,916	4,239	4,974	5,055	4,909	4,864	5,376	5,036
PSA Testing	Planned Activity		2,265	2,265	2,265	2,265	2,265	2,265	2,265	2,265	2,265	2,265
	Delivered Activity		1,725	1,391	995	1,051	1,159	848	808	1,198	1,162	1,194
Simple Injections	Planned Activity		27,455	27,455	27,455	27,455	27,455	27,455	27,455	27,455	27,455	27,455
	Delivered Activity		10,415	11,097	12,263	11,421	12,856	12,666	11,404	11,888	11,840	10,559

What does this tell us?

- LTC LES delivery continues to exceed the monthly plan, with 7,915 delivered in Feb (M11) against a plan of 6,384, demonstrating strong uptake across practices.
- Phlebotomy and ECGs are delivering broadly in line with planned activity levels across the system.
- Wound Care and Simple Injections activity continues to embed as services establish across participating practices.
- PSA Testing activity remains below plan and will continue to be monitored.

Actions:

- Oversight: LES Oversight Group continues to monitor delivery and support equitable service provision across places.
- Practice Support: Ongoing engagement with practices and the LMC to support delivery and improve coding and reporting.
- Year-End Management: Capitated LES end-of-year projections and principles issued to practices to support planning and reconciliation.

Risks:

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

Activity Metric

1. Number of general practice appointments per 10,000 weighted patients : January 2026

Primary Care Contracts Sub Committee / Primary Care Medical Services Group

Group Chair: Peter Tinson

SRO: Donna Roberts

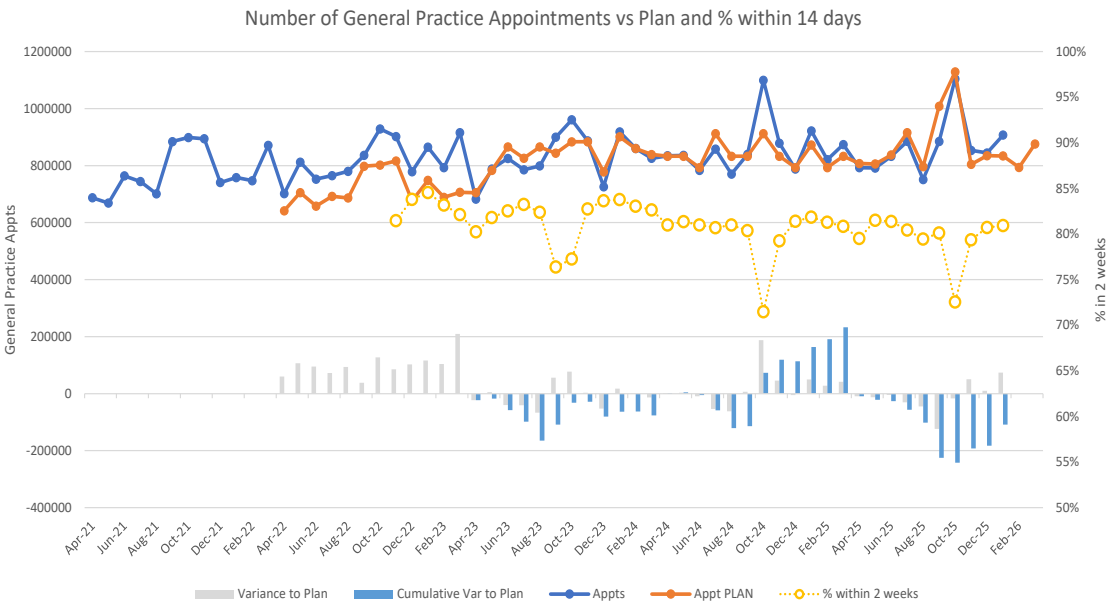
Clinical Lead: Dr Lindsey Dickinson / Dr John Miles

This metric measures:

The data is collated from general practice appointment data (GPAD), remains 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.

January 2026

National	North West	LSC	BwD (00Q)	Bpool (00R)	EL (01A)	CSR (00X)	GP (01E)	WL (02G)	FW (02M)	Mbay (01K)
5290	4532	4499	4275	3611	4644	4733	4812	5125	4822	4322



What does this tell us?

- The January data shows we are above our plan by +73.7k appointments (+8.8%) for the month; and continue to improve our year-to-date performance against our original planning submission which is currently -0.2%. There are variations in appointment rates at sub-ICB level
- Due to workforce and recruitment pressures, L&SC continues to have fewer FTE doctors per 10,000 weighted population than national averages.
- 43.3% of January's appointments were held with a GP, just 1.8% below the national rate.
- L&SC is above the national average for the proportion of face-to-face appointments (68.1%, compared to 61.4%).
- It is not possible to quantify or fully monitor online consultations (OC) 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 5.6% of LSC appointments were held via video conference / OC, compared to 10.4% nationally, but the value is thought to be higher due to missing data.

Actions:

- **GP Improvement Programme (GPIP):** All remaining 14 general practices on the national GPIP programme have completed the diagnostic phase, identified priority projects, and have begun implementing their action plans which are focused on improving access. Practices who withdrew from the programme continue to be monitored in line with the proactive visit process.
- **2025/26 Capacity and Access Improvement Payment (CAIP):** Local primary care teams continue to support PCNs with their CAIP achievement, reviewing and putting forward their declarations for sign-off. ICB has issued local guidance to support PCNs / Practices with identifying and coding.
- To date 18 PCNs (43%) have declared for the Supporting Modern General Practice (MGP) Access domain, and 16 PCNs (38%) have declared for Risk Stratification for Continuity of Care, with seven of these awaiting final sign-off. PCNs have until 31 March 2026 to submit.
- **Online Consultations (OC):** The Primary Care Team has been monitoring and supporting practices to make sure they are meeting all OC contractual requirements, including the development of a new OC section on the GP intranet, providing locally developed 'Top Tips' and additional guidance. An action plan was in place to support a practice to enable OC throughout core hours, this was completed 30 January 2026.

Risks:

- It is not possible to quantify or fully monitor OC data as not all OC systems' data is captured in GPAD, therefore these appointments are 'hidden' from this data set.

Activity Metric

2. % of appointments within 2 weeks of booking [ACC-08 Appointment types] : January 2026

Primary Care Contracts Sub Committee / Primary Care Medical Services Group

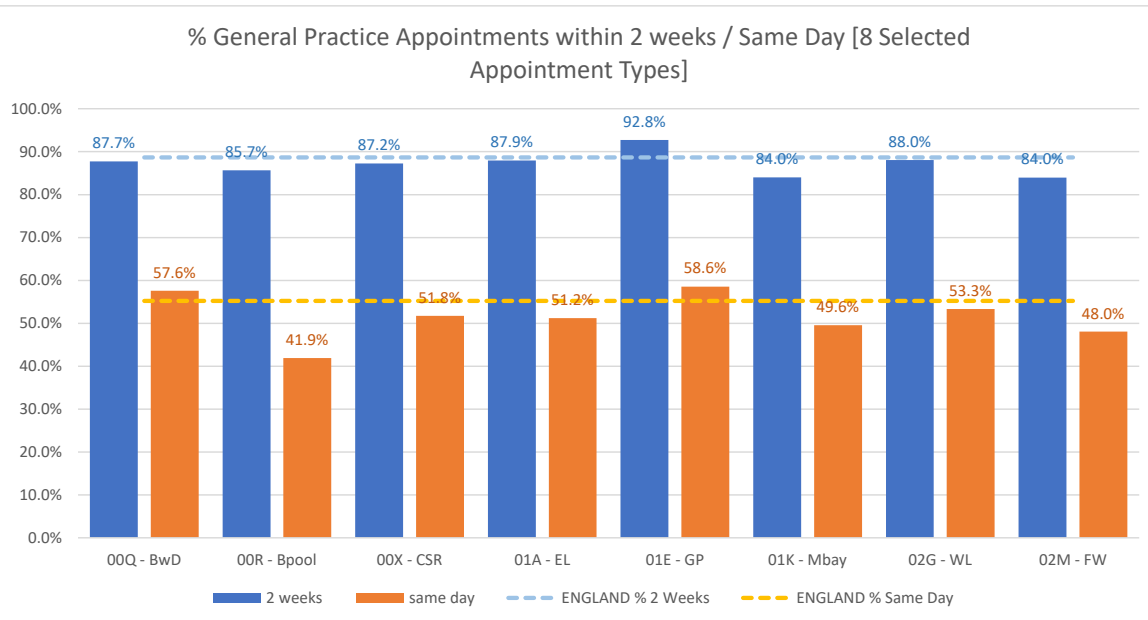
Group Chair: Peter Tinson **SRO:** Donna Roberts **Clinical Lead:** Dr Lindsey Dickinson / Dr John Miles

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.*

January 2026

National	North West	LSC	BwD (00Q)	Bpool (00R)	EL (01A)	CSR (00X)	GP (01E)	WL (02G)	FW (02M)	Mbay (01K)
88.7%	89.1%	87.1%	87.7%	85.7%	87.9%	87.2%	92.8%	88.0%	84.0%	84.0%



What does this tell us?

- In January 2026, 87% of appointments in the eight specified categories were offered within two weeks, an improvement from the previous period (1%).
- There remains variations at sub-ICB (and lower) levels with;
 - appointments offered within two weeks ranging from 84.0% in Morecambe Bay and Fylde and Wyre areas, to 92.8% in Greater Preston, and
 - same day appointment rates ranging from 41.9% in Blackburn with Darwen to 58.6% in Greater Preston.
- This variation reflects practices' differing operating models, varying maturity levels for the 'modern general practice model', seasonal pressures and population needs.

Actions:

- A review and possible redesign of the Integrated Urgent Care model is underway, aiming to improve same-day access for patients who do not require continuity of care. Subject to procurement, the revised model is planned for mobilisation by 1 April 2027.
- The proportion of appointments within 14 days and same day are considered as part of the proactive visit process.

Risks:

- This data (as it also uses GPAD as its basis) does not include GP online consultations data for some 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.
- There is no national modelling or expectations of the impact of OC and MGP on these metrics.

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.

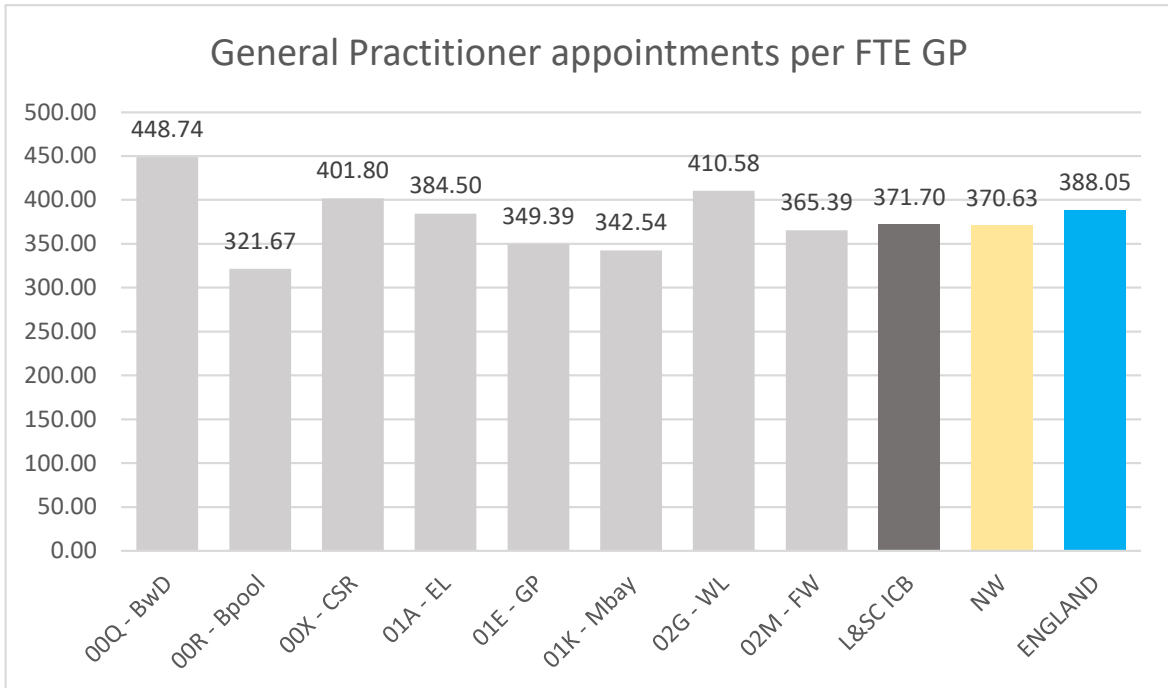
Activity Metric	3. General Practitioner Appointments per General Practitioner FTE : January 2026										
	Primary Care Contracts Sub Committee / Primary Care Medical Services Group										
	Group Chair:	Peter Tinson			SRO:	Donna Roberts			Clinical Lead:	Dr Lindsey Dickinson / Dr John Miles	

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.

January 2026

National	North West	LSC	BwD (00Q)	Bpool (00R)	EL (01A)	CSR (00X)	GP (01E)	WL (02G)	FW (02M)	Mbay (01K)
388.1	370.6	371.7	448.7	321.7	384.5	401.8	349.4	410.6	365.4	342.5



What does this tell us?

- The number appointments provided per full-time-equivalent (FTE) General Practitioner across L&SC in January 2026 is 371.7. 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 448.74 and West Lancs undertaking 410.58 appointments per FTE GP, significantly higher than the ICB, regional and national 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 manager, facilitated by the training hub remaining in place for 2025/26 to support practices and PCNs with recruitment, this includes the recruitment of GPs both traditionally and via the ARRS scheme.
- A paper regarding the future funding of the Training Hub has been received and agreed by CRG.
- 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.
- There is no national modelling or expectations of the impact of OC and MGP on these metrics.

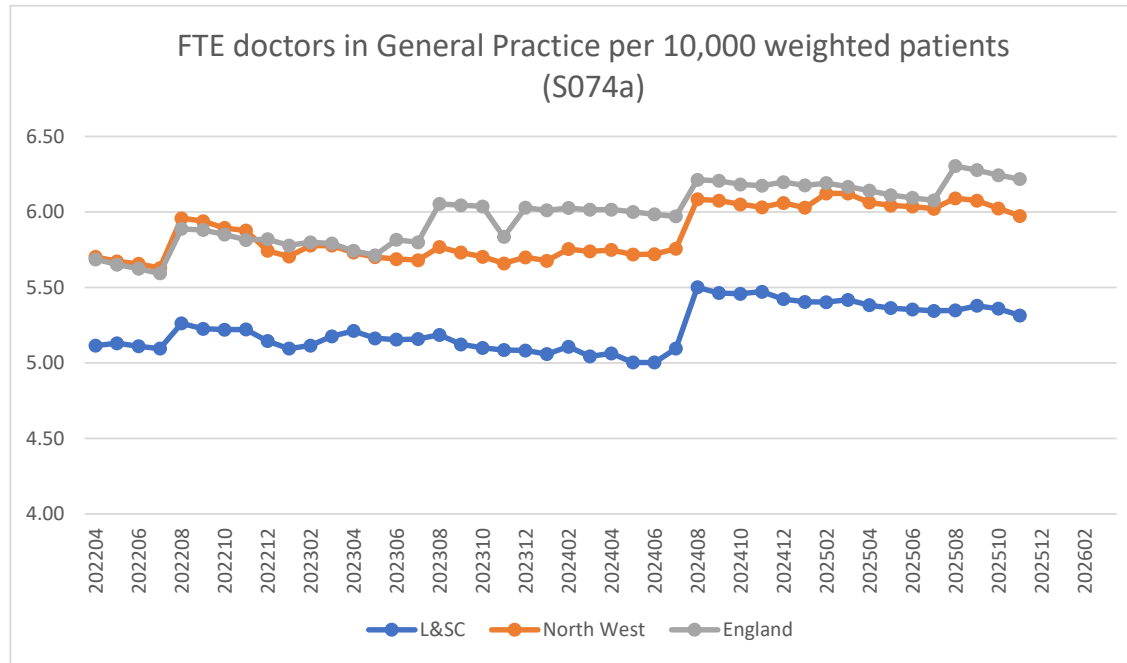
Activity Metric	4. FTE Doctors per 10,000 weighted patients : November 2025					
	Primary Care Contracts Sub Committee / Primary and Integrated Neighbourhood Care Transformation Programme Group					
	Group Chair:	Peter Tinson	SRO:	Donna Roberts	Clinical Lead:	Dr Lindsey Dickinson / Dr John Miles

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.

Nov 2025

National	North West	LSC	BwD (00Q)	Bpool (00R)	EL (01A)	CSR (00X)	GP (01E)	WL (02G)	FW (02M)	Mbay (01K)
6.30	6.09	5.35	4.81	4.32	4.88	5.68	6.41	5.62	4.56	6.18



What does this tell us?

- The national GP workforce data for November 2025 shows an increase in the number of full-time-equivalent (FTE) doctors per 10,000 patients (1%). However, this is not mirrored regionally and within LSC where a decrease in the number of FTE doctors per 10,000 weighted patients (of -1% and -1%) has been found.
- 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 49.25 GPs have been employed through the ARRS scheme.

Actions:

- Further analysis of the August LSC data is to take place to further understand the differences in increases between national and regional rates.
- 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 manager, facilitated by the training hub remaining in place for 2025/26 to support practices and PCNs with recruitment, this includes the recruitment of GPs both traditionally and via the ARRS scheme.
- A paper regarding the future funding of the Training Hub has been received and agreed by CRG

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.

5. General Practice FTE Clinical Staff by Group per 10,000 weighted patients : January 2026

Activity Metric

Finance and Contracting 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 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.

What does this tell us?

- The general practice staffing levels, as measured as 'full time equivalent (FTE) workforce per 10,000 weighted patients' for L&SC is now the same as the national average, at 11.74.
- The number of FTE nurses in general practice per 10,000 weighted patients is higher in L&SC than the North West and nationally.
- All other Direct Patient Care (DPC) FTE staff per 10,000 weighted pts. Are slightly below 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

January 2026

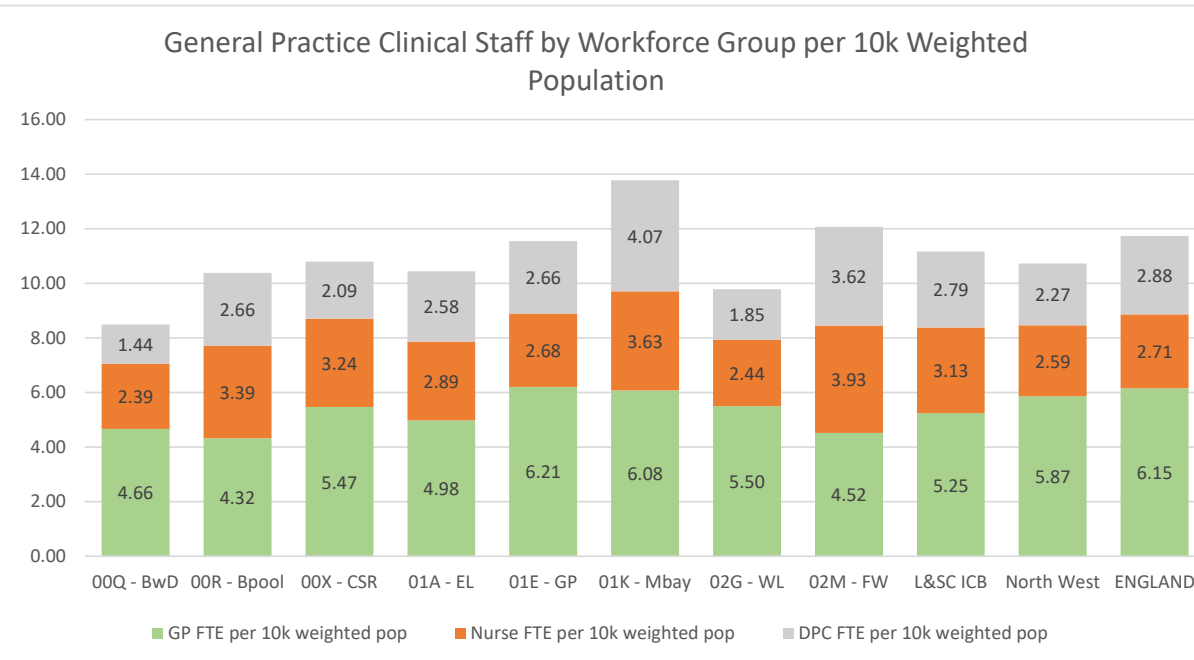
National	North West	LSC	BwD (00Q)	Bpool (00R)	EL (01A)	CSR (00X)	GP (01E)	WL (02G)	FW (02M)	Mbay (01K)
11.74	10.72	11.74	8.49	10.38	10.45	10.79	11.55	9.79	12.07	13.78

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.
- ICB workforce development manager, facilitated by the training hub remaining in place for 2025/26 to support practices and PCNs with recruitment, this includes the recruitment of GPs both traditionally and via the ARRS scheme.
- A paper regarding the future funding of the Training Hub has been received and agreed by CRG
- 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.



6. GP CQC Ratings (no. practices inadequate or requiring improvement) : March 2026

Quality Metric

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

Group Chair: Peter Tinson & Kathryn Lord **SRO:** Peter Tinson **Clinical Lead:** Dr Lindsey Dickinson

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.

March 2026. 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
266 (4.2%)	32 (3.3%)	6 (3.0%)	1 (4.5%)	2 (12.5%)	1 (4%)	0	1 (4.8%)	1 (3.2%)	0	0

March 2026. Overall Practice CQC Ratings:

Chart Code	Inadequate	Requires improvement	Good	Outstanding	No published rating	TOTAL	No Inadequate or Req Improvement	% Inad / RI
00Q - BwD	1	0	21	1	0	23	1	4.3%
00R - Bpool	2	0	13	1	0	16	2	12.5%
00X - CSR	0	1	18	0	3	22	1	4.5%
01A - EL	0	0	40	3	3	46	0	0.0%
01E - GP	0	1	23	0	0	24	1	4.2%
01K - Mbay	0	1	24	5	3	33	1	3.0%
02G - WL	0	0	13	1	1	15	0	0.0%
02M - FW	0	0	16	2	0	18	0	0.0%
LSC ICB	3	3	168	13	10	197	6	3.0%
North West	7	25	843	45	50	970	32	3.3%
England	15	251	5516	281	250	6313	266	4.2%

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.

What does this tell us?

- The majority of L&SC practices (181/197) are rated as 'good' or 'outstanding'.
- Six practices are below the expected standard: three rated *inadequate* (two in Blackpool, one in BwD) and three rated as *requires improvement* (one in Chorley & S.Ribble, Gtr.Preston, Morecambe Bay).

Actions:

The ICB's primary care and quality teams continue to engage with practices rated as inadequate or requires improvement to identify improvements, seek delivery assurance and where relevant provide support:

Chorley & South Ribble (CSR): one practice 'requires improvement'

- The ICB conducted a visit in June 2025 and a reactive quality assurance visit on the 16 October 2025, at which assurance was provided that the practice have responded to the issues raised by CQC. There are no actions outstanding. The practice is awaiting a CQC reinspection, date awaited.

Morecambe Bay (Mbay): one practice 'requires improvement'

- The practice has completed all actions identified in July 2024 and are awaiting a reinspection from CQC, date awaited.

Blackpool (Bpool): two practices 'inadequate'

- Practice 1 – placed in special measures following an 'inadequate' rating at their assessment in Apr/May 2025. The ICB conducted a reactive quality assurance visit in August 2025 and were assured that the practice were addressing the CQC's concerns. The practice has formally responded to the CQC report and ICB visit, responding to all concerns. A CQC reinspection is planned, date awaited.
- Practice 2 – The practice responded to the CQC's key lines of enquiry (KLOEs) and actions identified at the ICB visit in October 2025. The practice has addressed all issues. Some concerns remain around embedding clinical supervision. Two follow up teams calls planned. Awaiting CQC reinspection.

Blackburn with Darwen (BwD): one practice 'inadequate'

- Following an inspection in July 2025 a practice within BwD has been rated as inadequate. The ICB Place Team are working with the practice to produce an action plan that addresses all concerns, and monitoring meetings will be established to oversee implementation. The LMC are also supporting.
- The CQC have taken urgent enforcement action and suspended the registration of a GP in BwD. Due to this the ICB have put a temporary caretaking contract in place. The ICB are working closely with the provider to address required actions following both the ICB practice visits and the CQC inspection, additional support is being provided to address the required actions with the current provider.

Greater Preston (GP): one practice 'requires improvement'

- The practice was rated as *Requires Improvement* in October 2025 following an inspection in June.
- The ICB has visited and confirmed that previous recommendations and KLOEs have been addressed; no further visit or action plan has been required. The practice is awaiting a CQC reinspection, date awaited.

Quality Metric

7. % of people aged 14 and over with a learning disability on the GP register receiving an AHC: January 2026

Primary Care Contracts Sub Committee & Quality & Outcomes Committee / Primary Care Quality Group & Finance and Contracting Committee

Group Chair: Peter Tinson **SRO:** Debbie Wardleworth **Clinical Lead:** Dr Lindsey Dickinson / Dr Felicity Guest



Lancashire and South Cumbria Integrated Care Board

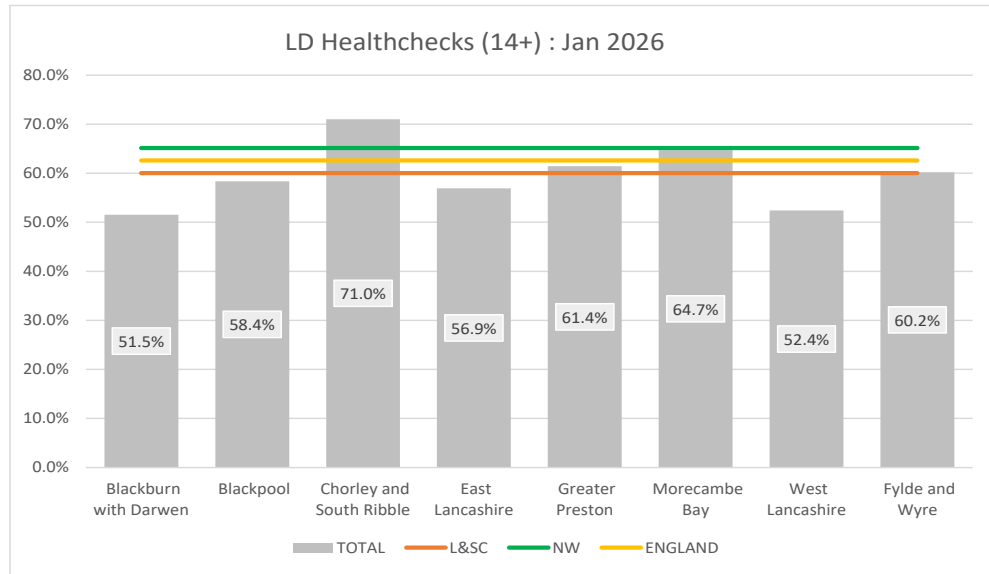
This metric measures:

Annual Health Checks (AHC) being undertaken for patients on the Learning Disability register is a key focus for quality of care. This data is collated via the General Practice Extraction Service (GPES) every six months.

This is a cumulative target which increases month on month and is aiming to achieve 75% by March 2026.

January 2026

National	North West	LSC	BwD (00Q)	Bpool (00R)	EL (01A)	CSR (00X)	GP (01E)	WL (02G)	FW (02M)	Mbay (01K)
62.6%	65.1%	60%	51.5%	58.4%	56.9%	71.0%	61.4%	52.4%	60.2%	64.7%



Actions:

- A programme of activity to support access to specialist eye care (Easy Eye Care service) has been delivered by the service, the Primary Care Network (PCN) and Learning Disability & Autism (LD&A) teams to encourage uptake. This has included enhancing the link on the LD&A and Lancashire & South Cumbria Foundation Trust (LSCFT) webpages to enable optician searches; dissemination to advocacy and Learning Disability (LD) partnership boards and key partners. Optical checks and Audiology checks remain part of the health check prompt and training offer.
- Working with CSU to develop a local AHC template so that links can be made within the document for ease for primary care such as the list of Opticians who have received specialist training for pwld.
- 36% of practices are part of the LD champion co-produced model, with roll-out phased to enable the team to support during the highest quarter of AHC delivery. Increased signed up from Barrow practices.
- LD champion model is being rolled out to Hospices. Easy read welcome pack developed and authorised.
- Targeted work to improve uptake of national cancer screening programmes is underway.
- Over 1,855 people with LD, parents and carers have attended AHC workshops to demonstrate health checks, 365 people attended mens' health and women's health workshops and 76 attended lung health workshops.
- Contact being made to Practices regarding breast and bowel screening – work ongoing to embed learning from these approaches
- TAP – Touch Activated Phlebotomy (MB) pilot rollout underway. Funding request to be submitted from ICB (LD&A)
- ICB dashboard provides monthly data at practice and PCN level. 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

Risks:

- Touch activated phlebotomy devices - there is now a significant short supply of the TAP devices as these were purchased through charitable funding. Business case completed - awaiting submission to CRG panel.
- 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 Business Intelligence (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 Community Learning Disability Team (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.
- One practice, in the Fylde and Wyre area, has declined to share data.

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.

Quality Metric

8. S044b: Antimicrobial resistance: proportion of broad-spectrum antibiotic prescribing in primary care: 12 months to December 2025

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

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

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.

What does this tell us?

- L&SC continues to perform well on this metric in aggregate reporting with a result of 7.62% for the most recent 12 months against a maximum threshold of 10%
- 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 9.14%.

December 2025

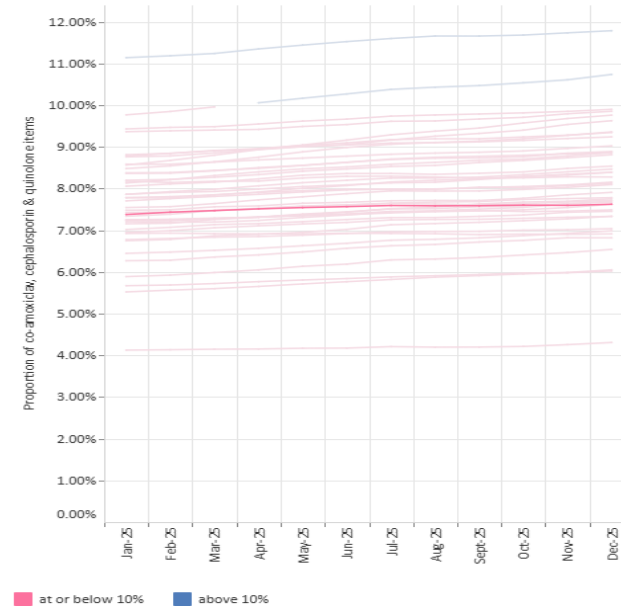
LSC	BwD (00Q)	Bpool (00R)	EL (01A)	CSR (00X)	GP (01E)	WL (02G)	FW (02M)	Mbay (01K)
7.62%	6.01%	8.74%	5.90%	7.19%	7.76%	7.69%	8.79%	9.14%

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

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

LSC Totals	No. Practices	% Practices
At or below 10%	174	88.3%
Above 10%	23	11.7%

Integrated Care Board time period trends proportion of co-amoxiclav, cephalosporin & quinolone items



Actions:

- The national Antimicrobial Resistance (AMR) 5 year national action plan, 'Confronting antimicrobial resistance 2024 to 2029', targets:-
 - optimise the use of antimicrobials
 - reduce the need for, and unintentional exposure to, antibiotics
- 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 through the AMS Task and Finish Group is being delivered at Place, supported by the local Medicines Optimisation (MO) teams.
- AMS volume and Broad spectrum indicators are no longer part of the National target but are still important to support and deliver the national action plan for reducing the risk of AMR and C.diff, it is recommended by T&F group that these indicators remain in the MO LES.
- There is a new national indicator for the number of children <10years old who have taken an antibiotic in the last rolling 12 months to be <27%. It is intended that this will form part of the MO LES.
- Fidaxomicin is expensive and community pharmacies do not keep stocks and treatment can be delayed. Fidaxomicin is a formulary item for the treatment of C.diff in restricted circumstances and is available through community pharmacy, advice has gone out to community pharmacy on how to order in hours and out of hours in a timely manner. The impact of this will be monitored over the next 6 months to understand the impact on access and appropriateness of prescribing.

Risks:

- Although broad spectrum antibiotics are important to monitor in relation to the risk of C.diff and antimicrobial resistance, it should not be viewed in isolation. Therefore, the NAP also requires us to monitor the overall volume which has a direct impact on future residence.
- The new children's indication also needs to be given high attention due to the impact on residence but also risk of other chronic disease such as; asthma, food allergy, hay fever and intellectual disability.

9. High Dose Opioids : Opioids with likely daily dose of $\geq 120\text{mg}$ morphine equivalence per 1000 patients: December 2025

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

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

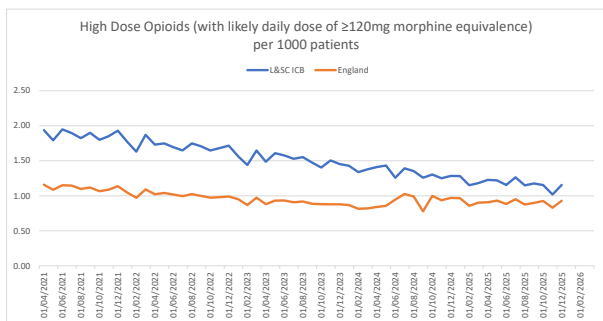


This metric measures:

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.

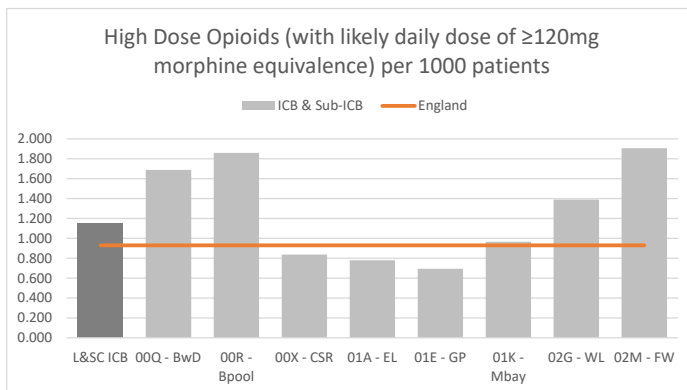
December 2025:

National	LSC	BwD (00Q)	Bpool (00R)	EL (01A)	CSR (00X)	GP (01E)	WL (02G)	FW (02M)	Mbay (01K)
0.929	1.155	1.69	1.86	0.78	0.84	0.69	1.39	1.90	0.96



← 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 December 2025 position for the prescribing of high doses of opioids is 1.155 per 1,000 patients which remains above the national average of 0.929.
- The prescribing of high doses of opioids is highest in Blackpool, Fylde & Wyre and Blackburn with Darwen.
- 3 sub ICB areas (Chorley & South Ribble, Greater Preston and East Lancashire) are below the national average.

Actions/ updates :

- ICB wide Community Of Practice (COP) event held on 22nd October. Over 150 LSCICB health care professionals attended. Guest speakers NHSE advisor, Police Controlled drug liaison officer and trauma informed trainer. Positive feedback provided post event.
- COP event post event feedback requested further work with acute trusts is needed to support the appropriate use of opioids within LSCICB population.
- ICB clinical lead met with pain specialist from Lancashire Teaching hospital and the specialist is keen to review RAG status of pain medication, lower the opioid dose to further from 80mg MEDD in primary care, link with COP and work to set up MDT within the trust and primary care.
- Barrow ICC is working on hosting a flipping pain event in coming months and inviting occupational health colleagues from large employer organisation, community pharmacists, work well team and wider health and social care staff.

Risks:

- Severe shortage (up to 50% or usual supply) of co-codamol 30/500mg tablets – Mid Feb – June 26. May cause substantial patient, pharmacy and prescriber disruption. Mitigations communicated in advance to review patients to reduce where possible and to supply separate paracetamol and codeine where ongoing need confirmed.
- Opportunity to reduce the long-term burden and risk of high opiate prescribing.

Activity Metric

10. Optometrist NHS Sight Tests: December 2025

Primary Care Contracts Sub Committee / Primary Ophthalmic Services Group

Group Chair: Dawn Haworth

SRO: Dawn Haworth

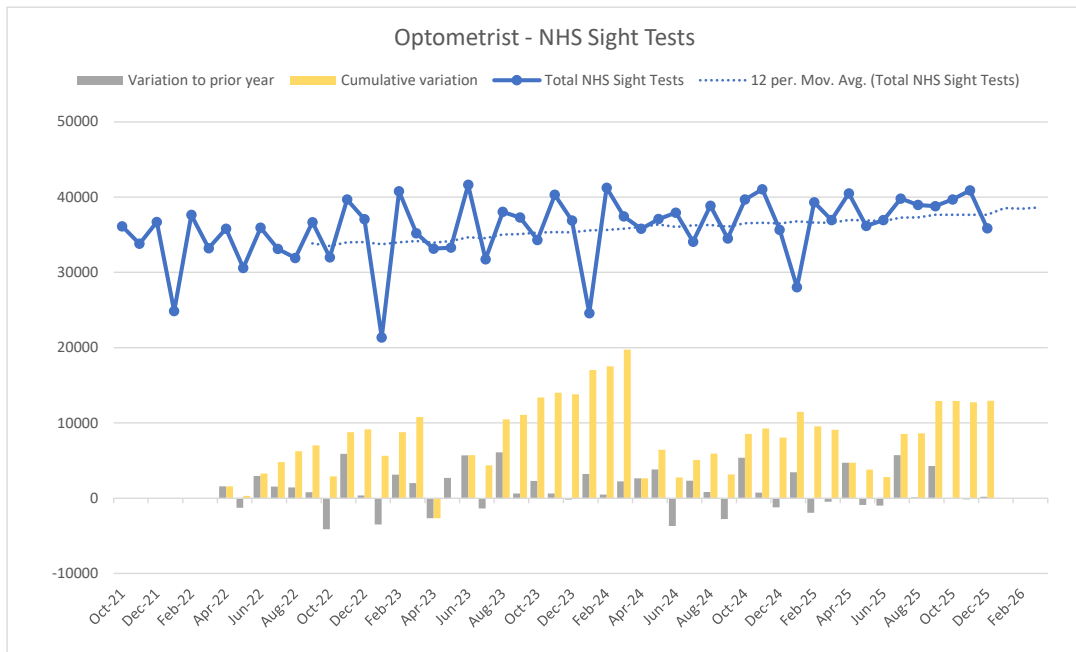
Clinical Lead: Tom Mackley

This metric measures:

The total number of NHS general ophthalmic service (GOS) sight tests carried out in Lancashire and South Cumbria per month. This data will be subject to seasonal variation.

NHS sight tests are free for restricted cohorts of the population which include children, people in full time education, those over 60years, those receiving certain benefits, and those with/a family history of specific health and eye conditions.

LSC NHS Sight Tests, current month December 2025: 35,854



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?

- Following long-standing issues with the national data set, Data is now available from July 2025 to December 2025, as shown in the charts and tables.
- Analysis of this data shows that the monthly volume of NHS sight tests has remained relatively static over the past 12 month period, with a gradual slight increase. The number of tests being undertaken usually lying between 38,000 and 40,000 per month, with seasonal variation affecting December's figures.

Actions:

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. The contract for the Easy Eye Care initiative (which promotes sight tests for patients with learning disabilities and autism) has been renewed until March 2027.
- Special Schools – Following Exec approval, the procurement to implement the national programme which makes sight tests available for all pupils attending special schools following launch by the national team, can commence.
- 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

11. Units of Dental Activity delivered as a proportion of all Units of Dental Activity contracted : February 2026

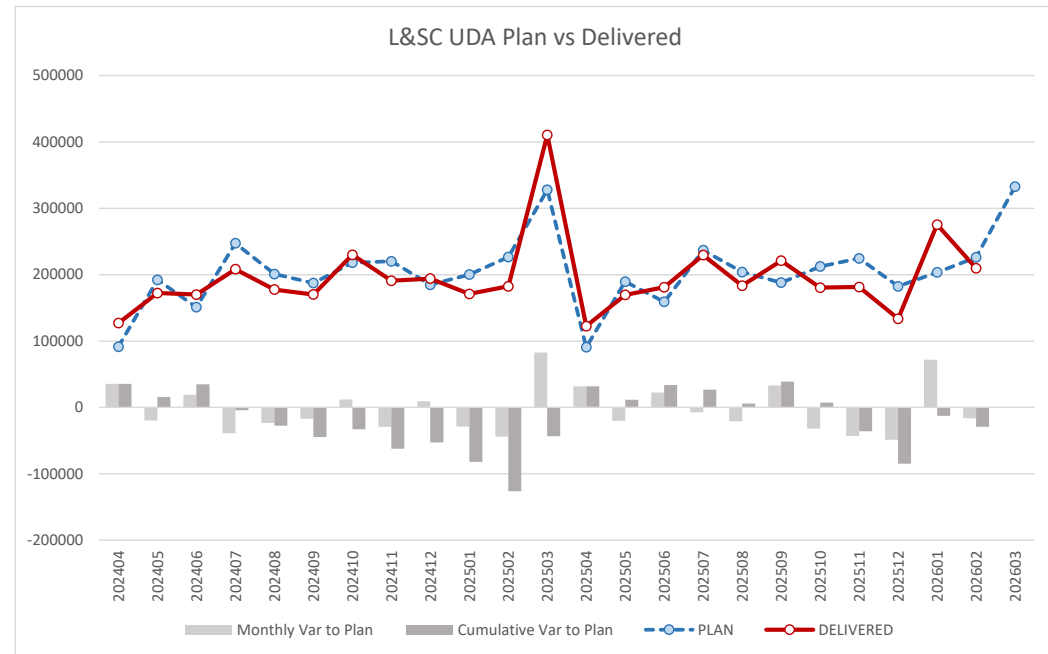
Primary Care Contracts Sub Committee & Finance & Contracting Committee / Primary Services Dental Group

Group Chair: Amy Lepiorz SRO: Donna Roberts 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.

LSC	February 2026	98.6%
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How are we performing?

- The cumulative delivery year-to-date (YTD) position to February 2026 is 98.62% of phased contracted activity. This is reflecting an improvement in performance from the report position of 95% in December.
- Performance is mostly breaking even on the expected planning levels, UDA activity delivery is now approximately 29k less than expected, however UDA delivery in 2025/26 is now exceeding the level of delivery in 2024/25 for the same period.

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 & the national Urgent Dental Care Incentive Scheme
 - 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 was originally identified as a risk but the impact on the levels of activity delivered is seemingly negligible.

Activity Metric

12.1 Number of unique patients seen by an NHS dentist – adults (Resident Population): February 2026

Primary Care Contracts Sub Committee / Finance & Contracting Committee

Group Chair: Amy Lepiorz **SRO:** Donna Roberts **Clinical Lead:** Shane Morgan

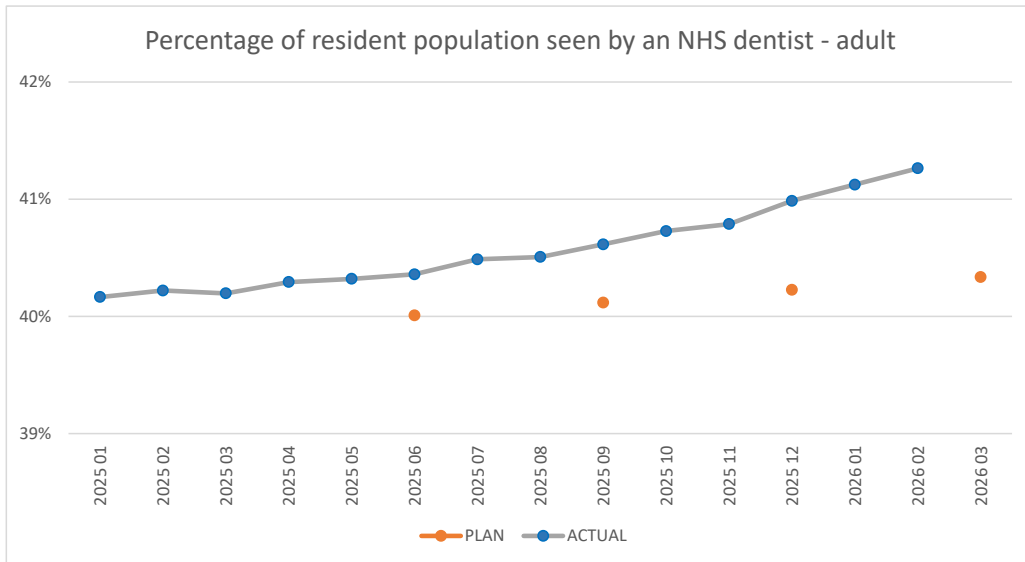
This metric measures:

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 40.6% of the adult resident population to have seen an NHS dentist by March 2026, which has already been exceeded and stands at 41.3% (+0.7% variance) in February 2026’s data.
- The ICB’s performance for the number of unique adult seen by an NHS Dentist on a 24-month rolling basis as a percentage of the total adult population remains positive, with a steady improvement reported across the year.

Adults **Q4 Milestone = 40.3%** **Feb 26 Actual = 41.3%**



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

12.2 Number of unique patients seen by an NHS dentist – children (resident Population): February 2026

Primary Care Contracts Sub Committee / Finance & Contracting Committee

Group Chair: Amy Lepiorz

SRO: Donna Roberts

Clinical Lead: Shane Morgan

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?

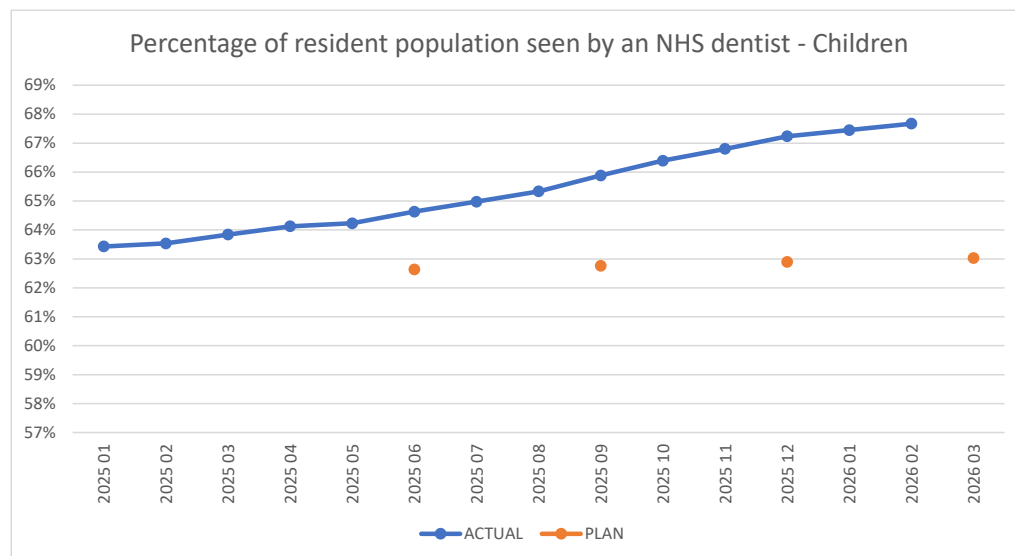
- It is the ICB's plan for 63.03% of resident children to have seen an NHS dentist by March 2026.
- In February 2026, 67.67% of children had seen an NHS dentist within the past 12 months which exceeds the annual and year to date milestones. The ICB has performed positively on this indicator all year.

Children

Q4 Milestone = 63.03%

Feb 26 Actual =

67.67%



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

12.3 Urgent Dental Appointments – 700k National Target increase in urgent appointments: December 2025

Activity Metric

Primary Care Commissioning Committee / Finance & Contracting Committee / Primary Services Dental Group

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

This metric measures: The number of Urgent Dental appointments delivered by NHS Dentists compared to the baseline and phased trajectory. 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.

What does this tell us?

The cumulative reported position of the ICB is reporting an under performance against the targeted activity levels at 91.27%, a large improvement from the previously reported positions. NHS England has recently confirmed that this national target has been retracted and will no longer be a reporting requirement for ICB's. The improved overall access has led to NHSE accepting that the overall increase in courses of treatment has "achieved" the target rather than only focusing on urgent access.

LSC	December 2025 achievement = 49.14%	Cumulative YTD achievement = 82.46%
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Month	*Baseline Target	Additional Appt Target	*Monthly Target	**Monthly Delivery	% Achieved	Cumulative Achieved %
Apr '25	11,430		11,430	11,486	100.5%	100.49%
May '25	11,430		11,430	11,208	98.1%	99.27%
Jun '25	11,430		11,430	11,388	99.7%	99.39%
Jul '25	11,430	2,313	13,743	12,171	88.56%	96.29%
Aug '25	11,430	2,313	13,743	11,078	80.61%	92.8%
Sept '25	11,430	2,313	13,743	12,361	89.94%	92.28%
Oct '25	11,430	2,313	13,743	12,428	90.43%	92%
Nov '25	11,430	2,313	13,743	11,598	84.39%	91.02%
Dec '25	11,430	2,313	13,743	12,698	92.4%	91.18%
Jan '26	11,430	2,313	13,743	12,649	92.04%	91.27%
Feb '26	11,430	2,313	13,743			
Mar '26	11,430	2,318	13,743			
YTD	34,290	20,822	34,290	112,761	-	-

Actions:

The ICB's local Dental Access and Oral Health Improvement Programme was developed to enhance the understanding and management of oral health. It contains access initiatives designed to achieve the additional urgent appointment target including the Urgent Dental Care Pathway and the 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 7 days. The following actions will support the performance against this metric:

- commissioned additional capacity to support delivery of the NHSE increased targets. 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 to discuss the urgent care pathway and receive feedback
- commissioned additional call handling service capacity to manage increased demand and management of patients into the new IDAP service. The LDN has also supported the development of prioritised call handling to ensure those with greatest and immediate need are reviewed first.
- To support the delivery of urgent dental care NHSE have introduced the national urgent dental care incentive (UDCI) scheme (running from 25 September 2025 to 31 March 2026), which aims to incentivise eligible dental providers to provide more unscheduled care to patients in 2025/26. LSC has developed a comms campaign which will help to promote this initiative.

Risks:

- NHS England confirmed on the 20th February that they had broadened the target to include all activity delivery as courses of treatment. NHSE confirmed that they were to end the monthly reporting requirements placed upon ICBs.
- The monthly reporting of this target is no longer required by NHSE.

* There have been changes to the national reporting profiles, as NHSE has requested month by month profile trajectory changes. The ICB's overall target remains the same and for this internal monitoring the monthly trajectory will remain the same to allow for clearer reporting.

**Dental practices have 6 weeks to submit FP17's detailing dental activity. Therefore, the data for the last 2 months reporting periods are subject to change.

Activity Metric

13. Pharmacy First Consultations by Type : November 2025

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

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

This metric measures: The activity of the Pharmacy First Service (PFS). PFS enables patients to be referred into CP for an urgent repeat medicine supply and minor ailments consultation. Patients can also access, by either direct approach or healthcare professional referral, treatment for any of the seven clinical conditions; acute otitis media, impetigo, infected insect bites, shingles, sinusitis, sore throat, uncomplicated UTIs. The Pharmacy First Consultation data reflects the number of paid claims made for CP consultations.

The data is published by NHSBSA and is in the public domain on the NHSBSA website ([Dispensing contractors' data | NHSBSA](#)).

What does this tell us?

- Pharmacy First data for November 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 slowed.
- Blood Pressure checks had a peak in October 2024 and this has been repeated in October 2025 (the underlying trend is one of steady growth).
- Similarly, oral contraception consultations are also increasing.
- NHS 111 Minor illness referrals have averages circa 5,000 referrals per month for the previous 7 months but tailed off in August.
- Urgent medicine supply referrals have also settled into a pattern of between 4-5,000 referrals per month.
- Planning for 2026-29 is moving to using unvalidated data and will focus on the 7 clinical pathways, Blood Pressure checks, and oral contraception consultations. Reporting will be updated in 2026-27 to reflect this

Actions:

- L&SC's local Pharmacy Access Programme which supports integration and use of the CP advanced services.
- Key opportunity to increase uptake is via GP referrals which remains varied.
- Significant work has taken place to ensure pharmacy contractors are consistently able to provide the service with LPC support, focus has now shifted to looking at those GP practices with low referral rates as part of the over-arching GP variance work.
- Where there is no Community Pharmacy PCN lead, the LPC are filling this gap.
- Comprehensive communications and engagement has taken place with the public and this will continue as part of a business-as-usual communications programme.

Risks:

- 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.
- Current Community Pharmacy Contractual Framework (CPCF) negotiations between NHSE and CPE may affect the delivery of the service based on the outcomes of the negotiations.
- Discrepancies found in data reporting on the NHSE planning submission. L&SC ICB use verified claims data which has a time lag due to the claims going through a validation process however NHSE use unverified data which has not been through a validation process. There is an approximate 8% variation in the verified claims data and unverified data, with the unverified data reporting more activity. August is the most up to date verified claims data available to the ICB.

Activity Type	November 2025	% Total	YTD
Clinical Pathway Consultation	9936	31.3%	74,092
Minor illness Consultations	5026	15.8%	37,110
Urgent medicine supply	4488	14.1%	39,951
Blood Pressure Checks	8860	27.9%	82,836
Oral Contraception Consultation	3450	10.9%	23,474
Total	31,760		257,463
Plan	24,665		208,422
Variance	7,095		49,041
% Delivery	128.8%		123.5%



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