Appendix A: Lancashire and South Cumbria ICB, 2026/27 Primary Care Action Plan – Summary

1. Introduction

This appendix provides a summary of the Lancashire and South Cumbria Integrated Care Board (ICB) Primary Care Action Plan, which will be submitted as part of the NHS Medium Term Planning Framework. It draws on the detailed actions, expected outcomes and delivery risks set out in the full action plan (Appendix B), with a particular focus on delivery during 2026/27. The summary is structured by primary care contractor group and highlights the main programmes of work, intended outcomes and key delivery considerations.

2. General Practice

The General Practice (GP) programme focuses on improving access, consistency and quality of care, addressing unwarranted variation and supporting sustainable delivery of the GP contract. The plan builds on the 2025/26 GP Action Plan and existing practice support frameworks.

The action plan seeks responses to 20 questions in the GP section, of which the ICB has self-assessed delivery confidence to be high for 7 questions, medium for 12 questions and low for 1 question.

The ICB's key actions for 2026/27 include:

i. A phased approach to improving front door access and demand management, including data quality improvement, clearer baselines for urgent same-day appointments and targeted place and practice-level support.
ii. Targeted support to improve achievement of the ambition for 90% of clinically urgent appointments to be delivered on the same day, supported by improved GPAD data quality and interpretation.
iii. Continued investment in clinical capacity through promotion and optimisation of Capacity and Access funding and the Additional Roles Reimbursement Scheme, maintaining GP and wider ARRS workforce levels.
iv. Ongoing delivery of the Long-Term Conditions Enhanced Service, providing holistic health assessments, supporting social prescribing and reducing non-elective admissions for targeted cohorts.
v. Use of proactive and reactive practice improvement visits, supported by peer ambassadors, clinical leads and commissioners, informed by national and local variation data.
vi. Strengthened contractual oversight, including monitoring of access and digital requirements, eDEC submissions, website compliance and proportionate use of contractual notices where required.
vii. Digital optimisation activity, including consistent GPIT offers, increased use of online consultation tools, NHS App functionality, cloud-based telephony and phased introduction of new technologies such as ambient voice technology.

Expected outcomes include improved access metrics, reduced unwarranted variation between practices, increased use of digital access routes, improved patient experience, and sustained reductions in avoidable admissions for people with long-term conditions.

Key delivery risks include data quality and visibility, workforce capacity constraints linked to the new ICB operating model, national system dependencies and the impact of collective action. These risks will be actively managed through phased delivery, ongoing review of baselines, and prioritisation of targeted support where impact is greatest.

3. Community Pharmacy

The Community Pharmacy programme aims to maximise the contribution of pharmacy clinical services to improve access, reduce pressure on general practice and urgent care, and improve medicines safety.

The action plan seeks responses to 14 ICB questions in the Community Pharmacy section, of which the ICB has self-assessed delivery confidence to be high for 10 questions, medium for 2 questions and low for 2 questions.

The ICB's key actions for 2026/27 include:

i. Embedding Pharmacy First and other advanced services as business as usual through the established Pharmacy Access Programme, supporting referrals from general practice and urgent care services.
ii. Monitoring and addressing unwarranted variation in the delivery of pharmacy clinical services, urgent repeat medicines and hypertension case finding.
iii. Improving data quality, reporting and use of intelligence to better understand capacity, demand and outliers in service delivery.
iv. Strengthening integration between general practice and community pharmacy, including promotion of GP Connect, NHS App functionality and improved referral pathways.
v. Supporting the expansion of independent prescribing within community pharmacy, building on learning from local pathfinder sites and preparing for national service rollout.
vi. Expanding the Discharge Medicines Service to all acute trusts within Lancashire and South Cumbria, reducing medicines-related harm and avoidable readmissions.

Expected outcomes include increased utilisation of pharmacy clinical services, improved patient access, improved medicines safety and reduced pressure on general practice and emergency departments.

Key delivery risks include data flow limitations, workforce and system capacity, and reliance on national policy and funding decisions. Delivery will be supported through continued engagement with the Local Pharmaceutical Committee and alignment with NHS England oversight.

4. Dental Services

The Dental Services programme reflects the ICB Dental Commissioning Plan and focuses on improving access, urgent care provision and effective use of the dental ringfenced budget, alongside implementation of national contract reforms.

The action plan seeks responses to 15 questions in the dental section, of which the ICB has self-assessed delivery confidence to be high for 4 questions, medium/high for 10 questions and medium for 1 question.

The ICB's key actions for 2026/27 include:

i. Continued focus on urgent and unscheduled dental care, including better matching of capacity to demand and effective use of NHS 111 and local call handling pathways.
ii. Implementation and monitoring of dental contract reforms, including contract variations, quality requirements and monitoring of mandated urgent care capacity.
iii. Ongoing engagement with dental providers through local dental committees and networks to support workforce sustainability and quality improvement participation.
iv. Use of national and local datasets to identify unwarranted variation and support targeted interventions to improve equity of access.
v. Progressing procurement of dental checks for children and young people with special educational needs and disabilities, supported by regional procurement expertise.

Expected outcomes include more consistent access to urgent dental care, improved contract delivery, and better targeting of resources to address inequalities.

Key delivery risks relate to data availability, workforce capacity and ongoing organisational change. These will be managed through routine monitoring, escalation routes and alignment with NHS England assurance processes.

5. Optometry

The Optometry programme is focused on improving access for vulnerable children through the procurement and mobilisation of sight testing services for children and young people with special educational needs and disabilities.

The action plan seeks responses to just 1 question in the optometry section, of which the ICB has self-assessed delivery confidence to be medium.

The ICB's key actions for 2026/27 include:

i. Completion of a collaborative regional procurement process, supported by NHS procurement hubs, to commission services to the national specification.
ii. Clear mobilisation and transition arrangements, including contract award, provider onboarding and service commencement milestones.
iii. Ongoing contract management and performance monitoring to ensure sustainable delivery and value for money.

Expected outcomes include improved access to sight testing for children in special educational settings, earlier identification of visual needs and improved partnership working with education providers.

Key delivery risks include provider response to procurement, workforce availability and service uptake. Mitigations include phased mobilisation, joint communications and active contract oversight.

6. Oversight:

Delivery Plan progress will be overseen by the Primary Care Contracts Sub-Committee, which will provide regular updates to the Commissioning Committee. Progress will be monitored using the existing and new metrics included in the Primary Care Integrated Performance Report received by the Sub-committee each month. The Sub-committee's four contractor services groups (Primary Medical Services Group, Pharmacy Group, Optometry Group and Dental Group) will lead the delivery of its section of the Plan. The Integrated Primary Care Performance Report will also

be periodically supplemented with the NHSE generated Primary Care Delivery Highlight Report, which is a monthly progress report detailing the progress, performance and actions being taken by ICBs' to achieve their plans. An updated template for this report is awaited from NHSE.

7. Conclusion:

Overall, the Primary Care Action Plan sets out a coordinated programme across general practice, community pharmacy, dental services and optometry to improve access and patient experience, reduce unwarranted variation and strengthen prevention and medicines safety during 2026/27.

Delivery will be supported through targeted contractor support, improved use of data and digital tools, and strengthened oversight and engagement with system partners, while actively managing key risks relating to workforce capacity, data flow limitations, organisational change and national dependencies.