Executive Summary

NHS
Lancashire and South Cumbria
Integrated Care Board

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 Medical Services Group
  - Medicines Safety Group
  - Primary & Integrated Neighbourhood Care Transformation Programme Group
  - Optometry Services Group
  - Primary Care Quality Group
  - Antimicrobial Stewardship Committee (not a formal ICB committee)
  - Dental Services Group
  - Community 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 May 2026 report the following should be noted:

An additional metric; S044a: Antimicrobial resistance : Antibacterial items by STAR-PU has been included in the performance report. The metric measures primary care antibiotic prescribing to support antimicrobial stewardship and reduce antimicrobial resistance (AMR). A lower number represents more appropriate and higher quality prescribing

May 2026 Report- Points of Note:

- **Local Enhanced Service (LES) Delivery Pictorial** - The LES delivery pictorial illustrates the strong delivery of the LES initiative to support patients accessing health care in primary care during the 2025/26 financial year.
- **Number of general practice appointments per 10,000 weighted patients :**The March 2026 data shows the ICB is above plan by 4.98% for the month; and continue to improve our year-to-date performance against our original planning submission. However, there are variations in appointment rates at sub-ICB level
- **Urgent dental appointments –** The Department for Health & Social Care (DHSC) have announced that this national target has been retracted and will no longer be a reporting requirement for ICB's. The improved overall access has led to DHSC accepting that the overall increase in courses of treatment has "achieved" the target rather than only focusing on urgent access

Primary Care Metric Summary and Benchmarking

S05 - Meet national and locally determined performance standards and targets		ICB COMMISSIONER				Blackburn with Darwen	Blackpool	Lancashire - East	Lancashire - Central			Lancashire - Coastal	South Cumbria	Metric No.	COMMITTEE / GROUP
Key Performance Indicator	Date	Plan	Actual	In month	Direction	BwD (00Q)	Bpool (00R)	EL (01A)	CSR (00X)	GP (01E)	WL (02G)	FW (02M)	Mbay (01K)		
Number of general practice appointments per 10,000 weighted patients	Mar-26	4343	4560	✓	↔	4247	3730	4669	4689	4875	5195	4937	4453	1	PCCSC / PMSG
% of Appointments within 2 weeks of booking (ACC-08)	Mar-26		85.94%		↑	87.5%	84.5%	87.4%	84.8%	90.8%	84.8%	84.2%	82.9%	2	PCCSC / PMSG
General Practitioner Appointments per General Practitioner FTE	Mar-26		349.9		↓	374.7	289.1	364.0	360.3	319.5	382.3	362.5	355.6	3	PCCSC / PMSG
FTE doctors in General Practice per 10,000 weighted patients	Mar-26		5.69		↑	5.56	4.92	5.40	5.98	7.00	5.60	4.67	6.26	4	PCCSC / PINCTP
FTE ALL CLINICAL staff in GP practices per 10,000 weighted patient population	Mar-26		11.62		↑	9.22	11.18	10.88	11.26	12.46	9.77	12.25	13.92	5	PCCSC / PINCTP
GP CQC Ratings (no. practices inadequate or requiring improvement)	Apr-26		6			1	2	0	1	1	0	0	1	6	PCCSC / PMSG / PCQG/QOC
% of people aged 14 and over with a learning disability on the GP register receiving an AHC	Mar-26	75.4%	83.8%		↑	75.0%	81.9%	81.0%	88.7%	87.3%	88.8%	79.3%	88.3%	7	PCCSC/ QOC / PCQG / F&C
S044a: Antimicrobial resistance : Antibacterial items by STAR-PU	Mar-26	0.871	0.902	û	é	0.943	1.026	0.852	0.852	0.948	0.831	1.001	0.841	8a	QOC / PCQG / AMSC
S044b: Antimicrobial resistance: proportion of broad-spectrum antibiotic prescribing in primary care	Mar-26	10%	7.71%	✓	↓	6.32%	8.57%	6.02%	7.34%	7.79%	7.63%	8.96%	9.16%	8b	QOC / PCQG / AMSC
High Dose Opioids : Opioids with likely daily dose of ≥120mg morphine equivalence per 1000 patients	Mar-26		1.044		↑	1.434	1.771	0.745	0.769	0.602	1.281	1.611	0.887	9	QOC / PCQG / MSG
Optometrist - NHS Sight Tests	Feb-26		39502		↔									10	PCCSC / POSG
Units of Dental Activity delivered as a proportion of all units of Dental Activity contracted	Mar-26		99.20%		↓									11	PCCSC/ F&C / PSDG
Percentage of resident population seen by an NHS dentist - ADULT (Rolling 24 months)	Apr-26	40.65%	41.40%	✓	↔									12.1	PCCSC/ F&C
Percentage of resident population seen by an NHS dentist - CHILD (Rolling 12 months)	Apr-26	66.10%	68.31%	✓	↑									12.2	PCCSC/ F&C
Urgent dental appointments - 700k national target increase in urgent appointments	Mar-26		91.46%											12.3	PCCSC/ F&C/PSDG
Pharmacy First Consultations by Type	Jan-26	25899	32574	✓	↑									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 – End of Year Achievement Headlines 2025/26

NHS Lancashire and South Cumbria Integrated Care Board

Throughout 2025/26, practices across Lancashire and South Cumbria demonstrated strong delivery of Local Enhanced Services (LES), supporting thousands of patients to access care within primary care settings. The pictorial below showcases the scale of achievement and patient benefit delivered during the first year of the LES programme.

Post Bariatric Monitoring	Dementia	Complex Injections	Diabetes	Ring Pessary	Vasectomy	Spiro/FeNO	Wound Care
1,705 patients received their annual monitoring avoiding secondary care follow up	**11,786** patients received a comprehensive assessment and medication review avoiding outpatient follow up	**1,540** patients received an injection for osteoporosis avoiding secondary care attendance	**10,164** patients received injectable therapy, thereby avoiding referral to secondary care for insulin initiation.	**3,310** patients received ring pessaries, thereby avoiding referral to secondary care.	**1,115** patients received vasectomies, thereby avoiding referral to secondary care. *Saved 637kg of CO_2.*	**19,076** patients received tests as part of a holistic respiratory assessment, thereby avoiding referral to secondary care diagnostics.	**44,648** patients received wound care treatment, thereby avoiding referral to community and same-day urgent care services.

Phlebotomy	ECGs	PSA Tests	Simple Injections	End of Life Care	Long Term Conditions		
1,103,016 individual blood test appointments were undertaken in General Practice.	**56,418** patients received an ECG, avoiding referral to secondary care CDCs.	**13,103** patients have been followed up for PSA monitoring, reducing the need for outpatient follow-up.	**128,182** increased injections for endometriosis and prostate cancer reduced the number of avoided outpatient appointments. Run B12 injection clinics have also been introduced.	**10,386** patients with an advanced care plan. **0.8%** of the patients on the palliative care register.	**92,303** patients received a Holistic Health Assessment (HHA).	**10.2%** reduction in non-elective admissions of patients receiving an HHA (This data set is representative for M10)	**5%** of patients receiving an HHA offered social prescribing support. (This data set is representative for M10)

The achievements highlighted above demonstrate the significant contribution made by general practice through the LES programme during 2025/26. This delivery has supported improved outcomes for patients, enhanced access to services and informed the ongoing development of LES services for 2026/27.

Activity Metric	General Practice Local Enhanced Services: Long-Terms Condition Holistic Health Assessment (HHA) – End of Year Achievement Position 2025/26
	Primary Care Contracts Sub Committee / Primary Care Medical Services Group
	Group Chair: Peter Tinson **SRO:** Donna Roberts **Clinical Lead:** John Miles

NHS Lancashire and South Cumbria Integrated Care Board

This metric measures

The number of GP practices in each sub-ICB grouping who have achieved respective percentages of their target holistic health assessments(HHA); Domain 2 of the ICB's new Long-Terms Condition (LTC) Local Enhanced Service (LES).

Practice Achievement for April 2025 -March 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	0	1	2	19
East Lancashire	46	0	0	1	0	2	43
Chorley & South Ribble	25	1	0	0	0	0	24
West Lancashire	15	0	0	0	0	2	13
Greater Preston	22	0	0	0	0	3	19
Blackpool	14	0	0	0	1	1	12
Fylde & Wyre	20	0	0	0	1	1	18
Morecambe Bay	31	1	0	2	2	5	21
Total	**195**	**2**	**0**	**3**	**5**	**16**	**169**
% of total number of practices		**1%**	**0%**	**2%**	**3%**	**8.2%**	**86.7%**

Previous reporting period (April - January 2026) % of total number of practices achievement per percentage	**2%**	**1%**	**4%**	**6%**	**24.1%**	**64.1%**

** 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 – End of Year Achievement (2025/26)

The LTC LES has delivered significant benefits for patients across L&SC during 2025/26. During the year, practices delivered 92,303 Holistic Health Assessments (HHA); supporting proactive care, personalised care planning and improved management of patients living with long-term conditions.

Delivery of HHAs has been associated with a 10.2% reduction in non-elective admissions for patients receiving an assessment and enabled access to wider support services, including social prescribing where appropriate.

The programme demonstrated strong practice engagement across L&SC, with 169 practices (86.7%) achieving 100% or more of their annual target, a further16 practices (8.2%) achieving between 76% and 100% of target, and 94.9% of practices achieving at least 76% of their annual delivery target.

Achievement was demonstrated across all localities, reflecting the commitment of practices to delivering HHAs and supporting improved outcomes for patients across L&SC. The strong level of achievement across all localities demonstrates the successful implementation of the first year of the LTC LES programme.

End of year Delivery Position, Actions:

- Learning from 2025/26 delivery has informed the continued development of the LTC LES for 2026/27, supporting the ongoing evolution of proactive care for patients with LTCs.
- Strong practice engagement has supported successful delivery of the LTC LES during its first year and provides a strong foundation for continued delivery in 2026/27.

Risks:

- Continued oversight will support equitable access to commissioned services and ensure patients across L&SC continue to benefit from proactive LTC management.
- Ongoing engagement with practices and the Local Medical Committee (LMC) will support continuous improvement, service development and the sharing of best practice across localities.

Activity Metric

General Practice Local Enhanced Services: Cost and volume – End of Year Achievement Position 2025/26

Primary Care Contracts Sub Committee / Primary Care Medical Services Group

Group Chair: Peter Tinson **SRO:** Donna Roberts **Clinical Lead:** John Miles

NHS Lancashire and South Cumbria Integrated Care Board

This metric measures
The table provides a summary of the Lancashire and South Cumbria monthly planned versus actual delivered activity per the Cost and Volume (C&V) LES contracts which began in April or May 2025.

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)	Mar-26 (M12)
Post Bariatric	*Planned Activity*		254	254	254	254	254	254	254	254	254	254	254
	Delivered Activity		93	173	219	130	135	128	134	188	169	153	183
Dementia	*Planned Activity*		1,332	1,332	1,332	1,332	1,332	1,332	1,332	1,332	1,332	1,332	1,332
	Delivered Activity		660	908	1,138	948	1,037	1,138	1,137	1,136	1,536	1,100	1,048
Complex Injections	*Planned Activity*		181	181	181	181	181	181	181	181	181	181	181
	Delivered Activity		189	125	175	117	156	177	141	118	144	102	96
Diabetes	*Planned Activity*		975	975	975	975	975	975	975	975	975	975	975
	Delivered Activity		1,086	1,170	1,379	770	972	845	847	756	980	635	724
Ring Pessary	*Planned Activity*		382	382	382	382	382	382	382	382	382	382	382
	Delivered Activity		261	346	294	259	352	343	338	328	292	248	249
Vasectomy	*Planned Activity*	91	91	91	91	91	91	91	91	91	91	91	91
	Delivered Activity	89	36	89	74	70	124	129	106	67	106	127	98
Vasectomy Counselling	*Planned Activity*	87	87	87	87	87	87	87	87	87	87	87	87
	Delivered Activity	146	67	115	129	96	152	230	113	80	124	169	204
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	8,032
	Delivered Activity	2,569	5,266	5,106	5,172	3,661	4,537	4,340	4,487	4,539	4,407	3,591	3,483
Spiro/Feno	*Planned Activity*		2,014	2,014	2,014	2,014	2,014	2,014	2,014	2,014	2,014	2,014	2,014
	Delivered Activity		1,577	1,891	1,975	1,493	1,741	1,693	1,870	1,668	1,857	1,626	1,685

What does this tell us?
The Cost and Volume (C&V) LES programme enabled practices across L&SC to deliver a broad range of community-based services during 2025/26, supporting patients to access care closer to home and reducing reliance on secondary care services.

Practice engagement remained strong throughout the year, with 96% of practices signed up to routine LES contracts.

Significant levels of activity were delivered across commissioned services during 2025/26, including over 11,700 dementia reviews, 10,000 diabetes interventions, 56,000 ECGs, 44,000 wound care treatments and 1.1M phlebotomy appointments. This demonstrates the important role of primary care in delivering specialist services closer to home and supporting improved access for patients across L&SC.

The successful delivery of C&V LES contracts provided valuable insight into service utilisation and demand, informing both year-end assurance and the continued development of LESs.

Actions
- Learning from 2025/26 delivery has informed the continued development of LES services for 2026/27.
- Lessons learned from service utilisation and delivery have informed the transition of ECGs, Wound Care & PSA services to C&V contracting arrangements for 2026/27.
- Strong practice participation has supported the successful delivery of commissioned services across L&SC.

Risks
- Variability in service utilisation across commissioned services may impact future delivery patterns and will continue to inform contract development and commissioning decisions.
- Ongoing review of activity and demand will support the delivery of services that remain responsive to patient need and support value for money.
- 2025/26 lessons learned will continue to inform the refinement of LES commissioning arrangements during 2026/27.

Activity Metric

General Practice Local Enhanced Services: Capitated contracts – End of Year Achievement Position 2025/26

Primary Care Contracts Sub Committee / Primary Care Medical Services Group

Group Chair: Peter Tinson **SRO:** Donna Roberts **Clinical Lead:** John Miles / Felicity Guest

NHS Lancashire and South Cumbria Integrated Care Board

This metric measures

The 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)	Mar-26 (M12)
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	6,384
	Delivered Activity	784	3,836	9,002	10,022	8,145	9,249	9,152	9,480	9,131	8,601	8,396	6,505
Wound Care	*Planned Activity*		6,877	6,877	6,877	6,877	6,877	6,877	6,877	6,877	6,877	6,877	6,877
	Delivered Activity		1,888	3,245	3,873	3,470	4,391	4,860	4,287	4,917	4,524	4,390	4,803
Phlebotomy	*Planned Activity*		135,297	135,297	135,297	135,297	135,297	135,297	135,297	135,297	135,297	135,297	135,297
	Delivered Activity		80,385	90,472	99,955	88,154	102,353	105,300	100,530	100,588	112,317	106,690	116,272
ECGs	*Planned Activity*		5,572	5,572	5,572	5,572	5,572	5,572	5,572	5,572	5,572	5,572	5,572
	Delivered Activity		4,040	4,756	5,138	4,423	5,229	5,318	5,186	5,147	5,721	5,401	6,059
PSA Testing	*Planned Activity*		2,265	2,265	2,265	2,265	2,265	2,265	2,265	2,265	2,265	2,265	2,265
	Delivered Activity		1,600	1,433	1,033	1,082	1,193	919	905	1,276	1,297	1,335	1,030
Simple Injections	*Planned Activity*		27,455	27,455	27,455	27,455	27,455	27,455	27,455	27,455	27,455	27,455	27,455
	Delivered Activity		10,397	11,077	12,256	11,400	12,818	12,635	11,389	11,880	11,844	10,568	11,918

What does this tell us?

The Capitated LES programme supported the delivery of a range of community-based services across L&SC during 2025/26, enabling patients to access care within primary care settings and supporting delivery closer to home.

Strong delivery was demonstrated across a number of commissioned services throughout the year, with practices continuing to provide locally accessible services for patients across L&SC. LTC LES activity exceeded planned levels across much of the year, whilst Phlebotomy and ECG activity remained broadly aligned to planned activity levels. Practices also continued to deliver Wound Care, Simple Injections and PSA Testing services throughout 2025/26, supporting ongoing access to locally delivered care.

The first year of delivery has provided valuable insight into service utilisation, variation in activity levels and population need. This learning has informed both year-end assurance arrangements and the continued development of LES commissioning arrangements for 2026/27.

Actions:

- End of year assurance and reconciliation processes have been completed in line with approved capitated LES principles.
- Following review with the ICB and LMC, a 25% achievement threshold was agreed for relevant year-end assurance arrangements, recognising variation in service utilisation and supporting a proportionate approach to year-end assessment.
- 2025/26 lessons learned have informed the transition of ECGs, Wound Care & PSA services from capitated arrangements to C&V contracting arrangements for 2026/27.
- Learning from service utilisation and delivery has informed the continued development of LES services.
- A review of expected activity calculations for Phlebotomy is underway to ensure future commissioning arrangements appropriately reflect service utilisation, population need and demand.

Risks:

- Variation in service utilisation across capitated services remains a consideration for future contract monitoring, reporting and service development.
- Ongoing review of activity, demand and expected activity calculations will support commissioning arrangements that remain responsive to patient need and provide value for money.

Activity Metric	1. Number of general practice appointments per 10,000 weighted patients : March 2026				
	Primary Care Contracts Sub Committee / Primary Care Medical Services Group				
	Group Chair: Peter Tinson	**SRO:** Donna Roberts	**Clinical Lead:** Dr John Miles		

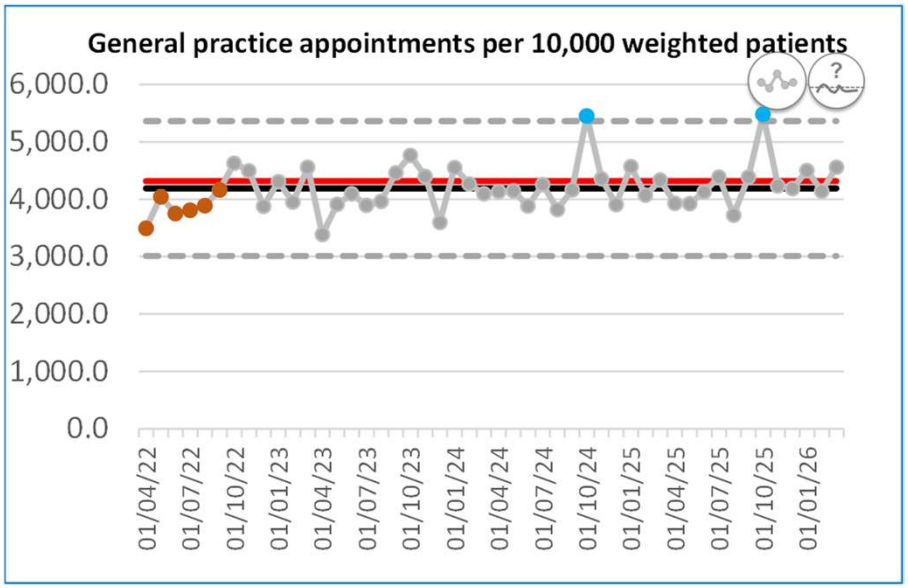
NHS Lancashire and South Cumbria Integrated Care Board

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.

March 2026

National	North West	LSC	BwD (00Q)	Bpool (00R)	EL (01A)	CSR (00X)	GP (01E)	WL (02G)	FW (02M)	Mbay (01K)
5478	4612	4560	4247	3730	4669	4689	4875	5195	4937	4453



What does this tell us?

- In March 2026, 922,169 general practice appointments took place; +10.3% above the previous month and +46k appointments (+5.3%) above plan. March's improved performance, together with the higher levels of appointments seen since October due to the introduction of the online consultations contractual requirement, contributed to an end of year performance of:
- 10.4M appointments provided in L&SC during 2025/26; the highest number of appts recorded for the ICB since GPAD data collections began.
- However, performance for this metric has continue to improve year-to-date performance against the original planning submission which is -0.23% down on the total plan for the year. There are variations in appointment rates at sub-ICB level
- March's appointment rate was 4,560 general practice appts. per 10,000 pop. which is 5% above the month's plan, but remains below the national and regional rates as it has done during the year.
- Due to workforce and recruitment pressures, L&SC continues to have fewer FTE doctors per 10,000 weighted population than national averages. 43.7% of March's appointments were held with a GP, just 1.7% below the national rate.
- L&SC (68.1%) is above the national average (61.0%) for the proportion of face-to-face appts.
- It is not possible to quantify or fully monitor online consultations (OC) data as not all GP systems' data is captured in GPAD, therefore these appointments are 'hidden' from this data set. For 2025/26, national data indicates that 4.8% of LSC appointments were held via video conference / OC, compared to 9.2% nationally, but the value is thought to be higher due to missing data.

Actions:

- **GP Improvement Programme (GPIP):** All remaining 14 general practices successfully completed the national GPIP programme. 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):** With the support of local primary care teams all of the ICB's 45 PCNs successfully submitted CAIP declarations which were signed off by the ICB during 2025/26 for both the Supporting Modern General Practice (MGP) Access and Risk Stratification for Continuity of Care domains.
- **L&SC 2026/27 Primary Care Action Plan (PCAP):** The ICB has developed its PCAP in accordance with the national template and medium term planning requirements, which builds upon the access and contractual compliance processes and actions undertaken last year.

Risks:

- It is not possible to quantify or fully monitor OC data as not all practice's OC system data is captured in GPAD, therefore these appointments are 'hidden' from this data set.
- GP Collective Action, this does not currently impact on appointments, but the ICB is closely monitoring the new actions announced each month.

Activity Metric	2. % of appointments within 2 weeks of booking [ACC-08 Appointment types] : March 2026
	Primary Care Contracts Sub Committee / Primary Care Medical Services Group
	Group Chair: Peter Tinson **SRO:** Donna Roberts **Clinical Lead:** Dr John Miles

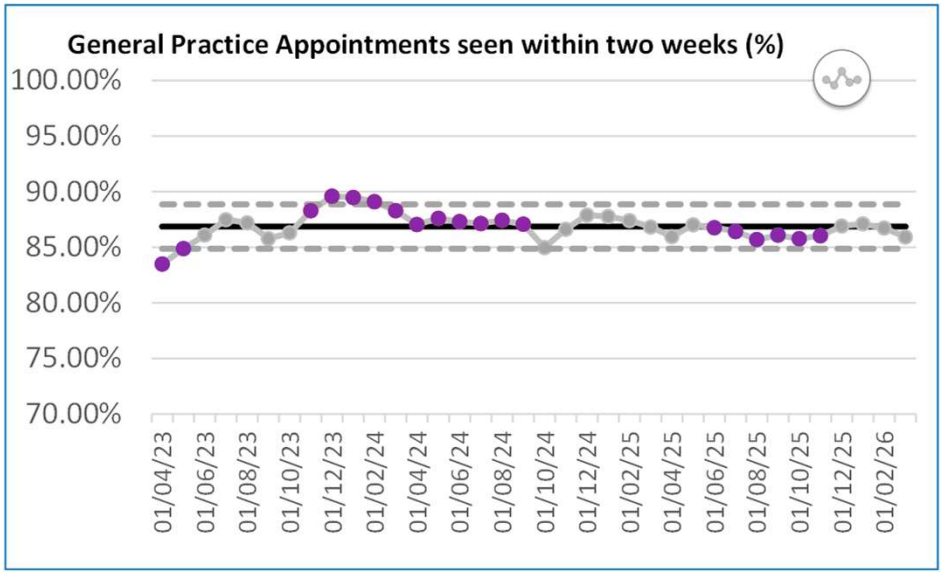
NHS Lancashire and South Cumbria Integrated Care Board

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 practices in 2024/25, and as a national ICB metric for 2025/26.*

March 2026

National	North West	LSC	BwD (00Q)	Bpool (00R)	EL (01A)	CSR (00X)	GP (01E)	WL (02G)	FW (02M)	Mbay (01K)
88.0%	88.1%	85.9%	87.5%	84.5%	87.4%	84.8%	90.8%	84.8%	84.2%	82.9%



What does this tell us?

- In March 2026, 85.9% of General Practice appointments with one of the 8 specified appointment categories were offered within 2 weeks of booking, and 50.7% offered within the same day.
- The full year achievement for 2025/26 is 86.4% of appts offered within 2 weeks; exceeding the 85% threshold and an improvement of +1.6% on last year.
- For 2025/26, 51.1% of appts were offered on the same day, this is -2.4% lower than last year. It should be noted that there is no threshold or target for same day appointments, and increasing triaging of appointment requests now takes place due to the modern general practice model and online consultations.
- There remains variations at sub-ICB (and lower) levels which reflects practices' differing operating models, varying maturity levels for the 'modern general practice model', seasonal pressures and population needs;
  - appts. offered within two weeks ranging from 82.9% in Morecambe Bay, to 90.8% in Greater Preston

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.
- GP Collective Action, this does not currently impact on appointments, but the ICB is closely monitoring the new actions announced each month.

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 : March 2026				
	Primary Care Contracts Sub Committee / Primary Care Medical Services Group				
	Group Chair:	Peter Tinson	**SRO:**	Donna Roberts	**Clinical Lead:** Dr John Miles

NHS Lancashire and South Cumbria Integrated Care Board

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.

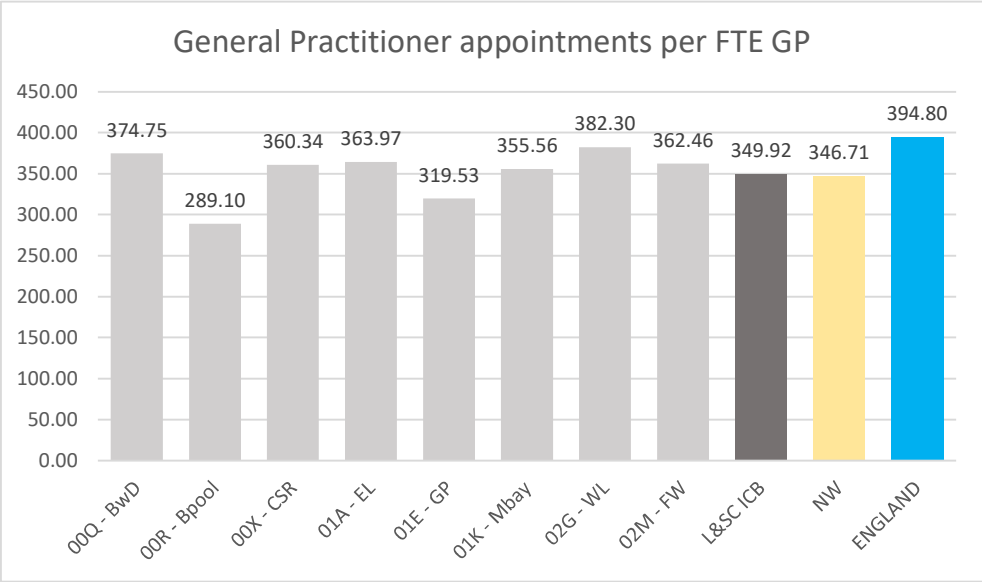
What does this tell us?

- The number of general practitioner appointments per FTE General Practitioner across L&SC is marginally higher than the North West average though lower than the national average.
- There are variations by sub-ICB (and PCN / Practice) with BwD and West Lancs GPs undertaking more appointments per FTE GP than national average.
- Blackpool Sub-ICB GPs are undertaking around 60 appointments fewer per FTE GP than the L&SC average.

March 2026

National	North West	LSC
394.8	346.7	349.9

BwD (00Q)	Bpool (00R)	EL (01A)	CSR (00X)	GP (01E)	WL (02G)	FW (02M)	Mbay (01K)
374.7	289.1	364.0	360.3	319.5	382.3	362.5	355.6



Actions:

- 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 support practices and PCNs with recruitment.
- Investment has agreed to fund the Training Hub for the 2026/27 financial year.
- The ICB's work to support practices with Access and the new ICB's Local Enhanced Services (LES) will continue to support this indicator's performance during 2026/27.
- The ICB is working with practices to promote and support them access additional funding via the new national practice-level GP reimbursement scheme which allows GP practices to claim funding to recruit new salaried GPs, increase hours for existing salaried GPs, or continue to fund GP posts previously supported by PCN schemes. The scheme aims to boost capacity for clinically urgent same-day access.

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 practices may not recruit additional GPs as the costs of running a practice is increasing, putting pressure on practice budgets and affecting recruitment plans.
- 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.
- GP Collective Action, this does not currently impact on appointments or workforce, but the ICB is closely monitoring the new actions announced each month.

Activity Metric	4. FTE Doctors per 10,000 weighted patients : March 2026				
	Primary Care Contracts Sub Committee / Primary and Integrated Neighbourhood Care Transformation Programme Group				
	Group Chair:	Peter Tinson	**SRO:**	Donna Roberts	**Clinical Lead:** Dr John Miles

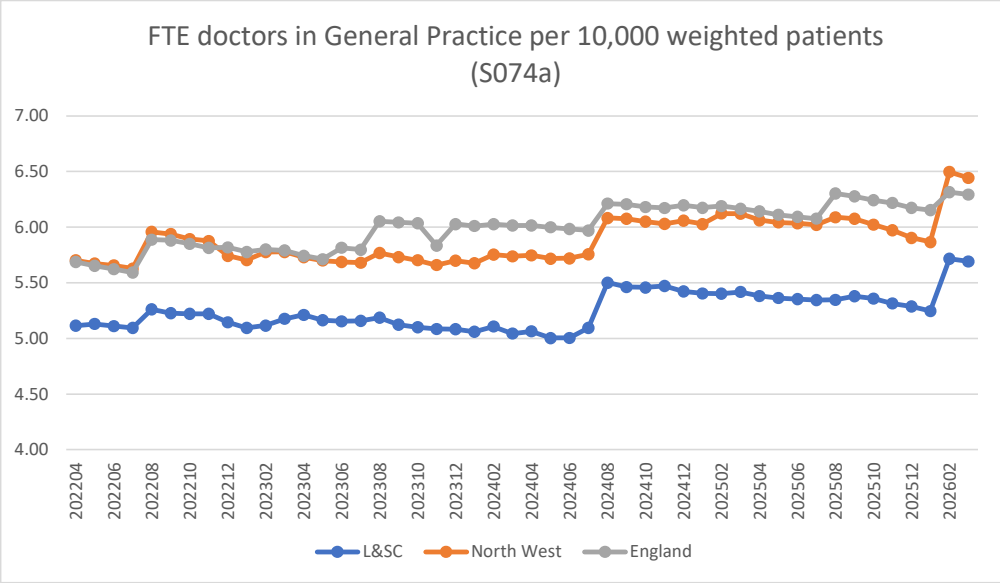
NHS Lancashire and South Cumbria Integrated Care Board

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.

March 2025

National	North West	LSC	BwD (00Q)	Bpool (00R)	EL (01A)	CSR (00X)	GP (01E)	WL (02G)	FW (02M)	Mbay (01K)
6.29	6.44	5.69	5.56	4.92	5.40	5.98	7.00	5.60	4.67	6.26



10 Year Health Plan focus: Workforce
Thousands more GPs will be trained

What does this tell us?

- Only small changes have been made in the number of FTE doctors per 10,000 weighted patients since the last reporting period. A national increase of 0.1% has been reported with a slightly larger increase was reporting regionally (0.35%) and locally (0.34%) .
- 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 East Lancs areas continuing to see the lowest number of GPs covering their populations.
- This data does not include recently qualitied GPs employed under the expanded Additional Roles Reimbursement Scheme (ARRS) scheme. In April 36.79 GPs were claimed through the ARRS scheme. This high number may be due to end of year end and ensuring use of budget allocations.

Actions:

- The ARRS scheme now allows for greater flexibility in funding, time is needed to understand if this flexibility has an impact on recruitment levels. As of May 2026, the total number of GPs employed through ARRS across the whole of LSC is 38.92 WTE.
- flexibility has an impact on recruitment levels.
- ICB workforce development manager, facilitated by the training hub remaining in place support practices and PCNs with recruitment.
- Investment has agreed to fund the Training Hub for the 2026/27 financial year.
- The ICB is working with practices to promote and support them access additional funding via the new national practice-level GP reimbursement scheme which allows GP practices to claim funding to recruit new salaried GPs, increase hours for existing salaried GPs, or continue to fund GP posts previously supported by PCN schemes. The scheme aims to boost capacity for clinically urgent same-day access.

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 practices may not recruit additional GPs as the costs of running a practice is increasing, putting pressure on practice budgets and affecting recruitment plans.
- GP Collective Action, this does not currently impact on appointments or workforce, but the ICB is closely monitoring the new actions announced each month.

Activity Metric	5. General Practice FTE Clinical Staff by Group per 10,000 weighted patients : March 2026
	Finance and Contracting Committee / Primary and Integrated Neighbourhood Care Transformation Programme Group
	Group Chair: Peter Tinson **SRO:** Donna Roberts **Clinical Lead:** Dr John Miles

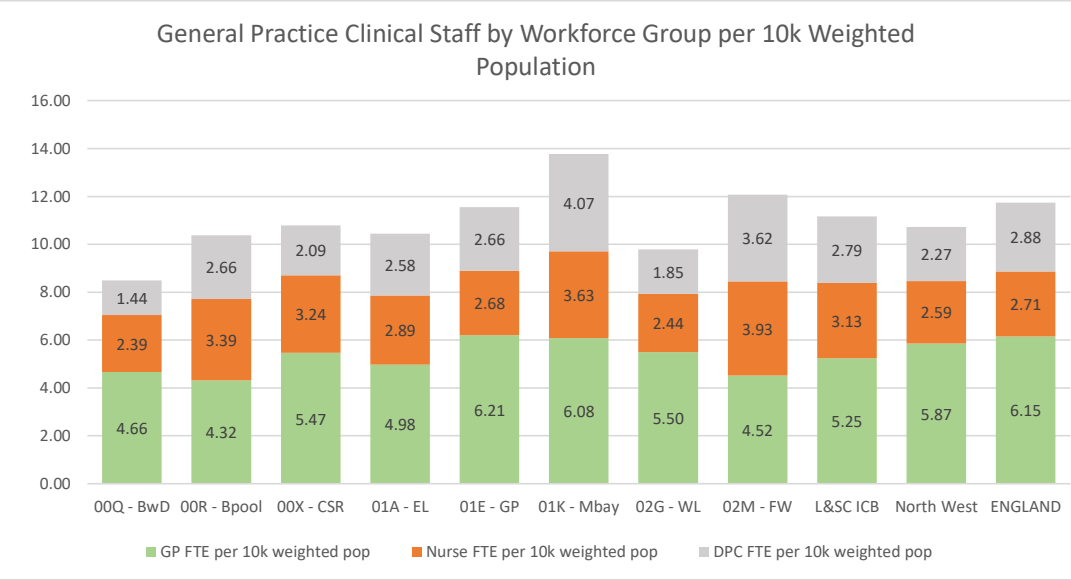
NHS Lancashire and South Cumbria Integrated Care Board

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.

March 2026

National	North West	LSC	BwD (00Q)	Bpool (00R)	EL (01A)	CSR (00X)	GP (01E)	WL (02G)	FW (02M)	Mbay (01K)
11.89	11.31	11.62	9.22	11.18	10.88	11.26	12.46	9.77	12.25	13.92



What does this tell us?

- General practice staffing levels, as measured as 'full time equivalent' (FTE) workforce per 10,000 weighted patients' has increased nationally (+0.15%), whereas L&SC has seen a decrease (-0.12%).
- The number of FTE nurses in general practice per 10,000 weighted patients is higher in L&SC than the North West.
- All other Direct Patient Care (DPC) FTE staff per 10,000 weighted pts. are slightly below national.
- There are significant variations at sub-ICB level with Blackburn with Darwen highlighted as having the lowest rate, 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

Actions:

- 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 support practices and PCNs with recruitment.
- Investment has agreed to fund the Training Hub for the 2026/27 financial year.
- The ICB's work to support practices with Access and the new ICB's Local Enhanced Services (LES) will continue to support this indicator's performance during 2026/27.
- The ICB is working with practices to promote and support them access additional funding via the new national practice-level GP reimbursement scheme which allows GP practices to claim funding to recruit new salaried GPs, increase hours for existing salaried GPs, or continue to fund GP posts previously supported by PCN schemes. The scheme aims to boost capacity for clinically urgent same-day access.

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 practices may not recruit additional GPs as the costs of running a practice is increasing, putting pressure on practice budgets and affecting recruitment plans.
- GP Collective Action, this does not currently impact on appointments or workforce, but the ICB is closely monitoring the new actions announced each month.
- SDF funding for the visa support sponsorship is remains to not be available for 2025/26.

Quality Metric	6. GP CQC Ratings (no. practices inadequate or requiring improvement) : April 2026
	Primary Care Contracts Sub Committee & Quality & Outcomes Committee / Primary Care Medical Services Group & Primary Care Quality Group
	Group Chair: Peter Tinson & Dr Peter Gregory **SRO:** Peter Tinson **Clinical Lead:** Dr Peter Gregory

NHS Lancashire and South Cumbria Integrated Care Board

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.

April 2026. Practices rated by the CQC as inadequate or requiring improvement:

National	North West	LSC	BwD	Bpl	CSR	EL	GP	MB	WL	FW
265 (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

April 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%**

What does this tell us?
- The majority of L&SC practices (181/197) are rated as 'good' or 'outstanding'.
- Seven practices are below the expected standard: one under enforcement action (East Lancs) three rated *inadequate* (two in Blackpool, one in BwD), 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'
- ICB visited in June 2025 and a reactive quality assurance visit held 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'
- Practice has completed all actions identified in July 2024. Awaiting CQC reinspection.

Blackpool (Bpool): two practices 'inadequate'
- Practice 1 – placed in special measures following an *inadequate* CQC rating (CQC inspection Apr/May 2025). At the reactive quality assurance (August 2025) the ICB was 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. Awaiting CQC reinspection.
- Practice 2 – placed in special measures following an *inadequate* CQC rating (CQC inspection August 2025). ICB assurance visits (October 2025 and February 2026) and subsequent meetings confirmed progress against KLOEs, with remaining concern around embedding clinical supervision. Ongoing implementation of policies is required. Awaiting CQC reinspection.

Blackburn with Darwen (BwD): one practice 'inadequate'
- Placed in special measures following an *inadequate* CQC rating (CQC inspection July 2025). The ICB Place Team are working with the practice on their Action Plan to address all the concerns, monitoring meetings are in place to review the Action Plan. The LMC are also supporting.

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.

East Lancashire: Other
- The CQC have taken urgent enforcement action and suspended the registration of a GP, leading to the ICB putting 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 caretaker provider.

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 LMC, in liaising with the practices and providing support.

Quality Metric

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

NHS Lancashire and South Cumbria Integrated Care Board

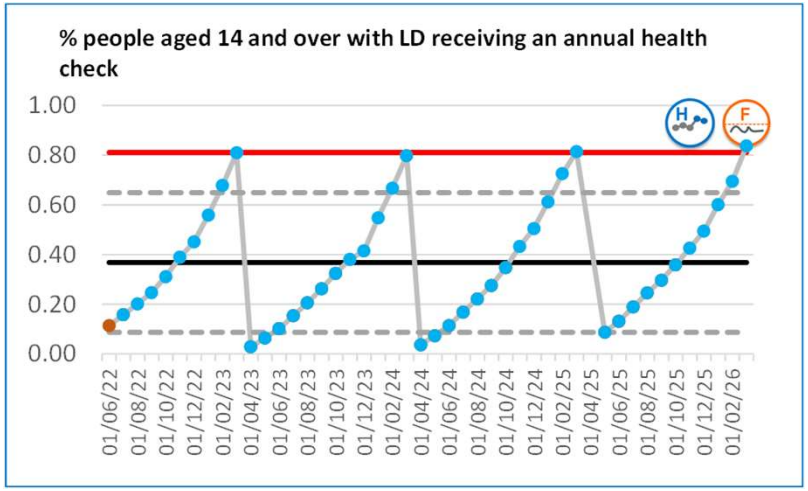
This metric measures:

Annual Health Checks (AHC) being undertaken for patients on the Learning Disability (LD) 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.

March 2026

National	North West	LSC	BwD (00Q)	Bpool (00R)	EL (01A)	CSR (00X)	GP (01E)	WL (02G)	FW (02M)	Mbay (01K)
84.2%	86%	83.8%	75.0%	81.9%	81.0%	88.7%	87.3%	88.8%	79.3%	88.3%



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.

Actions:

- All sub ICB areas have achieved the target of 75% of people aged 14 and over with a LD on the GP register receiving an AHC by March 2026 with the L&SC average reported at 83.8%. However, this is lower than national (84.2%) and regional (86%).
- Easy Eye Care service programme (supporting access to specialist eye care) delivered to improve access, including enhanced optician search links on LD&A and LSCFT webpages and stakeholder dissemination. Optical and audiology checks remain embedded in health check prompts and training.
- 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 people with LD.
- 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.
- 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.
- TAP – Touch Activated Phlebotomy (MB) pilot rollout underway. Funding request to be submitted from ICB (LD&A) TAP team now working alongside the ICB to develop project plan for roll out across Lancashire.
- Bowel Cancer Screening research - Academic funding agreed and interviews with Primary Care LD Champions due to commence now for the Service Evaluation for publication. HFT interviews completed. Awaiting outcome.
- Breast Screening Process developed for community learning disability teams (CLDT) to contact the hubs and uptake officers directly for those who are non-responders – awaiting approval
- Face to face training for GPs
- 12 month reviews of registers
- Cultural sensitivity passport rollout to improve staff awareness and reduce barriers; EPR embedding to be agreed.
- Redacted *Learning from Lives and Deaths – people with a learning disability and autistic people* (LeDeR) reviews received and action plan developed for health facilitation team (HFT) actions which will feed back into the steering group.

Risks:

- Significant short supply of the Touch activated phlebotomy (TAP) devices purchased through charitable funding. Business case completed - awaiting submission to CRG panel.
- Risk of performance falling below target without sustained engagement with practices, staff, and advocacy groups.
- 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.
- Blackpool LD register validation is not undertaken by the HFT but by the CLDT who are connected to the LD&A team. Since January 2025 LD&A team share monthly practice data and trends to shape activity including practices of concerns, and this is proving fruitful.
- Blackpool LD register validation is led by CLDT, with monthly LD&A data sharing (since Jan 2025) informing activity and identifying practices of concern.
- One practice, in the Fylde and Wyre area, has declined to share data.
- Risk of GP practices disengaging with the process due to AHC not being part of QOF
- Different process in one ICB area, registers not being reviewed by HFT

Quality Metric

8a. S044a: Antimicrobial resistance : Antibacterial items by STAR-PU : 12 months to March 2026, and S044b: Antimicrobial resistance: proportion of broad-spectrum antibiotic prescribing in primary care: 12 months to March 2026

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

Group Chair: Dr Peter Gregory **SRO:** Andrew White **Clinical Lead:** Dr Peter Gregory

NHS Lancashire and South Cumbria Integrated Care Board

This metric measures:

This data is collated from prescribing data and measures primary care antibiotic prescribing levels and quality to support antimicrobial stewardship and reduce antimicrobial resistance (AMR). A lower number represents more appropriate and higher quality prescribing.

S044a: Antimicrobial resistance : Antibacterial items by STAR-PU : 12 months to March 2026

March 2026

LSC	BwD (00Q)	Bpool (00R)	EL (01A)	CSR (00X)	GP (01E)	WL (02G)	FW (02M)	Mbay (01K)
0.902	0.943	1.026	0.852	0.852	0.948	0.831	1.001	0.841

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

At or below 0.871	113	57.4%
At or below 0.965	45	22.8%
At or below 1.161	36	18.3%
above 1.161	3	1.5%
TOTAL	197	

S044b: Antimicrobial resistance: proportion of broad-spectrum antibiotic prescribing in primary care: 12 months to March 2026

LSC	BwD (00Q)	Bpool (00R)	EL (01A)	CSR (00X)	GP (01E)	WL (02G)	FW (02M)	Mbay (01K)
7.71%	6.32%	8.57%	6.02%	7.34%	7.79%	7.63%	8.96%	9.16%

LSC Totals	No. Practices	% Practices
At or below 10%	176	89.3%
Above 10%	21	10.7%

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

What does this tell us?

- Broad-spectrum antibiotic prescribing remains within target (7.71%), but further reductions in overall antibiotic volume are required. Variation persists across practices, PCNs and places, with 57.4% of practices now achieving the target prescribing level

Actions:

- Embedding antibiotic stewardship within primary care incentive schemes and LES
- Targeted support to high-prescribing practices and PCNs, using prescribing data and dashboards to identify outliers (Supported by the MO LES and locality team commissioning support)
- Delivery of system-wide antimicrobial stewardship (AMS) programme through the AMS Committee and Place-based Medicines Optimisation teams
- Continued education and engagement with clinicians (including non-medical prescribers) to promote appropriate prescribing
- Implementation of system AMR governance (Board, AMS Committee, IPC collaborative)
- Secured £55k national funding to strengthen AMR leadership capacity
- Delivery of key programmes:
  - Penicillin de-labelling programme to reduce inappropriate antibiotic use and improve prescribing quality
  - AMS education and training
  - Targeted primary care improvement work
- Strengthening:
  - Data and insight (dashboards, metrics)
  - Executive oversight and reporting

Risks:

- Broad-spectrum antibiotic prescribing should not be viewed in isolation; reducing overall antibiotic use is critical to limiting antimicrobial resistance and C. difficile infection risk
- Continued variation between practices and places could slow progress against national antimicrobial stewardship ambitions.
- Increased exposure in children remains a significant risk due to links with antimicrobial resistance and potential longer-term health impacts.

Quality Metric

9. High Dose Opioids : Opioids with likely daily dose of ≥120mg morphine equivalence per 1000 patients: March 2026

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

Group Chair: Dr Peter Gregory / Nicola Baxter **SRO:** Andrew White **Clinical Lead:** Faye Prescott

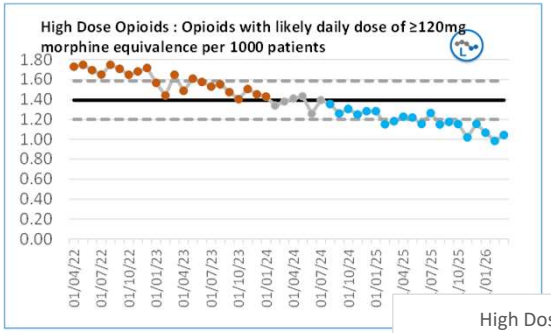
NHS Lancashire and South Cumbria Integrated Care Board

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.

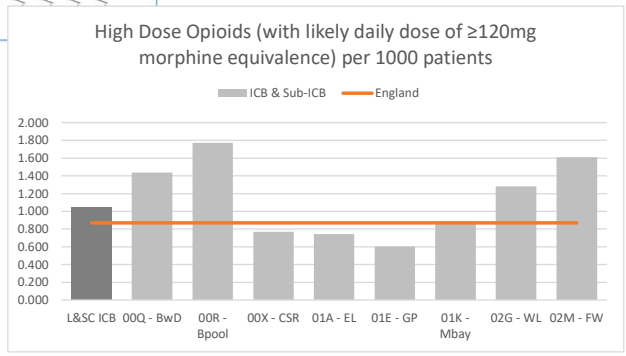
March 2026:

National	LSC	BwD (00Q)	Bpool (00R)	EL (01A)	CSR (00X)	GP (01E)	WL (02G)	FW (02M)	Mbay (01K)
0.867	1.044	1.43	1.77	0.75	0.77	0.60	1.28	1.61	0.89



← 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 March 2026 position for the prescribing of high doses of opioids is 1.044. Although this is a small decrease since the last reporting period (-0.111) per 1,000 patients, it remains above the national average of 0.867.
- 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: February 2026				
	Primary Care Contracts Sub Committee / Primary Ophthalmic Services Group				
	Group Chair:	Dawn Haworth	**SRO:**	Dawn Haworth	**Clinical Lead:** Tom Mackley

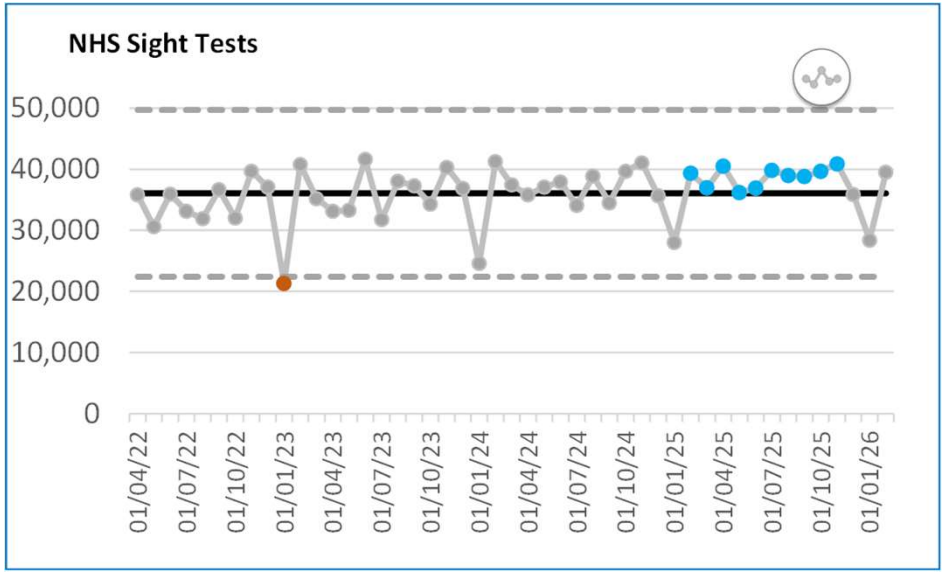
NHS Lancashire and South Cumbria Integrated Care Board

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.

L&SC NHS Sight Tests, current month February 2026:	39,502



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?

- 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, is underway.
- 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:

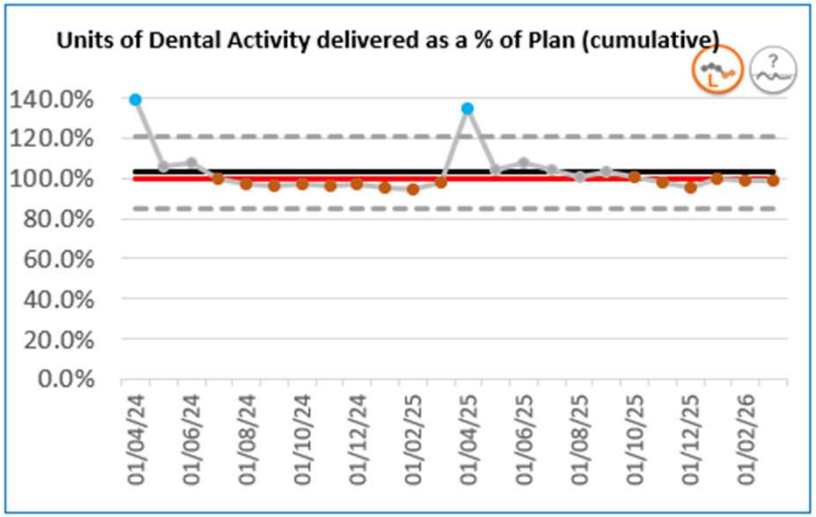
- The focus of many of the above initiatives is on reducing health inequalities, and therefore the impact on improving access to NHS sight tests across the whole L&SC population may be minimal.
- The sight tests in special schools initiative has been launched by NHSE. The current GOS sight test provision 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 : March 2026				
	Primary Care Contracts Sub Committee & Finance & Contracting Committee				
	Group Chair:	Amy Lepiorz	**SRO:**	Amy Lepiorz	**Clinical Lead:** Shane Morgan

NHS Lancashire and South Cumbria Integrated Care Board

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	March 2026	99.2%



How are we performing?

- The cumulative delivery year-to-date (YTD) position to March 2026 is 99.2% of annual contracted activity.
- The final number of UDA delivered totals 2,429,532 UDAs, only marginally less than planned, however, an increase of 25,300 when compared to UDA delivery in 2024/25.

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:

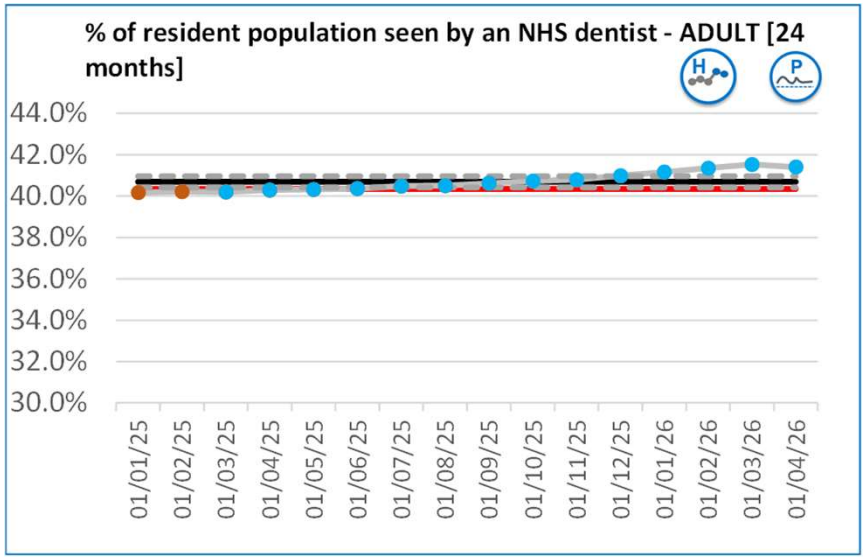
- The focus of many of the above initiatives is on reducing health inequalities, and therefore the impact on improving dental access across the whole L&SC population may be minimal.
- The demand on the services are higher than pre-pandemic levels as the oral health of many patients declined during COVID 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): March 2026				
	Primary Care Contracts Sub Committee / Finance & Contracting Committee				
	Group Chair: Amy Lepiorz	**SRO:** Amy Lepiorz	**Clinical Lead:** Shane Morgan		

NHS Lancashire and South Cumbria Integrated Care Board

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.

Adults	Q4 Milestone = 40.3%	Mar 26 Actual = 41.53%



10 Year Health Plan focus: NHS Dentistry
Shift from UDA to outcome/prevention-based contracts

What does this tell us?
- It was the ICB's plan for 40.3% of the adult resident population to have seen an NHS dentist by March 2026. As of March, 41.53% of adults had received a dental appointment, therefore the ICB has exceeded the plan by 1.53%
- 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.

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.

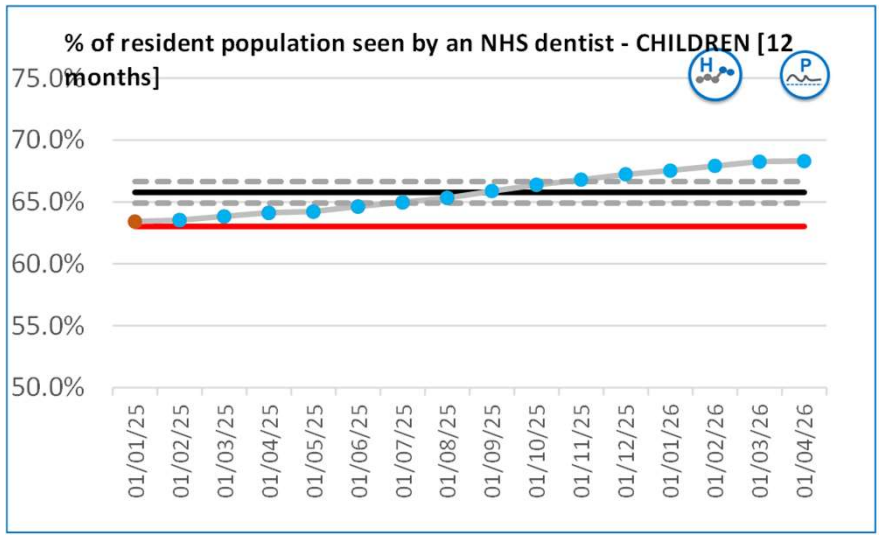
Activity Metric	12.2 Number of unique patients seen by an NHS dentist – children (resident Population): March 2026
	Primary Care Contracts Sub Committee / Finance & Contracting Committee
	Group Chair: Amy Lepiorz **SRO:** Amy Lepiorz **Clinical Lead:** Shane Morgan

NHS Lancashire and South Cumbria Integrated Care Board

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 was the ICB's plan for 63.03% of resident children to have seen an NHS dentist by March 2026.
- The % of children who had a dental appointment as of the end of March is 68.27% exceeding the annual and year to date milestones. The ICB has performed positively on this indicator all year.

Children	Q4 Milestone = 63.03%	Mar 26 Actual =	68.27%



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

Activity Metric	12.3 Urgent Dental Appointments – 700k National Target increase in urgent appointments: March 2026
	Primary Care Commissioning Committee / Finance & Contracting Committee / Primary Services Dental Group
	Group Chair: Amy Lepiorz **SRO:** Amy Lepiorz **Clinical Lead:** Shane Morgan

NHS Lancashire and South Cumbria Integrated Care Board

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 form the annual baseline activity of 137,157 appointments to 157,979.

LSC	March 2026 achievement = 92.13%	Cumulative YTD achievement = 91.46%

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	12,799	93.13%	91.27%
Jan '26	11,430	2,313	13,743	13,061	95.04%	91.67%
Feb '26	11,430	2,313	13,743	12,201	88.78%	91.39%
Mar '26	11,430	2,318	13,743	13,132	95.55%	91.75%
YTD	**137160**	**20,822**	**157,982**	**144,951**	-	-

** 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.*

What does this tell us?

The final cumulative reported position as reported in May 26 is an achievement against the targeted activity levels at 91.75%. The ICB did however delivery an increase of 7,791 appointments against the baseline, and 38% of the additional appointment target.

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.

Actions:

The ICB's local Dental Access and Oral Health Improvement Programme, developed to enhance the understanding and management of oral health, contains access initiatives designed to achieve the additional urgent appointment target i.e. 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; 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.
- Local Dental Network (LDN) 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.
- NHSE have introduced the national urgent dental care incentive (UDCI) scheme (running from Sep 2025-Mar 2026), to incentivise eligible dental providers to provide more unscheduled care to patients in 2025/26. L&SC 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.

Activity Metric

13. Pharmacy First Consultations by Type : January 2026

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

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

NHS Lancashire and South Cumbria Integrated Care Board

This metric measures: the activity of the Pharmacy First Service (PFS). PFS enables patients to be referred into Community Pharmacy (CP) for an urgent repeat medicine supply and minor aliments 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).

Activity Type	January 2026	% Total	YTD
Clinical Pathway Consultation	10476	32.2%	96,539
Minor illness Consultations	5123	15.7%	47,287
Urgent medicine supply	4440	13.6%	49,446
Blood Pressure Checks	8403	25.8%	99,072
Oral Contraception Consultation	4132	12.7%	31,642
Total	**32,574**		**323,986**
Plan	25,899		260,220
Variance	6,675		63,766
% Delivery	125.8%		124.5%

What does this tell us?

- Pharmacy First Service (PFS) data for January 2026 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.
- The agreed Community Pharmacy Contract Framework (CPCF) has seen caps introduced to Minor Illness and BP consultations similar to those for the Clinical Pathways. Awaiting granular detail regarding the caps.
- Discrepancies in NHSE planning submission data: L&SC ICB uses validated claims data (time lag due to processing), while NHSE uses unvalidated data. This results in ~8% higher activity reported by NHSE. August is the latest validated dataset available to the ICB.
- GP Collective Action; there is currently no known impact on PFS of the Data Sharing Agreements action, however the ICB is closely monitoring this and any new actions announced.

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