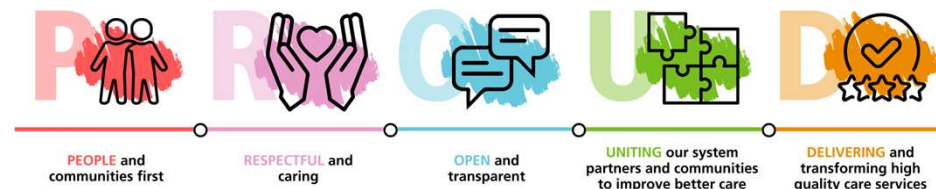


Integrated Primary Care Performance Report

December 2024



Executive Summary

- 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 3) followed by a more detailed overview of each metric displayed on a separate pages.
- The IPCPR, and the metrics contained within, is received/considered by several groups and Committees within the ICB:
 - **Groups:**
 - Primary Medical Services Operational Group
 - Primary Ophthalmic Services Group
 - Primary Services Dental Group
 - Pharmaceutical Services Group
 - Medicines Safety Group
 - Antimicrobial Stewardship Committee
 - Primary Care Quality Group (PCQG)
 - Primary & Integrated Care Transformation Programme (not a formal ICB committee).
 - **Committees:**
 - Primary Care Commissioning Committee.
 - Quality Committee. N.B. - The Quality Committee receives the 3A's report which includes a summary of the IPCPR and the full IPCPR is appended. The Quality Committee also receives extracts and details of any metrics/performance areas as escalated by the Primary Care Quality Group.
 - Although the Finance and Performance Committee does not routinely receive this report the Committee receives the same metric data and a summary narrative within its own reports.
- For the December 2024 report the following should be noted:
 - updated data has not been received for the following metrics therefore the update provided is the same as reported last month: 17. *Pharmacy First Consultations by Type*
 - action and risks updates have not been provided for the following metrics as progress is reported quarterly: 7. *Antimicrobial resistance: proportion of broad-spectrum antibiotic prescribing in primary care* and 8. *High Dose Opioids : Opioids with likely daily dose of ≥ 120 mg morphine equivalence per 1000 patients*
 - additional data showing the Acute Respiratory Hub activity has been included on slide 5, now that these services have been mobilised. Although this activity is often undertaken in primary care medical service settings it would not be included in the GPAD data in all cases and therefore has been included separately.
 - the appearance of metric 14. *Units of Dental Activity delivered as a proportion of all Units of Dental Activity contracted* has changed as national and regional data previously included in the charts is no longer available. Therefore, L&SC data has only been included for this metric.

December 2024 Report- Points of Note:

- After two months of being below planned levels the number of GP appointments in L&SC carried out in September 2024 is back on track with the ICB's trajectory, this is despite a slightly later than normal flu vaccination programme start of 1st October 2024 (slide 4).
- The commencement of the Acute Respiratory Hubs in September has created more than 10,082 appointments over their first two months (slide 5).
- In September 2024 27.6% of patients aged over 14 on the learning disability register had received an annual health check, this exceeded the 25% Q2 milestone for the metric.
- In August 2024, 59.5% of children had seen an NHS dentist within the past 12 months and performance against this metric continues to demonstrate sustained improvement. Extrapolating the current trajectory forward would suggest that we are on track to deliver the 60% target by March 2025.

Primary Care Metric Summary and Benchmarking



Lancashire and South Cumbria
Integrated Care Board

S05 - Meet national and locally determined performance standards and targets	ICB COMMISSIONER					S02 - Equalise opportunities and clinical outcomes across the area								
	Key Performance Indicator	Date	Plan	Actual	In month	Direction	Blackburn with Darwen	Blackpool	Lancashire - East	Lancashire - Central			Lancashire - Coastal	South Cumbria
							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	Sep-24	4130	4163	ü	é		3743	3742	4111	4321	4273	4572	4782	4083
% of Appointments within 2 weeks of booking (ACC-08)	Sep-24		87.08%		çè		88.4%	83.1%	86.6%	89.1%	92.1%	88.2%	85.8%	85.7%
General Practitioner Appointments per General Practitioner FTE	Sep-24		331.1				366.1	292.4	337.7	331.7	281.6	357.2	348.4	345.6
FTE doctors in General Practice per 10,000 weighted patients	Sep-24		5.46		é		5.02	4.57	5.21	5.93	6.69	5.50	4.62	6.03
FTE ALL CLINICAL staff in GP practices per 10,000 weighted patient population	Sep-24		11.26		é		8.38	10.70	10.62	11.04	12.16	10.03	12.03	13.36
GP CQC Ratings (no. practices inadequate or requiring improvement)	Nov-24		3				0	0	0	2	0	0	0	1
S044b: Antimicrobial resistance: proportion of broad-spectrum antibiotic prescribing in primary care	Aug-24	10%	7.35%	ü	çè		5.41%	7.81%	5.44%	7.12%	7.70%	8.01%	8.47%	9.22%
High Dose Opioids : Opioids with likely daily dose of ≥120mg morphine equivalence per 1000 patients	Aug-24		1.091		çè		1.472	1.677	0.695	0.809	0.536	1.809	1.772	0.973
% of people aged 14 and over with a learning disability on the GP register receiving an AHC	Sep-24	25.0%	27.6%	ü	é		29.3%	20.4%	28.1%	33.1%	32.0%	13.9%	28.8%	27.3%
Units of Dental Activity delivered as a proportion of all units of Dental Activity contracted	Apr-24		91.5%											
Percentage of resident population seen by an NHS dentist - ADULT (Rolling 24 months)	Jul-24		35.48%		é									
Percentage of resident population seen by an NHS dentist - CHILD (Rolling 12 months)	Jul-24		59.21%		é									
Optometrist - NHS Sight Tests	Oct-24		38747											
Pharmacy First Consultations by Type	Jul-24		15423											

Metric No.	COMMITTEE / GROUP
1	
2	PCCC / MSG
3	PCCC / MSG
4	PCCC / PINCTP
5	PCCC / PINCTP
6	PCCC / MSG / PCQG
7	QC / PCQG / AMSC
8	QC / PCQG / MSG
12	PCCC / QC / PCQG / F&P
14	PCCC / F&P / PSDG
15.1	PCCC / F&P
15.2	PCCC / F&P
16	PCCC / POSG
17	PCCC / F&P / PSG

Committee / Group Acronym Key

PCCC	Primary Care commissioning Committee	QC	Quality Committee	F&PC	Finance & Performance
PMSG	Primary Medical Services Group	PCQG	Primary Care Quality Group		
PDSG	Primary Dental Services Group	MSG	Medicines Safety Group		
PSG	Pharmaceutical Services Group	AMSC	Antimicrobial Stewardship Committee		
POSG	Primary Ophthalmic Services Group				
PINCTP	Primary & Integrated Care Transformation Programme				

Activity Metric

1. Number of general practice appointments per 10,000 weighted patients : Sept-24

Primary Care Commissioning Committee / Primary Care Medical Services Group

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

This metric measures:

The data is collated from general practice appointment data (GPAD) and is currently 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.

National	North West	LSC	BwD (00Q)	Bpool (00R)	EL (01A)	CSR (00X)	GP (01E)	WL (02G)	FW (02M)	Mbay (01K)
4825	4137	4163	3743	3742	4111	4321	4273	4572	4782	4083

What does this tell us?

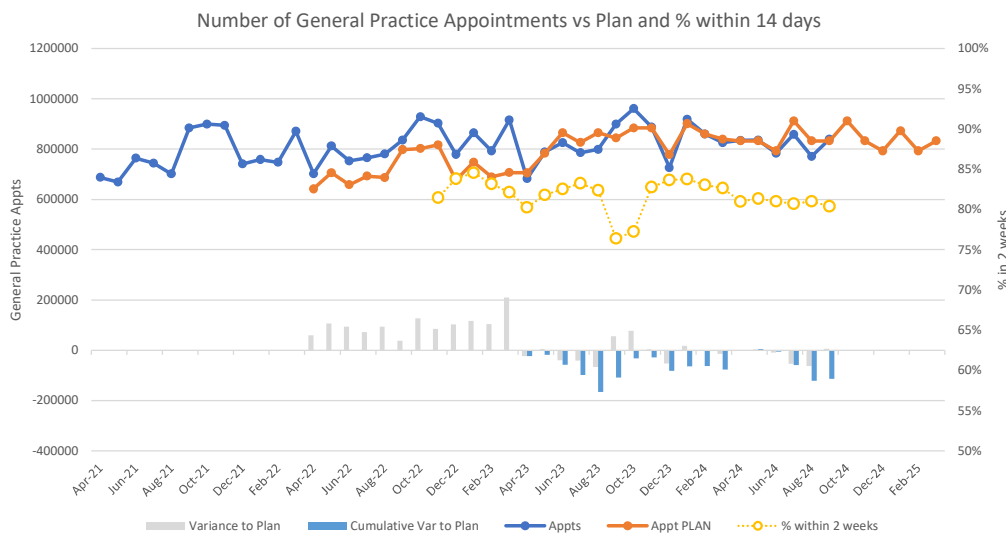
- In September 2024 there were 839,485 general practice appointments in L&SC, this is 8% higher than the previous month and just above the planned level.
- General practices in L&SC offer fewer appointments per head of population than the national average (-13.7%) but is in line with the regional rate.
- It should be noted that L&SC has fewer FTE doctors per 10,000 weighted population than national and regional. Despite this 43.5% of appointments were held with a GP, just 1.1% below the national rate.
- L&SC is above the national averages for the proportion of face-to-face appointments (70.1%, compared to 65.5%).

Actions:

- ICB continues to promote the General Practice Improvement Programme (GPIP) and the modern general practice model to GPs which intends to support practices to better align capacity with need, improve patient experience and improve the working environment for staff. i.e. increase the proportion of appointments carried out on-line and by calls.
- A number of the System's General Practice Collective Action (GPCA) high impact actions overlap with the ICB's Access work seeking to accelerate and enhance those aspects which could relieve pressures on primary care. This includes:
 - Primary Secondary Care Interface work planned to improve integration, communication and reduce bureaucracy.
 - Pharmacy First scheme – refer to metric 17 for pharmacy first service which supports the Access initiatives.
 - Acute Respiratory Infection Hubs were mobilised across L&SC in September 2024 to increase primary care capacity (by up to 90,000 appts) until March 2025, refer to slide 5 for ARI activity.

Risks:

- There remains a significant risk that the current national GP contract dispute and subsequent GPCA will impact on patients' access to general practice services and therefore the ICB's access performance.
- The national GPAD data is unable to capture online consultation data from all GP online appointment systems used in the ICB therefore these 'additional' appointments are hidden from this data set and will affect the ICB's performance.



Activity Metric	1.a. Number of Acute Respiratory Infection Hub appointments: Sept and Oct 2024							
	Primary Care Commissioning Committee / Primary Care Medical Services Group							
	Group Chair:	Peter Tinson	SRO:	Donna Roberts	Clinical Lead:	Dr Lindsey Dickinson / Dr Peter Gregory		

Sub-ICB Area	Provider (key partners in delivery)	Total Planned Appointments (September 2024-March 2025)	September 2024		October 2024		Total to date	
			Plan	Actual	Plan	Actual	Plan	Actual
Blackpool	Bloomfield Medical (Whitegate Drive HC)	7,986	0	0	777	659	777	659
Blackburn with Darwen	Local Primary Care/ELMS (Blended model)	8,686	952	962	1,560	1582	2,512	2,544
East Lancashire	East Lancashire Alliance (Blended)	19,720	96	83	96	109	192	192
Fylde & Wyre	FCMS (PCN-based, practice spokes, Fleetwood HC)	7,522	517	165	1,196	803	1,713	968
	WREN PCN (PCN-based, practice spokes)	3,149	451	347	509	506	960	853
West Lancashire	OWLS / Out of Hours West Lancashire CIC	5,873	64	150	data awaited		64	150
Chorley & South Ribble	Bridgedale PCN (PCN based, practice spokes)	9,388			1,016	763	1,016	763
	Chorley & South Ribble PCN (PCN based, practice spokes)							
	Preston South Ribble PCN (PCN based, practice spokes)							
Greater Preston	Greater Preston PCN / Preston North & East PCN (1 PCN based, practice spokes)	10,106	964	972	1,377	1,746	2,341	2,718
Morecambe Bay	Bay PCN (PCN-Based, practice spokes)	2,855	12	10	232	221	244	231
	Lancaster PCN (PCN-based)	3,388	0	0	625	604	625	604
	Carnforth & Milnthorpe PCN (PCN-based, practice spokes)	1,706	73	24	292	124	365	148
	Morecambe Bay PCC/Cumbria Health (PCN-based, practice spokes, Kendal UTC, Barrow A&E)	9,621	786	252	data awaited		786	252
All	TOTAL	90,000	3,915	2,965	7,680	7,117	11,595	10,082

To note: ARI (Acute Respiratory Infection) activity is underrepresented in GPAD data therefore there is a potential underestimation of additional primary care capacity / activity.

Activity Metric	2. % of appointments within 2 weeks of booking [ACC-08 Appointment types] : Sept-24									
	Primary Care Commissioning Committee / Primary Care Medical Services Group									
	Group Chair:	Peter Tinson	SRO:	Donna Roberts	Clinical Lead:	Dr Lindsey Dickinson / Dr Peter Gregory				

This metric measures:

This data is collated from practice appointment data and 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 has been removed for general practices in 2024/25, although this remains as a metric for the ICB.

What does this tell us?

- In September 2024, 87.1% of L&SC General Practice appointments (within the nationally specified 8 appointment categories) were offered within 2 weeks of booking.
- In L&SC 52% of appointments were offered on the same day and this is just below than the national average of 54%.
- There remains variations at sub-ICB (and lower) levels with same day appointments ranging from 41.5% to 59.3%.
- Variation in same-day and two-week appointment rates reflects differences in practice operating models adapted to cater for seasonal demand and activities as well as the different needs of populations.

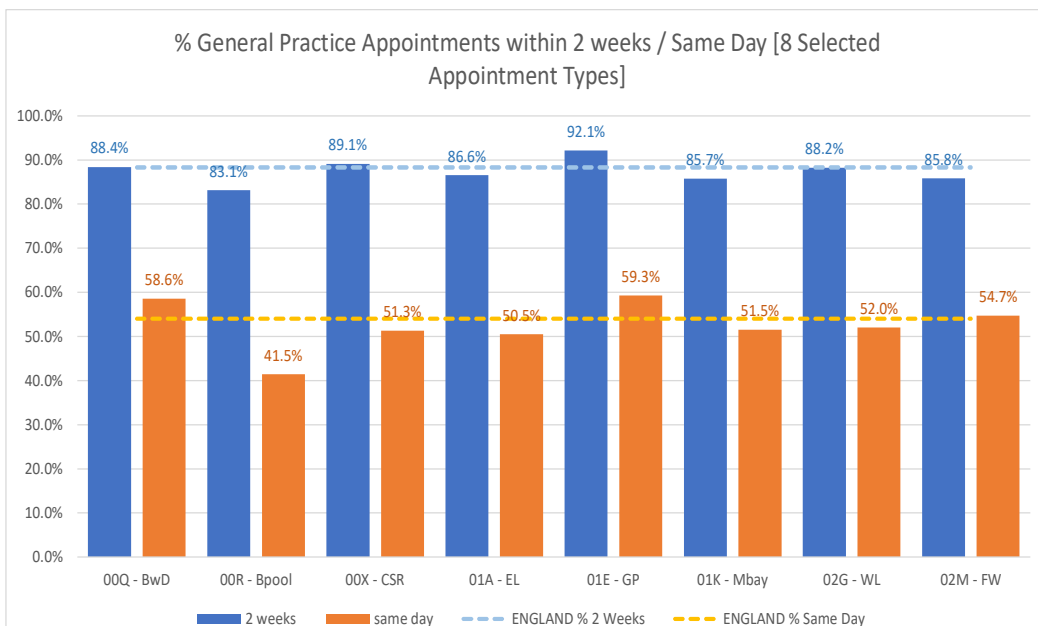
Actions:

- One of the NHS Objectives for 2024-25 is to continue to improve the experience of access to primary care, including by supporting general practice to ensure everyone who needs an appointment with their GP practice gets one within two weeks and those who contact their practice urgently are assessed the same or next day according to clinical need.
- The ICB has set a plan for proportion of patients seen within two weeks of booking (ACC-08) to increase to 87.64%. This plan is based on increasing the rates of sub-ICB areas that are currently below the ICB average level to meet the ICB average level. This will reduce the variation in rates seen across the ICB, however despite the increased capacity seen from access initiatives to date (i.e. modern general practice and pharmacy first) the ICB is cautious about this indicator due to increases in the direct care workforce which sees a lower proportion of patients within these timescales.
- The GP access programme schemes and GPCA high-impact actions will help to mitigate the GPCA impact and promote patients being seen within two weeks of booking.

Risks:

- There is a risk this metric will also be affected by the GPCA, as detailed previously.
- As online appointments are often held the 'same day' or within a few days of booking the inability of GPAD to extract online appointment data from all systems, as detailed previously, will also impact on this metric.

National	North West	LSC	BwD (00Q)	Bpool (00R)	EL (01A)	CSR (00X)	GP (01E)	WL (02G)	FW (02M)	Mbay (01K)
88.3%	88.7%	87.1%	88.4%	83.1%	86.6%	89.1%	92.1%	88.2%	85.8%	85.7%





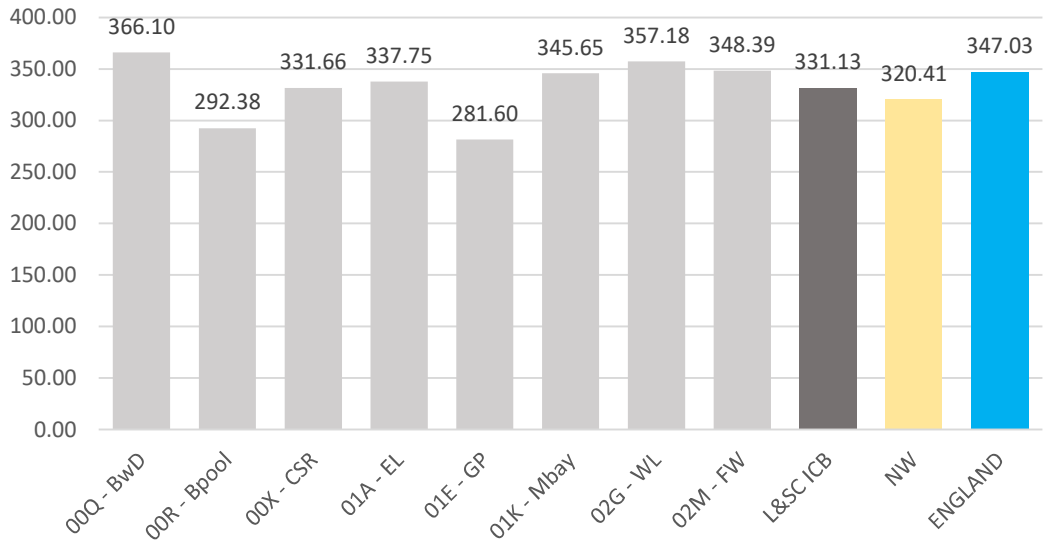
Activity Metric	3. General Practitioner Appointments per General Practitioner FTE : Sept-24									
	Primary Care Commissioning Committee / Primary Care Medical Services Group									
	Group Chair:	Peter Tinson	SRO:	Donna Roberts	Clinical Lead:	Dr Lindsey Dickinson / Dr Peter Gregory				

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.

National	North West	LSC	BwD (00Q)	Bpool (00R)	EL (01A)	CSR (00X)	GP (01E)	WL (02G)	FW (02M)	Mbay (01K)
347	320.4	331.1	366.1	292.4	337.7	331.7	281.6	357.2	348.4	345.6

General Practitioner appointments per FTE GP



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, WL and F&W GPs undertaking more appointments per FTE GP than national average.
- BwD GPs are undertaking around 30 appointments per FTE GP more than the L&SC average.
- Greater Preston and Blackpool GPs are undertaking around 40-45 appointments fewer per FTE GP than the L&SC average.
- This data also uses GPAD data as its basis which is nationally recognised to be experimental.

Actions:

- As this is a combined metric for GP Access and Workforce the actions for this metric are the same as those for the GP Access and workforce metrics, as described in slides 4, 6, 8 and 9.

Risks:

- This data (as it also uses GPAD as its basis) does not include GP online consultations data for the majority of 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 a risk that GP practices may not recruit additional GPs as the costs of running a practice are increasing putting pressure on their budgets, 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.

Activity Metric

4. FTE Doctors per 10,000 weighted patients : Sep-24

Primary Care Commissioning Committee / Primary and Integrated Neighbourhood Care Transformation Programme Group

Group Chair: Peter Tinson SRO: Paul Juson Clinical Lead: Dr Lindsey Dickinson / Dr Peter Gregory



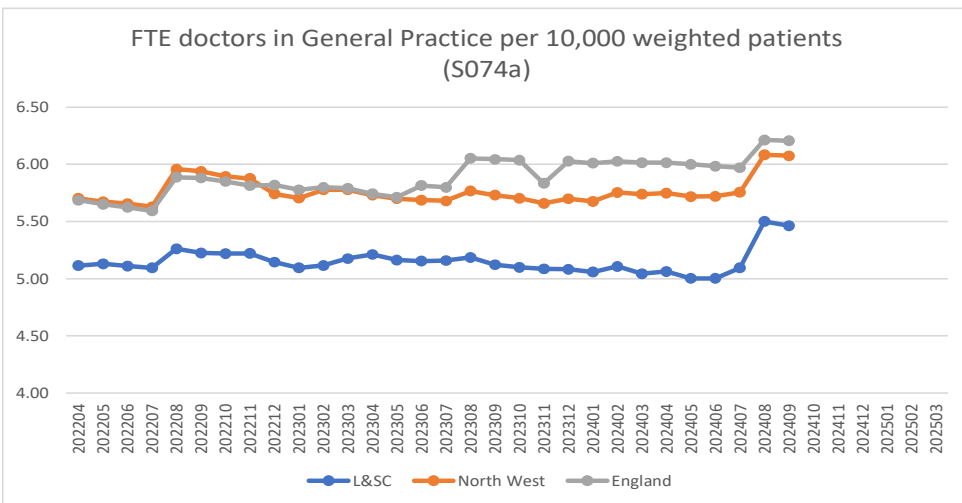
Lancashire and South Cumbria
Integrated Care Board

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.

September 2024:

National	North West	LSC	BwD (00Q)	Bpool (00R)	EL (01A)	CSR (00X)	GP (01E)	WL (02G)	FW (02M)	Mbay (01K)
6.21	6.08	5.46	5.02	4.57	5.21	5.93	6.69	5.50	4.62	6.03



What does this tell us?

- The number of FTE doctors per 10,000 patients in September 2024 (5.46) has dipped very slightly from the previous month (5.50), but overall remains high since the 'GP in training' grades joined the trainee programme in August.
- L&S is still below national and regional rates for the number of FTE doctors per 10,000 patients.
- There remains local sub-ICB variation with Blackpool and Fylde & Wyre areas seeing the lowest number of GPs covering their populations.

Actions:

- The Government announced in August 2024, as part of the ongoing GP contract dispute negotiations, that from October 2024 the PCN DES ARRS will be expanded to reimburse the employment costs for recently qualified GPs. To date three GPs have been recruited through this scheme.
- The ICB continues to work with practices and PCNs to develop offers of support regarding visas and recruitment initiatives in preparation for expansion of the ARRS scheme.
- ICB workforce development managers funding continues for 2024/25 to support practices and PCNs with recruitment, this includes support with the recruitment of GPs.
- 60% of newly qualified GPs trained in LSC require visa sponsorship. Service Development Funding (SDF) has been allocated to support some practices to access a visa licence to support their recruitment plans.

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 2024/25. 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.

Activity Metric	5. General Practice FTE Clinical Staff by Group per 10,000 weighted patients : Sept-24								
	Finance and Performance Committee / Primary and Integrated Neighbourhood Care Transformation Programme Group								
	Group Chair:	Peter Tinson		SRO:	Paul Juson		Clinical Lead:	Dr Lindsey Dickinson / Dr Peter Gregory	

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?

- Across all staff groups, L&SC has a lower total FTE workforce than national average, and fewer GPs than regional and national averages.
- The number of FTE nurses in general practice per 10,000 weighted patients is higher in L&SC (3.14) compared to the regional and national averages (2.59 and 2.73 respectively).
- The number of FTE direct patient care (DPC) staff in general practice per 10,000 weighted patients is just below the national average.
- There are significant variations at sub-ICB level with Blackburn with Darwen highlighted as having the lowest FTE workforce per 10,000 patients for the total workforce.

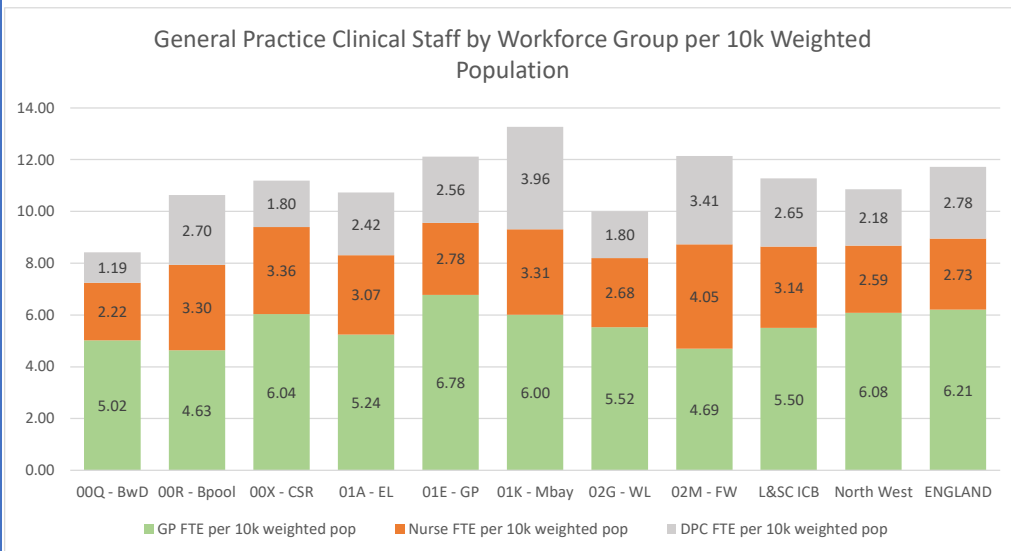
National	North West	LSC	BwD (00Q)	Bpool (00R)	EL (01A)	CSR (00X)	GP (01E)	WL (02G)	FW (02M)	Mbay (01K)
11.73	10.84	11.26	8.42	10.63	10.74	11.20	12.12	10.01	12.15	13.27

Actions:

- ICB workforce development managers funding continues for 2024/25 to support practices and PCNs with recruitment (SDF funded).
- The Government announced in August 2024 that from October 2024 the PCN DES ARRS will be expanded to reimburse the employment costs for recently qualified GPs.
- Programmes of work are in place to support the retention of the General Practice workforce including training and development for nonclinical staff and the General Practice Nurse and GP retention programmes.

Risks:

- As workforce is the primary driver of capacity there is assessed to be a risk that demand could exceed capacity for the financial year 2024/25, creating 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.



Quality Metric	6. GP CQC Ratings (no. practices inadequate or requiring improvement) : November 2024					
	Primary Care Commissioning Committee & Quality Committee / Primary Care Medical Services Group & Primary Care Quality Group					
	Group Chair:	Peter Tinson & Kathryn Lord	SRO:	Peter Tinson	Clinical Lead:	Dr Lindsey Dickinson / Dr Peter Gregory

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.

No. and percentage of practices rated as inadequate or requiring improvement):

National	North West	LSC	BwD	Bpl	CSR	EL	GP	MB	WL	FW
340	32	3	0	0	2	0	0	1	0	0
[5.3%]	[3.3%]	[1.5%]			[8.7%]			[3.1%]		

Overall Practice CQC Ratings:

Chart Code	Inadequate	Requires improvement	Good	Outstanding	No published rating	TOTAL
00Q - BwD	0	0	22	1	0	23
00R - Bpool	0	0	14	2	0	16
00X - CSR	1	1	19	0	2	23
01A - EL	0	0	40	3	3	46
01E - GP	0	0	23	0	1	24
01K - Mbay	0	1	25	5	1	32
02G - WL	0	0	13	1	1	15
02M - FW	0	0	16	2	0	18
LSC ICB	1	2	172	14	8	197
North West	5	27	851	46	36	965
England	42	298	5499	293	224	6356

What does this tell us?

- Out of the 197 general practices in L&SC, two practices are currently reported as 'requires improvement' (RI) by the CQC; one in Chorley and South Ribble, and one in Morecambe Bay.
- One practice in Chorley and South Practice is rated as inadequate.
- The majority (186/197) of L&SC practices are rated as 'good' or 'outstanding', with 8 practices having no published rating.

Actions:

- The ICB's primary care place teams are engaging with the three practices currently rated as inadequate or requires improvement to identify the improvements required, seek assurance of delivery and where relevant provide support.

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 in liaising with the practices and providing support, as well as support provided by other bodies such as the local medical committee (LMC)

Quality Metric	7. S044b: Antimicrobial resistance: proportion of broad-spectrum antibiotic prescribing in primary care: 12 months to Aug-24							
	Quality Committee / Primary Care Quality Group & Antimicrobial Stewardship (AMS) Committee							
	Group Chair:	Kathryn Lord & Peter Gregory		SRO:	Andrew White		Clinical Lead:	Peter Gregory

This metric measures:

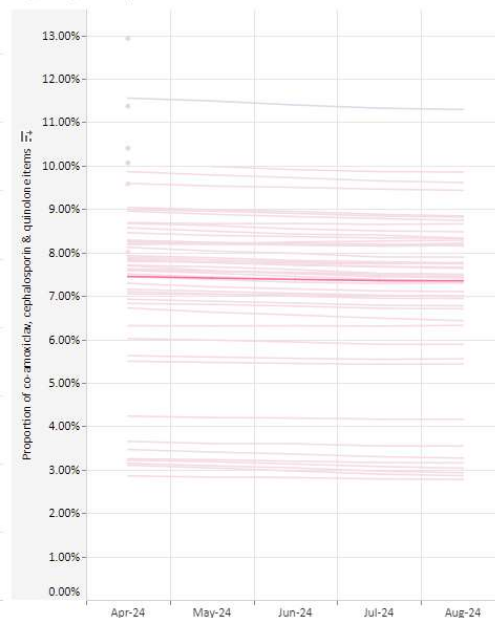
This data is collated from prescribing data and indicates quality of prescribing through responsible antibiotic stewardship. It measures the proportion of co-amoxiclav, cephalosporin and quinolone items prescribed; antibiotics linked to a higher incidence of C.difficile. A lower number represents more appropriate and higher quality prescribing.

LSC	BwD (00Q)	Bpool (00R)	EL (01A)	CSR (00X)	GP (01E)	WL (02G)	FW (02M)	Mbay (01K)
7.35%	5.41%	7.81%	5.44%	7.12%	7.70%	8.01%	8.47%	9.22%

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

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

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



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

What does this tell us?

- L&SC continues to perform well on this metric in aggregate with a steadily reducing trend that is at 7.35% for the most recent 12 months against a maximum threshold of 10%.
- There is variation at sub-ICB, PCN and practice level, with the Morecambe Bay area seeing the highest proportion of prescribing of these antibiotics at 9.22%.
- Currently 21 practices (10.7%) are not yet delivering the 10% or below threshold.
- It should be noted that historical CCG prescribing incentives remain in place in some areas that incentivise reduced prescribing of antibiotics and this is reflected in the data.

Actions:

- The UK Government has developed a new Antimicrobial Resistance (AMR) 5 year national action plan, 'Confronting antimicrobial resistance 2024 to 2029', which builds on the achievements and lessons from the first national action plan with more challenging targets to:
 - optimise the use of antimicrobials.
 - reduce the need for, and unintentional exposure to, antibiotics.
 - support the development of new antimicrobials.
- 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 and through the AMS task and finish group is being delivered at place, supported by the local medicines optimisation teams.
- Prescribing patterns are different in each place linked to the population's demographics, which means a slightly tailored response to delivery of the action plan.

Risks:

- Former CCG antibiotic prescribing incentives create a risk and potential inequality across the system.
- Patient expectation can be challenging to manage and there is a lack of central comms this year. As a mitigation the AMS committee has developed quarterly rolling campaign/toolkit - promoting self-care and clinical excellence.
- Potential for performance to be affected by colds and flu over the winter months, and UTI rates over the summer.

Quality Metric

8. High Dose Opioids : Opioids with likely daily dose of $\geq 120\text{mg}$ morphine equivalence per 1000 patients: Aug-24

Quality Committee / Primary Care Quality Group & Medicines Safety Group

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

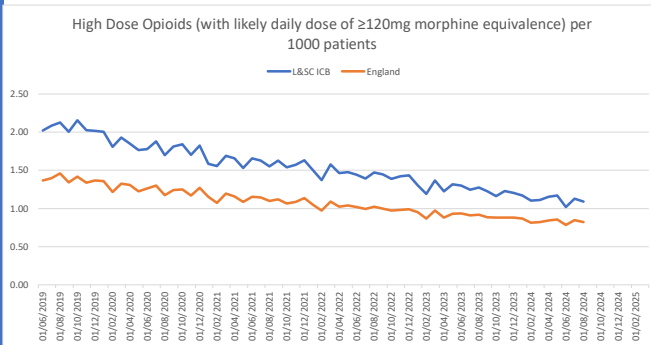
This metric measures:

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.

National	LSC	BwD (00Q)	Bpool (00R)	EL (01A)	CSR (00X)	GP (01E)	WL (02G)	FW (02M)	Mbay (01K)
0.82	1.09	1.47	1.68	0.69	0.81	0.54	1.81	1.77	0.97

What does this tell us?

- The L&SC Aug 2024 position for the prescribing of high doses of opioids is 1.09 per 1,000 patients which remains above the national average of 0.82.
- The ICB's position continues to improve, with the reduction rate faster than the national rate.
- Reductions have been seen in all sub-ICB areas since 2019.
- The prescribing of high doses of opioids is highest in Blackpool, Fylde & Wyre and West Lancashire.
- Three sub-ICB areas (Greater Preston, East Lancashire and Chorley and South Ribble) are below or in line with the national average

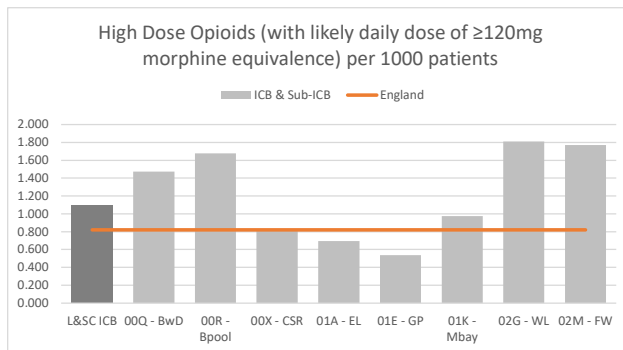


← Line graph of LSC's monthly performance (blue line) compared to England (orange line) since June 2019

Actions:

- Over the next two quarters there is focus on those on high dose opioids and work with commissioners to scope services and pain pathways.
- There is an opioid community of practice on the Fylde Coast with West Lancs community of practice planned for Quarter 3 where local data will be presented and indicators highlighted in the quality contract. Note the aim is to have community of practices at each place to ensure all areas are supporting this priority. Currently East Lancs does not have a community of practice, but is the second lowest locality and under the England average.
- Fleetwood PCN (Fylde & Wyre) is devising an opioid reduction pathway and linking in the drug and alcohol provider (Change, Grow, Live), expert patient (out of area), and ICB medicines management lead. If successful, this model will be shared with other localities.

Comparison of Place level performance against LSC ICB (dark grey) and England (orange line) →



Risks:

- Community of practices are not in place in all areas, therefore the opportunity to share good practice on prescribing across all areas is being missed.
- Sustained community and clinical action is required, but even when in place this will take time for impacts to be seen on prescribing rates.
- Although structured medication reviews (SMRs) prioritised to drugs of abuse are included in the GP quality contract for LSC, the uptake is lower than expected.
- Medicines optimisation and practice pharmacy team capacity is limited.
- Blackpool and Barrow areas are ranked first and third in the UK for the highest rates of drug related deaths. Reduction in opioid prescribing has a direct impact on reducing patient deaths.

Quality Metric	12. % of people aged 14 and over with a learning disability on the GP register receiving an AHC: Sep-24				
	Primary Care Commissioning Committee & Quality Committee / Primary Care Quality Group & Finance & Performance Group				
	Group Chair:	Peter Tinson	SRO:	Catherine Hudspith	Clinical Lead:

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 76% by March 2025.

What does this tell us?

- L&SC has surpassed the 25% Q2 milestone (Sep 24) for the number of patients on the LD register who receive an annual health check, however the ICB's position is below regional and national averages.
- This is a cumulative target which increases month on month and is aiming to achieve 76% by March 2025.
- There is variation at sub-ICB level with performance to Sep 24 ranging from 13.9% to 33.1%. Beneath this there will be further variation by PCN and practice.

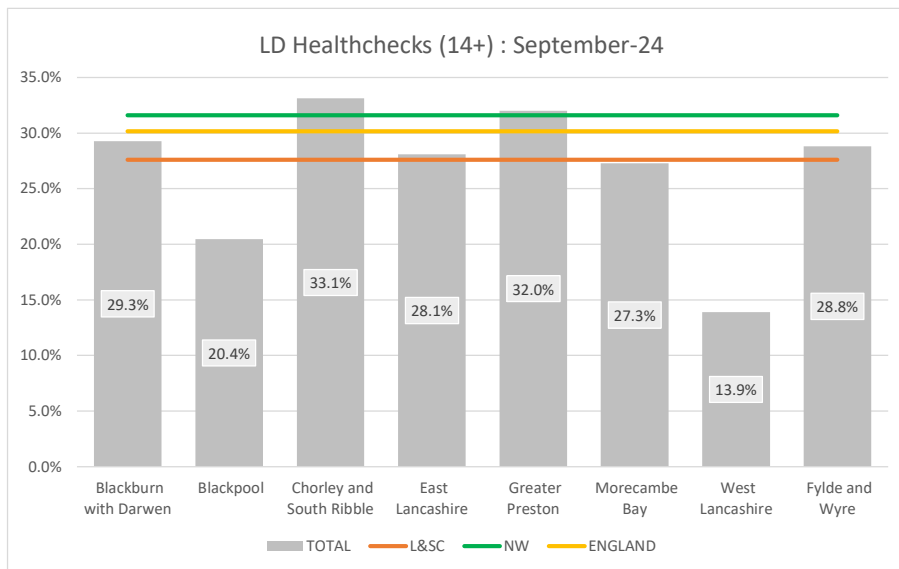
Actions:

- Ongoing LD register validation continues (141 completed) to increase the number of people on the register (+392 in Sep 2024 compared to Sep 2023).
- Specific workshops to demonstrate Annual Health Checks and reduce barriers continue, focusing on 14-17 year-olds through outpatients and schools to increase take-up among this age group.
- More than 400 practice staff have attended AHC training, which continues bimonthly via an online training platform. Specific training for frontline practice staff is being revised to meet needs and respond to issues.
- Pilot breast screening (LD) commenced in Lancashire to support practices to identify and contact eligible patients on their LD register. 19 practices have identified and circulated appropriate invites to females on their LD registers. Feedback/response to be monitored/measured.
- 40 practices are part of LD champion co-produced model. Practices are identifying action plans to enable them to support patients with a learning disability.
- More than 1,100 people with LD, parents and cares have attended AHC workshop to demonstrate health checks, mens and womens health, reducing barriers and increasing attendance.
- Health Action Plan (HAPs) numbers continue to increase across the ICB. Sept 2024 data shows 280 more HAPs than in Sept 2023. Practice training highlights good practice models, to support an individual' health.
- ICB dashboard provides monthly practice /PCN data, allowing us to identify areas of concern and respond.
- Engagement has commenced with IPA team to share details of care providers who are not supporting individuals to attend AHCs.

Risks:

- 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.
- Without the ICB investment and BI team support to collate and produce monthly LD AHC dashboard, and separate data searches targeted activity to address quality issues cannot continue

National	North West	LSC	BwD (00Q)	Bpool (00R)	EL (01A)	CSR (00X)	GP (01E)	WL (02G)	FW (02M)	Mbay (01K)
30.1%	31.6%	27.6%	29.3%	20.4%	28.1%	33.1%	32.0%	13.9%	28.8%	27.3%



Activity Metric

14. Units of Dental Activity delivered as a proportion of all Units of Dental Activity contracted : Oct-24

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

Group Chair: Amy Leporz **SRO:** Amy Leporz **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.

How are we performing?

- As part of the 2024-25 planning round a phased trajectory has been submitted outlining the expected volumes over the year.
- The performance of the ICB to October 2024 is 97.4%, so only marginally below the original trajectory for performance.

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 and national initiatives have been developed:

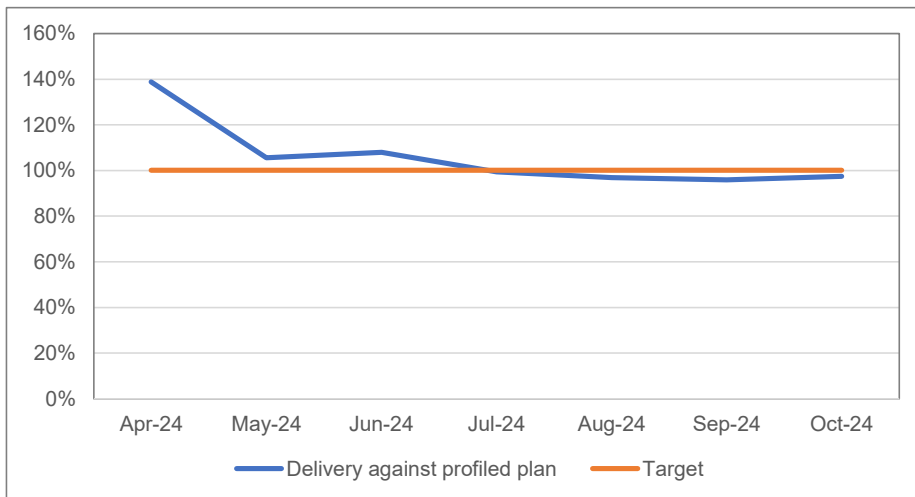
- Child access and oral health improvement
- Care homes support
- Urgent dental care pathway
- Additional treatments required following urgent care.
- Additional access to routine care is also offered through a specific pathway to patients who are within prioritised groups to ensure their oral health does not impact or prevent treatment for other conditions.
- The commissioning of 110% of contracted UDAs by allowing the payment of 10% over performance to providers.
- In March 2024, the New Patient Premium (NPP) was introduced nationally to support anyone who had not been able to receive NHS dental care in the preceding 2 years.
- The ICB has undertaken the mid-year performance review, any contract with performance lower than 30% for M1-6 is reviewed and performance action plans are developed by contractors. Where contractors can demonstrate how they will achieve their annual target and mutually agreed adjustment can be implemented. The ICB is working with 29 contractors as part of this process.

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 is higher than pre-pandemic levels as the oral health of many patients declined during COVID-19 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.
- Risk of under reporting, none of the activity provided under the New Patient Premium initiative is included in the actual UDAs delivered therefore activity will increase in future when reporting is improved.

LSC **October 2024** **97.44%**

Line graph of L&SC's performance (blue line) against target



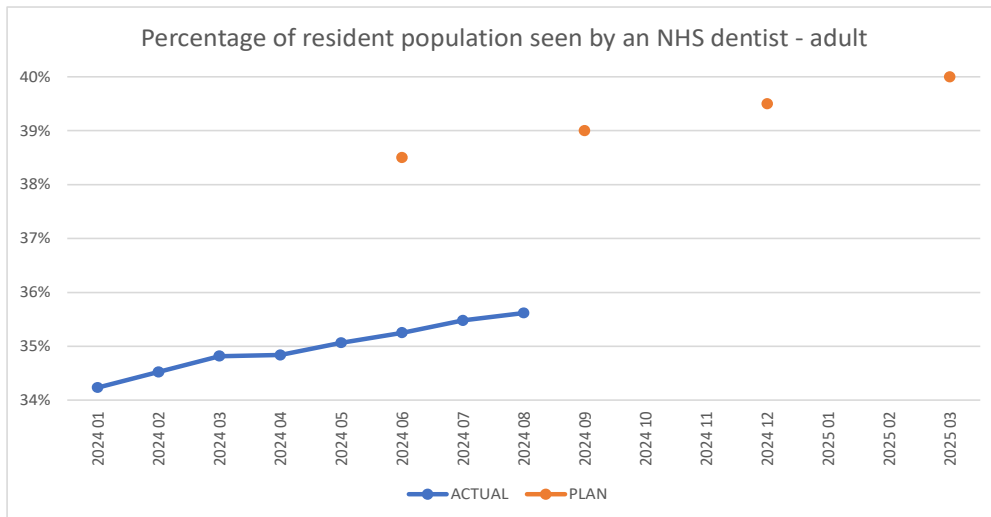
Activity Metric	15.1 Number of unique patients seen by an NHS dentist - adults : Aug-24				
	Primary Care Commissioning Committee / Finance & Performance Committee				
	Group Chair:	Amy Lepiorz	SRO:	Amy Lepiorz	Clinical Lead:

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.

N.B. This data trajectory was developed from a different data set to that used in some national reporting, the source of both is the NHS Business Authority but this more nuanced data misses out some patient contacts previously included. Work is ongoing to assess and align these data sets.

Adults	Q2 Milestone = 39%	Aug 24 Actual = 35.6%
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What does this tell us?

- 2024-25 NHS planning round required a quarterly plan for the number of unique adults (18+) with a postcode within each ICB who have received a course of treatment at any NHS dental contract within the past 24 months. It is the ICB's ambition for 40% of the adult population to have seen an NHS dentist by March 2025.
- For adults, the August 2024 position is 35.6% which is 0.3% up on June 2024, with the ICB's overall performance continuing to show gradual improvement despite being below the target levels.
- Further acceleration in the number of patients seen will be required if the ICB is to hit the 40% ambition.

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
- Urgent dental care pathway
- Additional treatments required following urgent care.
- Additional access to routine care is also offered through a specific pathway to patients who are within prioritised groups to ensure their oral health does not impact or prevent treatment for other conditions.
- The commissioning of 110% of contracted UDAs by allowing the payment of 10% over performance to providers.
- In March 2024, the New Patient Premium (NPP) was introduced nationally to support anyone who had not been able to receive NHS dental care in the preceding 2 years

Risks:

- The risks for this indicator are as detailed on the previous slide (metric 14.).

Activity Metric

15.2 Number of unique patients seen by an NHS dentist - children : Aug-24

Primary Care Commissioning Committee / Finance & Performance Committee

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



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?

- 2024-25 planning required a quarterly plan for the number of unique children (under 18s) with a postcode within each ICB who have received a course of treatment at any NHS dental contract within the past 12 months. It is the ICB's ambition for 60% of children to have seen an NHS dentist by March 2025.
- In Aug 2024, 59.5% of children had seen an NHS dentist within the past 12 months and performance against this metric continues to demonstrate sustained improvement. Extrapolating the current trajectory forward would suggest we are on track to deliver the 60% target by March 2025.

Children

Q2 Milestone = 59.9%

Aug 24 Actual =

59.5%

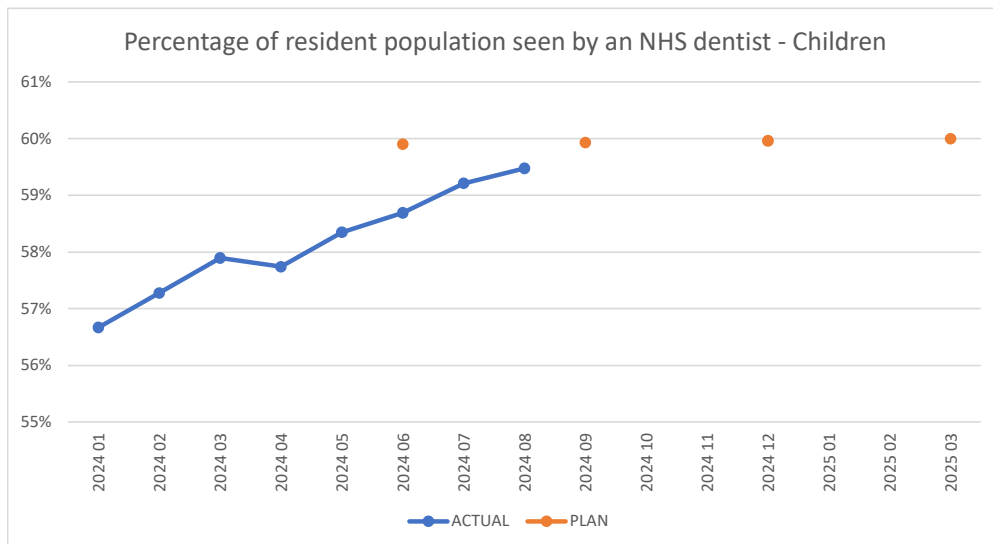
Actions:

The ICB's Dental Access and Oral Health Improvement Programme includes specific workstreams 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.

Risks:

- The risks for this indicator are as detailed on the previous slide (metric 14.).



Activity Metric

16. Optometrist NHS Sight Tests: Oct-24

Primary Care Commissioning Committee / Primary Ophthalmic Services Group

Group Chair: Dawn Haworth **SRO:** Dawn Haworth **Clinical Lead:** Tom Mackley



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 60 years, those receiving certain benefits, and those with/a family history of specific health and eye conditions.

LSC NHS Sight Tests, current month:

39,540

What does this tell us?

- 39,540 NHS sight tests were performed in L&SC in October 2024 compared to 34,371 in September, this is an increase of 15% (5,169 tests).
- The monthly volume of NHS sight tests has remained relatively static over the last 12-month period, with the number of tests being undertaken usually lying between 35,000 and 40,000 per month.
- The most significant exception to this was January 2024 where activity dipped below 25,000 tests. This is a seasonal fluctuation found each year.

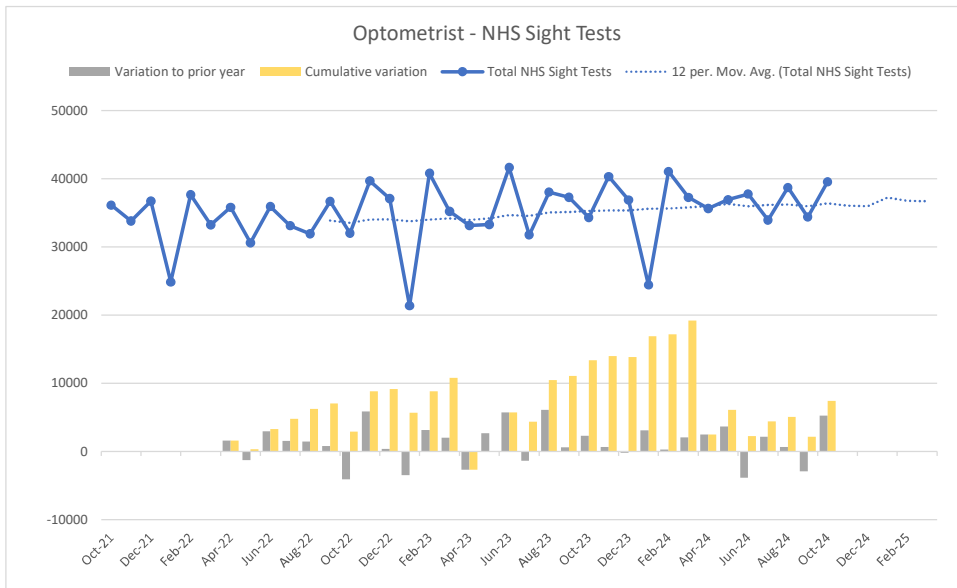
Actions:

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 – working with shelters and other VCSE groups to facilitate sight tests for people experiencing homelessness.
- 'Easy Eye Care' – promoting sight tests for patients with learning disabilities and autism.
- Special schools – Implementing the national programme to make sight tests available for all pupils attending special schools following launch by the national team.
- Reducing inequalities – benchmarking geographies across Lancashire and South Cumbria to promote sight tests in populations where uptake is low.

Risks:

- Recurrent funding for the Easy Eye Care initiative (which promotes sight tests for patients with learning disabilities and autism) has not been confirmed beyond the end of this financial year, therefore this scheme may cease at the end of March 2025.
- 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.





17. Pharmacy First Consultations by Type : Jul-24

Activity Metric

No updated data available – no change to report content.

Primary Care Commissioning Committee & Finance & Performance Committee / Pharmaceutical Services Group

Group Chair: Amy Leporz SRO: Amy Leporz Clinical Lead: Kath Gulson

This metric measures:

The activity being delivered as part of the new Pharmacy First Service launched on 31 January 2024, which built upon the existing community pharmacy consultations service. The service enables patients to be referred into community pharmacy for an urgent repeat medicine supply, minor ailments consultation, or for one of seven minor illnesses; acute otitis media, impetigo, infected insect bites, shingles, sinusitis, sore throat, uncomplicated UTIs.

How are we performing?

- The scheme is currently delivered by 98% of pharmacies in L&SC and will transfers some lower acuity care away from general practice.
- Since the service started in January 2024 the number of consultations for the seven defined clinical pathways has remained relatively constant at between 6-7,000 per month, with the most recent data showing that 6,411 consultations were carried out in July 2024.
- After the initial 'spikes' in February and March 2024, the number of minor illness referrals has been reducing (with the reductions being via GP referrals), this is thought to be due to increased awareness of the scheme by the general public enabling them to 'self-present' rather than contacting their general practice for a referral.
- Urgent Medicine supply consultations have been increasing during the year, with some fluctuations between months. This is most likely linked to seasonal variation attributed to the number of weekends, bank holidays and holiday patterns.

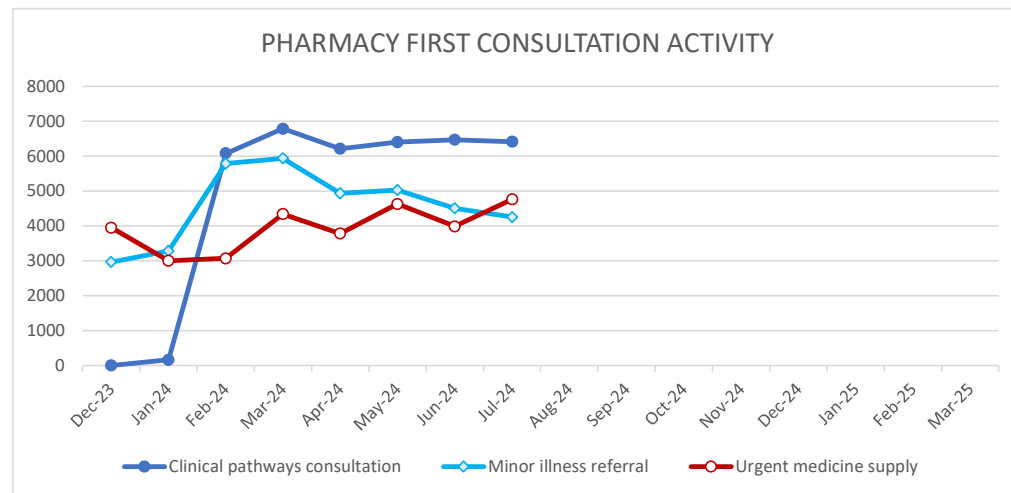
Actions:

- The ICB has developed a local Pharmacy Access Programme to support integration and use of the community pharmacy advanced services.
- One of the 20 high impact actions identified by the ICB to support mitigate the GP collective action is to further promotion of Pharmacy First service and speed up delivery of Pharmacy Supply Service.
- The ICB is using NHSE Community Pharmacy Primary Care lead funding to maximise the opportunities for PCN integration of pharmacy services.

Risks:

- Potential impact of GP contract dispute collective action:
 - there is a risk that fewer patients could be referred into pharmacies by general practice.
 - there is the potential for pharmacy first service demand (via self-presentation) to overwhelm community pharmacy capacity should a significant number of general practices reduce the number of appointments they provide.
- Ongoing challenges in community pharmacy workforce recruitment and retention may result in there not being enough staff to deliver the advanced services.
- There is a risk of national community pharmacy collective action in the future which could cause disruption to patient services in the future. A national ballot is planned and there is no confirmation of what the proposed collective action could include.

Activity Type	July 2024	% Total
Clinical Pathway Consultation	6,411	41.6%
Minor illness referrals	4,253	27.6%
Urgent medicine supply	4,759	30.9%
Total	15,423	





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