



**Leicester, Leicestershire
and Rutland**
Integrated Care Board

Appendix A: LLR ICS Workforce Update - Month 7

October Update. FY 23/24 / Retention stats Q1 / Public health

Produced by Workforce (P&I Directorate) Rajesh Thanki
Provider data sources are PWR and PFR. PC data sources are NHS digital. Public health data provided by NHSE Midlands



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Workforce Overview M7 2023

vs. M6:

Substantive



Bank



Agency



Total



- Overall UHL/LPT are above plan with growth of 6.7% vs planned growth of 2.1%.
- WTE position is above plan due to substantive and bank growth.
- Infrastructure support in UHL remains over plan by 445 WTE in M7. However approx. 45% of the excess figure is due to recoding of staff into infrastructure support from areas like ward assistants etc..
- Agency use has reduced by 20% since March 23. UHL has strengthened the agency controls across the organisation. There is a weekly agency oversight group in place (chaired by an Exec Director) to oversee transition from agency use with a focus on substantive recruitment.
- Month on month bank usage is increasing. Bank is now 527 WTE above plan. UHL bank has grown by 71% from March 23 (536 WTE)
- LPT are below plan for substantive and agency.
- LPT continue to control agency costs through their planned agency reduction.

UHL/LPT Workforce Risks/Mitigations

Risk	Mitigation
Substantive staff above submitted plan (by 637 FTE) i.e 4% above plan	UHL also continues to strengthen all elements of workforce utilisation and spend in line with the NHSE pay controls and this month we have moved to a refined vacancy oversight process with a key focus on non-clinical posts
LPT substantive is currently below plan on WTE per month YTD	LPT have an improved position, from 93fte behind plan at M6 to 49fte behind plan at M7. Time to hire is improving enabling us to process the recruitment pipeline quicker. Medical and Dental is below plan due to trainees which fluctuates across the year.
LPT agency price cap breach per WTE exceed region	LPT are looking to address price cap overrides with a review on current policies around price cap overrides and existing agreements.

WF Overview (UHL/LPT WTE) M7

VARIANCE WTE				
Variance to Plan (WTE) oct 23	Plan	Total	UHL	LPT
Nursing, Midwifery	6137	86	75	11
Scientific, Therapeutic, Technical	2656	2	38	-36
Clinical Support	4520	-61	-36	-25
Infrastructure Support	5514	465	445	20
Medical, Dental	2544	133	151	-17
Total Substantive	21408	588	637	-49
Total Bank	1383	527	536	-9
Total Agency	789	-58	-50	-8
Total (Excl. Overtime)	23580	1058	1123	-65
Growth (cumulative)	2.1%	6.8%	8.9%	0.9%

- Substantive above plan for M7 by 588 WTE (down from 633 WTE above plan in M6). The above plan staff groups are predominantly from UHLs Infrastructure support and Medical, Dental.
- LPT are below plan for bank, agency and substantive and have recruitment plans in place to increase substantive. Staffing levels are monitored monthly via the Safer Staffing paper received at Trust Board each month
- UHL bank is above plan by 527 WTE (up from M6 of 517 WTE above plan). Areas above plan are primarily in Nursing, Midwifery and Clinical Support

UHL Plan vs Actual (Total)



LPT Plan vs Actual (Total)



Combined Plan vs Actual (Total)



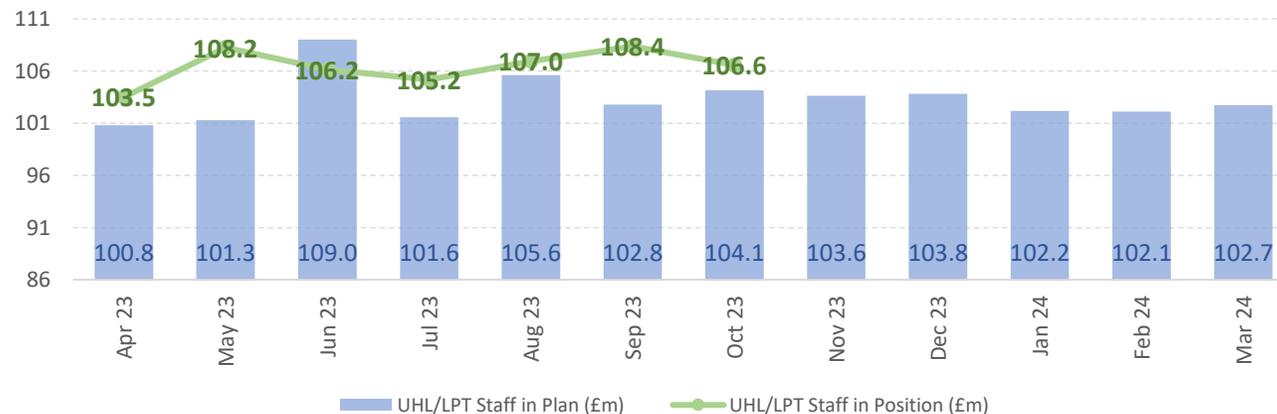
Finance Overview (UHL/LPT £m) M7

VARIANCE (Cost £m)	In Month Variance				Variance YTD Total	Variance YE Run Rate
	Variance to Plan (£m) oct 23	Plan	Total	UHL		
Nursing, Midwifery	£28.1m	-£3.0m	-£2.0m	-£1.0m	-£17.9m	-£35.7m
Scientific, Therapeutic, Technical	£12.5m	£1.4m	£2.1m	-£0.7m	£10.7m	£21.3m
Clinical Support	£12.1m	£1.2m	£0.8m	£0.4m	£6.4m	£12.7m
Infrastructure Support	£13.9m	£1.8m	£1.3m	£0.6m	£9.5m	£19.0m
Medical, Dental	£27.5m	-£0.5m	-£0.3m	-£0.2m	£1.0m	£2.1m
Total Substantive	£94.3m	£1.0m	£2.1m	-£1.1m	£10.0m	£20.0m
Total Bank	£5.4m	£1.1m	£1.4m	-£0.4m	£7.4m	£14.8m
Total Agency	£4.5m	£0.6m	£0.4m	£0.2m	£4.3m	£8.6m
Total	£104.1m	£2.7m	£3.9m	-£1.2m	£21.7m	£43.5m

Note: Due to staff group coding variance in the PWR and PFR, costs may not correlate to WTE changes at staff group level. UHL are currently working on aligning staff groups in the PFR with the PWR.

- Combined UHL/LPT are £2.7m over budget in M7 and £21.7m over budget YTD.
- YTD Biggest areas of overspend are:
 Scientific/Therapeutic/Technical (+£10.7m)
 Clinical support (+£6.4m)
 Infrastructure Support (+£9.5m)
- Agency is £4.3m over budget YTD with M7 £0.6m over budget (remains static from M6)

Combined Total: Plan vs Actual (£m)

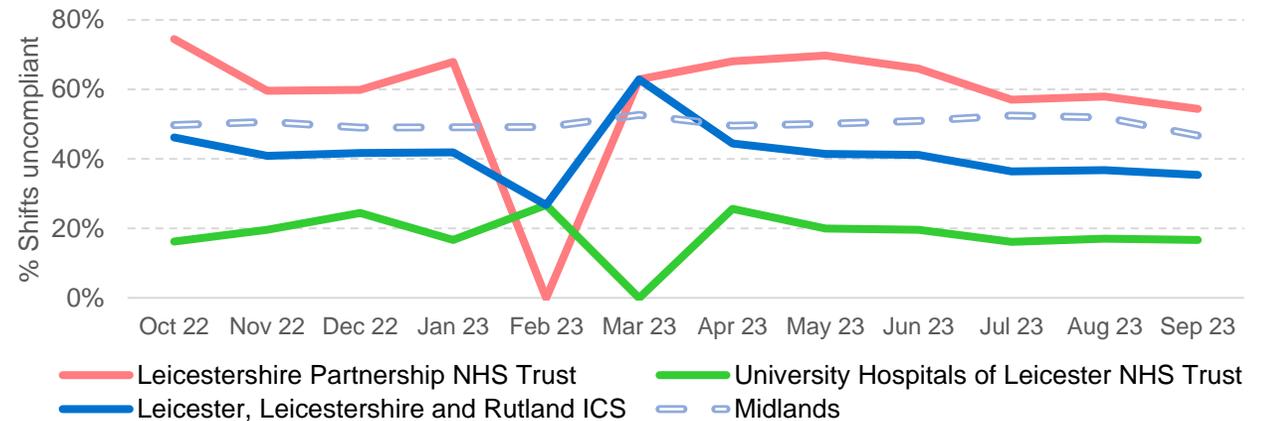


Agency Overview (UHL/LPT £m) M7

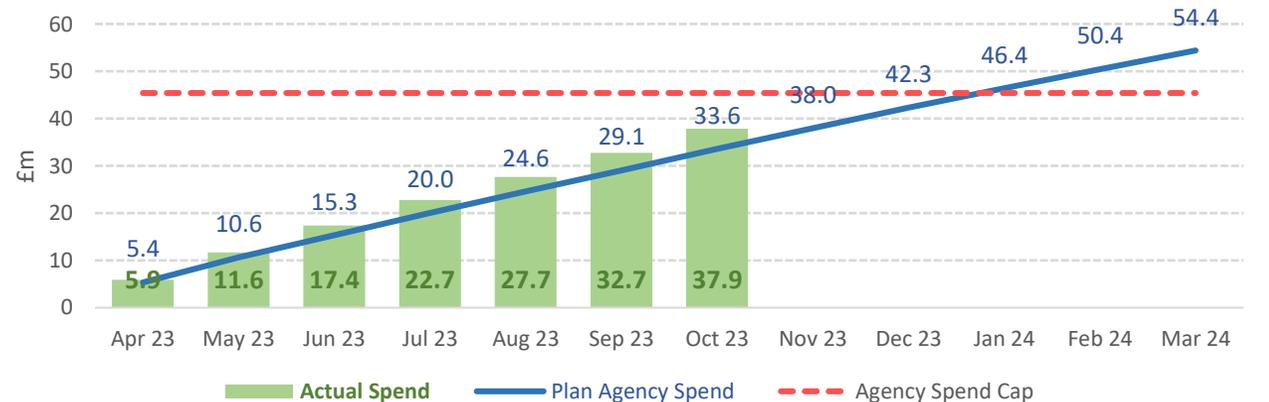
UHL/LPT Variance to Plan (WTE)	Agency VARIANCE						
	Base	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23
Nursing, Midwifery	288	10	21	72	96	45	63
Scientific, Therapeutic, Technical	66	11	0	-2	15	-2	4
Clinical Support	382	115	34	-18	-45	-50	-36
Infrastructure Support	112	-36	-29	-48	-56	-65	-60
Medical, Dental	72	1	18	2	-1	-25	-29
Other staff	0						
Total		100	44	5	9	-97	-58
Variance to Plan %		11.6%	5.1%	0.6%	1.1%	-12.3%	-7.3%

- Agency is 13% overspent YTD combined (UHL being 33% over budget and LPT is 13% under budget)
- At current run rate Agency overspend for 23/24 will be +£8.6m. Below agency reduction plans will further reduce final overspend figure.
- LPT remain above region in agency price cap breaches but have decreased from peak in May of 70% of shifts uncompliant to September of 54% of shifts uncompliant. LPT are continuing to address price cap overrides with a review on current policies around price cap overrides and existing agreements.
- UHL are successfully reducing down their agency use through a recruitment drive for substantive staff in areas of high agency use.
- Since May LPTs price cap breaches have decreased. UHL has remained (circa) static since May although far below midlands average

Price Cap Override Rate - System vs Midlands Region M6



Plan vs Actual Agency Spend (Cumulative)



Agency continued. “Moving in the right direction”

YTD Spend against spend ceiling

Cumulative Agency Spend	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23
Price Cap Spend (Cumulative)	3.8	7.6	11.3	15.1	18.9	22.7	26.5
Actual Spend (Cumulative)	5.9	11.6	17.4	22.7	27.7	32.7	37.9
% Over price cap ceiling	55%	54%	53%	50%	46%	44%	43%

Agency usage has decreased 20% from base (Mar23). Agency use has been under plan for Q2 after Q1 being over plan. LPT have consistently been under plan for agency with UHL drastically reducing agency to be under plan in Q2 and beyond.

The plan was agreed and submitted before the price cap threshold was made aware to the ICB. The spend was tracking 53% above priced cap ceiling in Q1 and that percentage dropped to 44% in Q2 through various agency reduction actions carried out by providers.

Actual vs Cap Agency Spend (In Month)

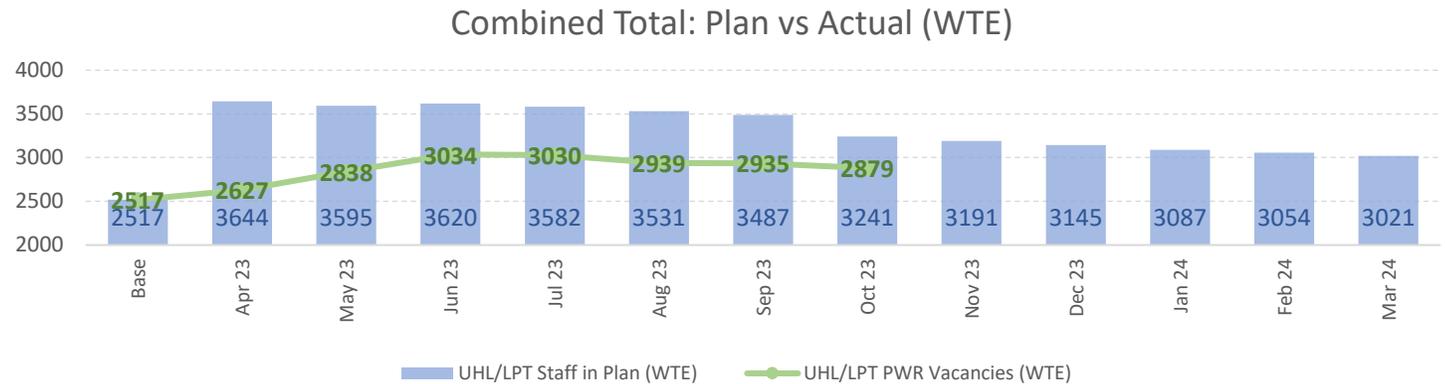


Although spend is tracking 13% above plan YTD, that figure decreased to 12% above plan in the last 3 months. And the run rate overspend for agency forecasted at £8.6m takes YTD behaviour into account. If LLR continue to drive down agency costs, the £8.6m will reduce further.

The graph above shows that LLR (although above plan) are reducing in line with planned agency costs.

Vacancy Overview M7

ACTUAL				
Vacancy (WTE) oct 23	Total	UHL	LPT	
Nursing, Midwifery	876	344	532	
Scientific, Therapeutic, Technical	426	299	127	
Clinical Support	442	161	281	
Infrastructure Support	883	614	268	
Medical, Dental	220	185	34	
Total WTE	2879	1636	1242	
Vacancy Rate	11.6%	9.1%	18.1%	



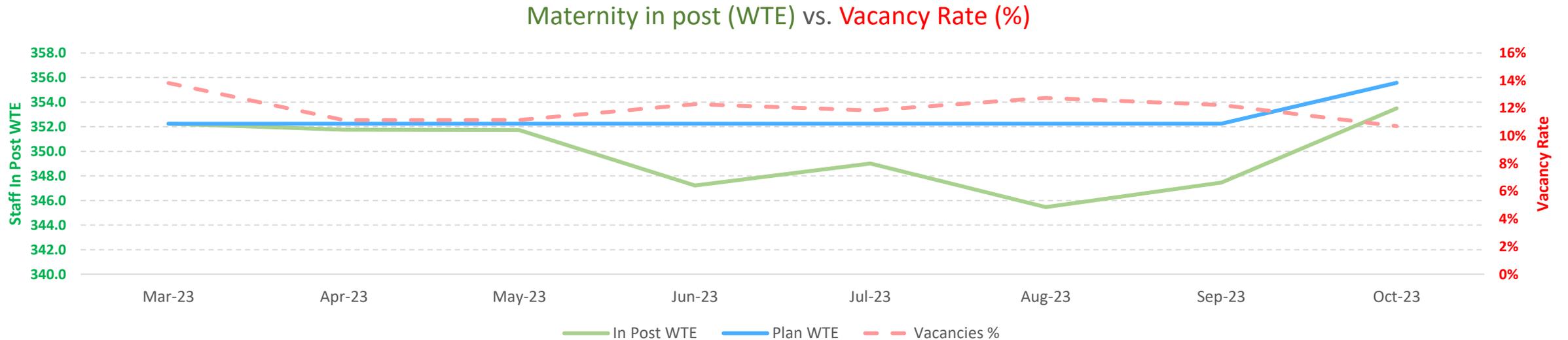
Combined vacancy rate remains the same as M6. From M6, UHL’s vacancy increased 0.5% and LPT’s vacancy have decreased by 1.2%

- Nursing makes up 30% of total vacancies 876 WTE out of 2879 WTE. UHL nursing vacancies have decreased month on month YTD. LPTs nursing vacancies decreased this month for the first time this FY.
- Infrastructure Support makes up 31% of vacancies and have been averaging 850 WTE month on month in UHL. The same staff group’s vacancies in LPT have slightly decreased from M6

Why is vacancy so high in LPT and what plans are in place to reduce down the vacancy rate?

LPT’s vacancy rate has increased during 2023/24 due to the addition of 560fte posts to the budgeted establishment. Those posts predominantly relate to safer staffing following inpatient establishment reviews, MH investment and additional bed capacity in Community Hospitals (which was agreed in-year and not accounted for in the workforce plan). Pace of recruitment continues to be a high priority for the Trust. An incident structure put in place around recruitment checks processing including: Senior level risk summit held 01/09/23; Separate ORR risk relating to recruitment checks in development; Twice weekly Recruitment Gold Calls to deal with immediate priorities, identify and resolve blockages, work through immediate change ideas, review capacity and prioritise; existing QI work has been integrated into this approach

M7 Maternity WF update



- UHLs midwives' increased by 6 WTE in M7 from M6. This means UHLs growth YTD is now +0.4% (M6s growth was -1.4% YTD)
- Vacancy rate in M7 is at 10.7% which is a decrease on M6 rate of 12.2%.
- M7 establishment is 396 WTE with vacancies at 42 WTE. This means 354 WTE are currently in post. UHL plan submitted in March 23 gives an establishment of 415 WTE by year end (March 24)



Maternity Risks and Mitigations

Improved position for October compared to previous months, however, remain above target of 10%.

Midwifery still remain below plan due to release of Ockenden funding in April 2022, there has been an uplift to reflect expected staffing numbers; in turn this gave a stretch target and achievement of this has been a challenge and retention of midwives remains below national average

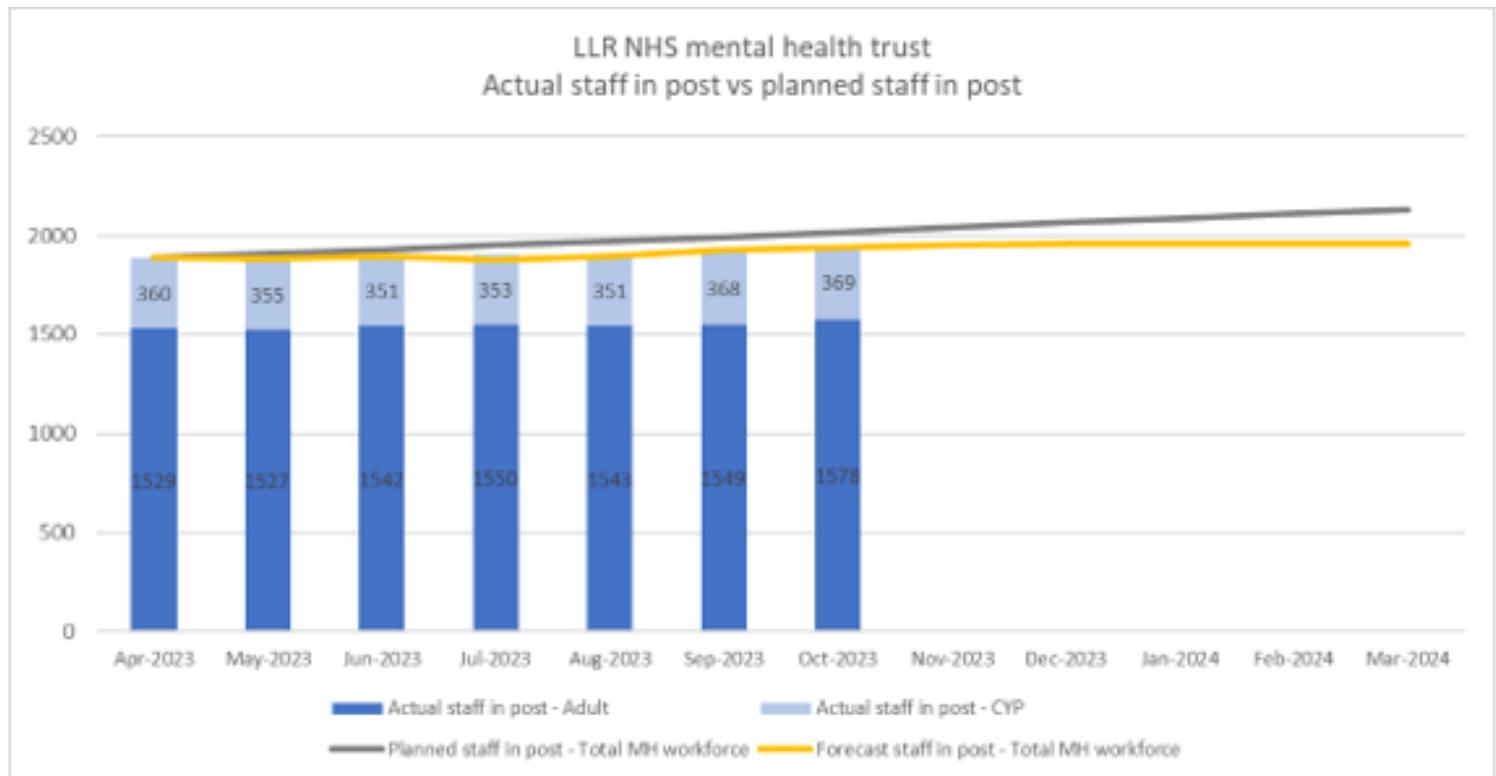
Mitigations

- Rolling 4weekly advert for Band 5 & 6 midwife roles to support timely recruitment into workforce
- International midwife recruitment
- Established regular engagement with both UoL and DMU students to improve communication and promotion of working at UHL, advertising the Recruitment, Retention and Pastoral opportunities
- Continue to conduct and report feedback from 'stay conversations'
- RRP midwives undertaking strengths based recruitment training to support recruitment processes.

Overview NHS mental health services M7

- The LPT mental health workforce is 1,947fte against a plan of 2017fte (a variance of 70fte behind plan).
- The forecast for the end of the financial year is 1922fte against a plan of 2132fte (a variance of 210fte behind plan).
- The 12-month turnover rate for the mental health workforce is 8.9% This is below the Trust target of 10%.
- Rolling 12m sickness absence rate is 6.4%.
- Reducing reliance on agency staffing to fill gaps in establishment contains to be a high priority for the Trust. A range of actions are in place through the Trust's Workforce, Agency and Recruitment Plan.

Progress against plan





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LLR Retention Dashboard Q1

Data Shown is from the NHS Provider Orgs, but the ambition is to expand data collection to other H&SC orgs in LLR

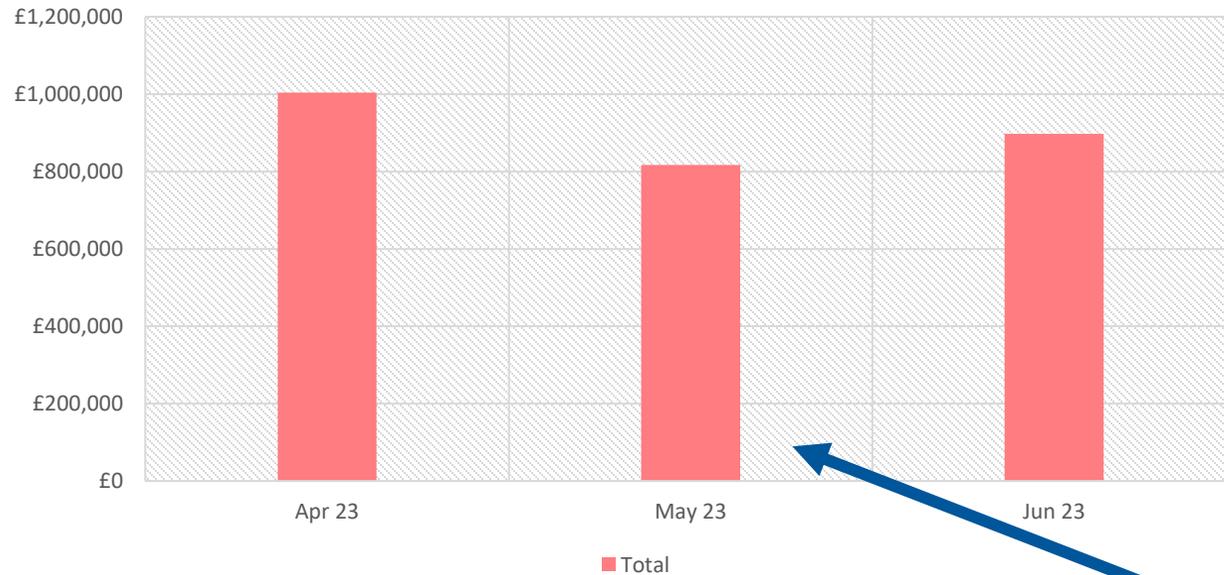
A proud partner in the:



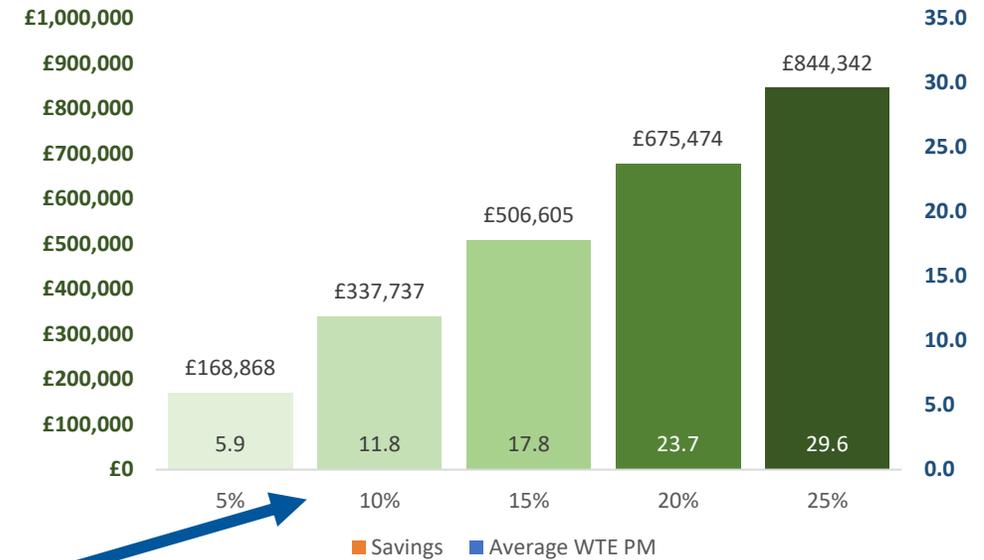
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Cost of recruitment

Total Leaver cost



Retention Cost Savings Per Quarter Scenarios



An analysis was completed to understand the true cost of replacing staff that leave the organisation. Using the

analysis it was calculated that in Q1 23 that an additional **£3.4m cost** to replace leavers

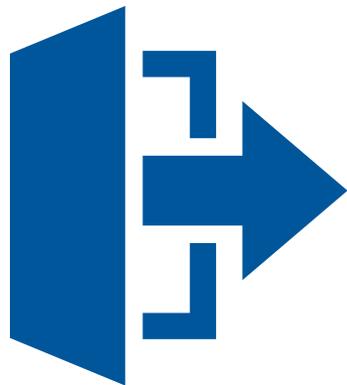
The graph on the left shows WTE reduction scenarios and what the savings would equate to over Q1 if we retained X% of WTE per month over Q1 (cost is total for Q1 while WTE is per month)

*TBC

NHS Leaver Rate*

NHS Leaver rate is the key metric considered by NHSE at Regional and National Level

the NHS Leaver rate is those who leave an NHS organisation and do not take up NHS employment elsewhere (not found on ESR in subsequent months)



*data from NHSE Retention Dashboard (currently not available outside of NHSE)

Annual leaver rate trend analysis by month



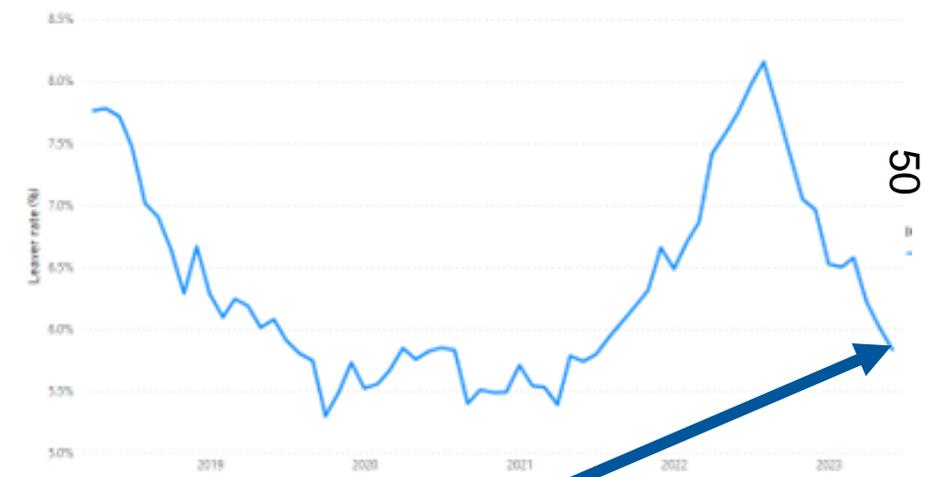
All Staff NHS Leaver Rate

7.2% in June 2023

Below regional rate

Declining trend since **December 2022** from 8.2%

Annual leaver rate trend analysis by month



N50k NHS Leaver Rate

5.8% in June 2023

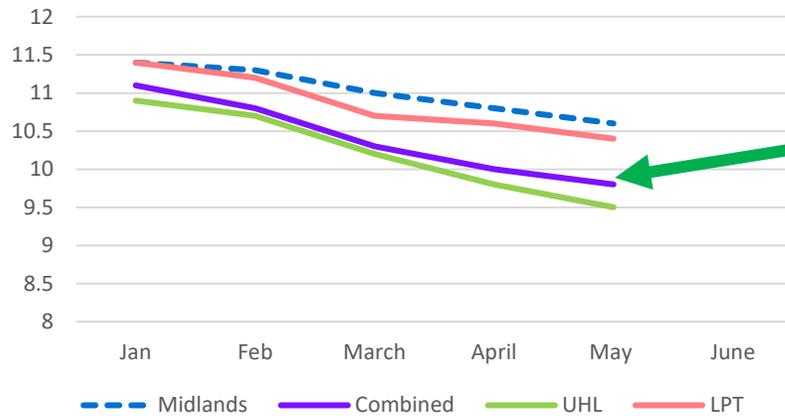
Below regional rate

Declining trend since **March 2023** from 6.6%.

Turnover*

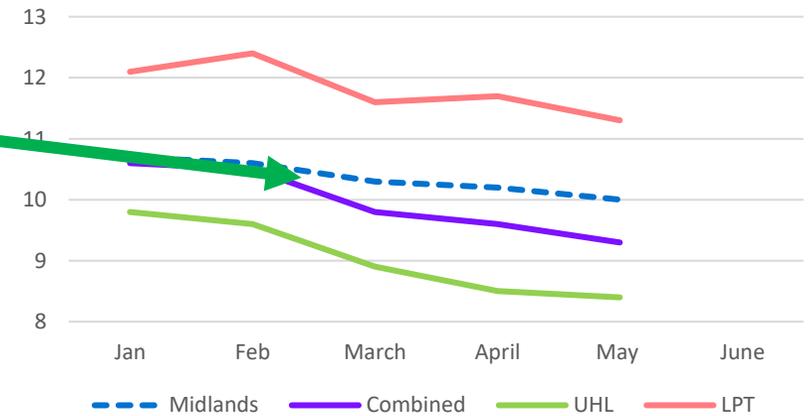
*data from eProduct. There will be variations between eProduct and internal Trust turnover analysis. The value of this data is to monitor trends and variations over long periods, and it is not intended to challenge or replace internal Trust reporting.

All Staff Turnover (leavers from ICS)

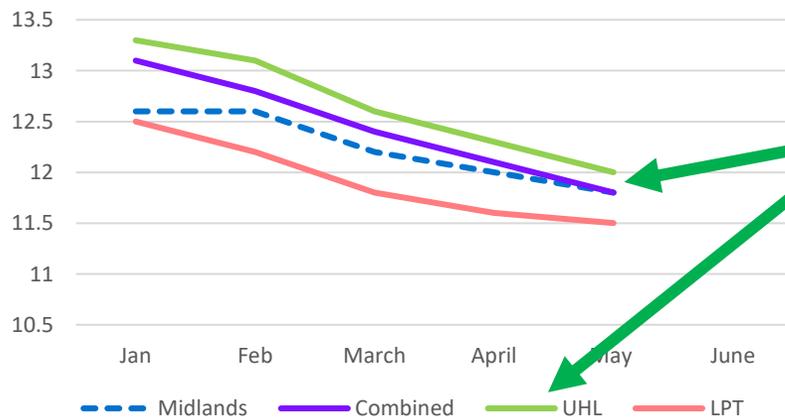


There has been a **declining trend** in turnover at both NHS Provider Trusts since January 2023.

N&MW Turnover (leavers from ICS)

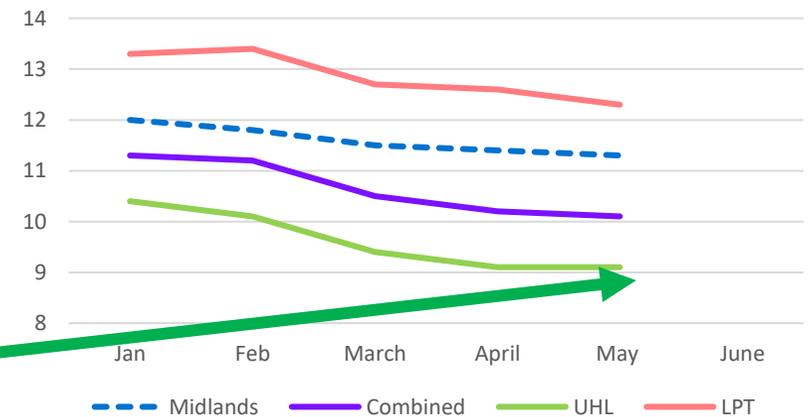


All Staff Turnover (leavers from Trusts)

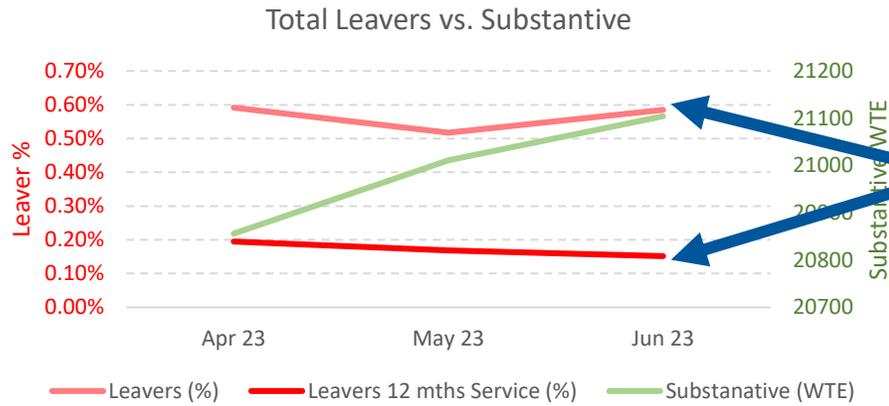


At Trust level, UHL have the highest turnover for 'All Staff', indicating that many UHL leavers stay within the ICS and move to LPT. However, for N&MW staff, UHL have the lowest turnover rate.

N&MW Turnover (leavers from Trusts)

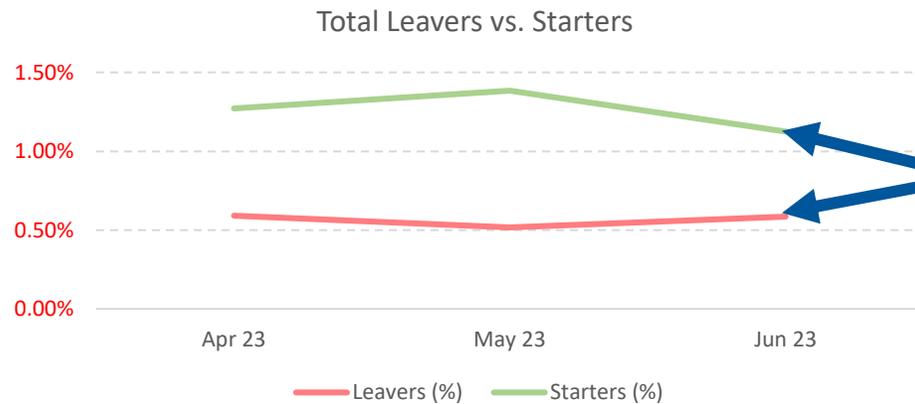
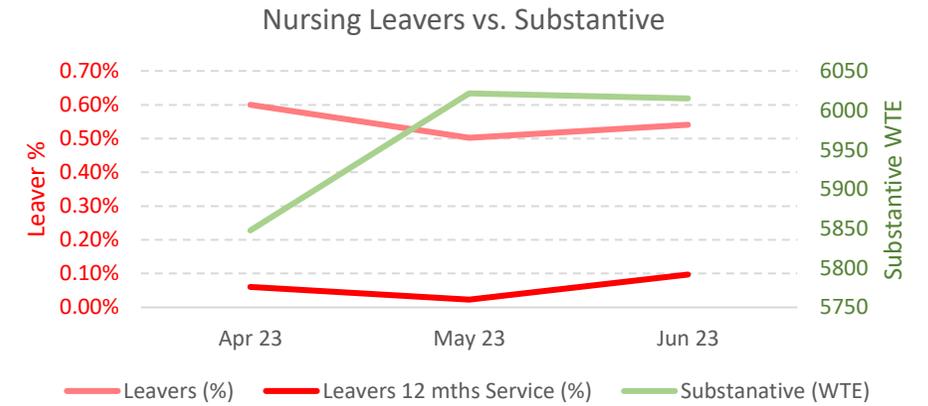


Leaver data against substantive WTE and new starters*

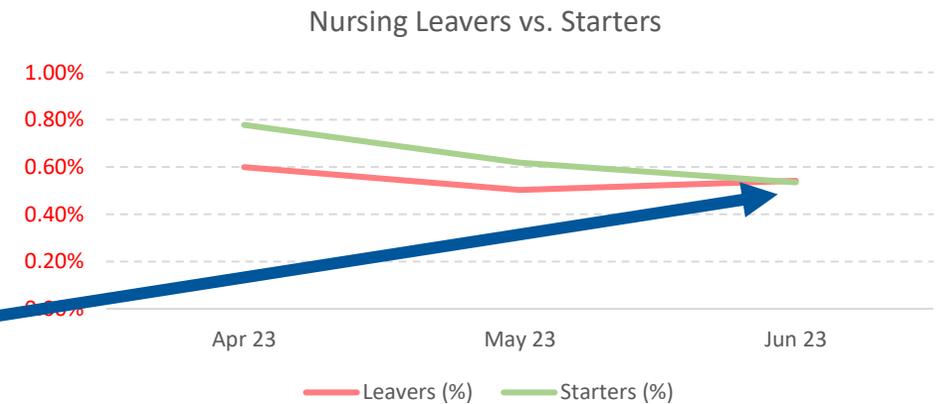


The % leavers and 12 months leavers rate is the number of WTE leavers / Total WTE.

This is plotted against the WTE over the same period.



For 'All Staff' the starter rate is higher than the leaver rate, generating overall growth in the workforce. For N&MW in June, the numbers of leavers was equal to the starters.



*combined data from Trusts



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Public Health

NHS England Midlands – Improvement & Value Analytics Support (LLR)

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Cancer Screening Support

Cancer screening is highlighted due to higher rates of mortality, and practices with low screening rates.

NHSE Midlands, with support from the Cancer Alliance and primary care, has developed the regional cancer screening tool: this includes links to evidence based good practice.

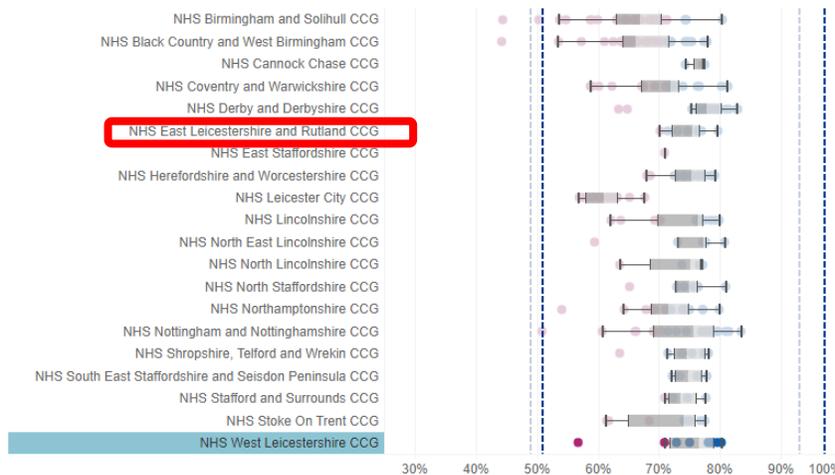
Using it in general practice can identify areas of good screening practice, increase cancer detection and reduce mortality.

The example on the right shows 20/21 data, featuring average screening rates for cervical cancer (women aged 25 - 49) Overall, 59,000 patients have not been screened, with lower rates in more deprived population.

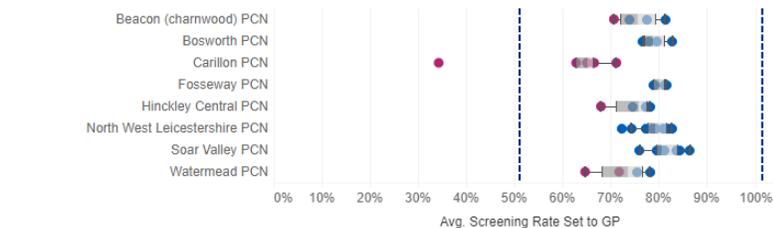
This highlights instances of good practice across GPs with similar deprivation levels, while also pinpointing areas that require additional support. The dashboard offers a comprehensive view, allowing comparison of deprivation scores and the influence of ethnicity across four common cancer pathways, with data on emergency admissions and hospital activity.

[Cancer tool](#) available here.

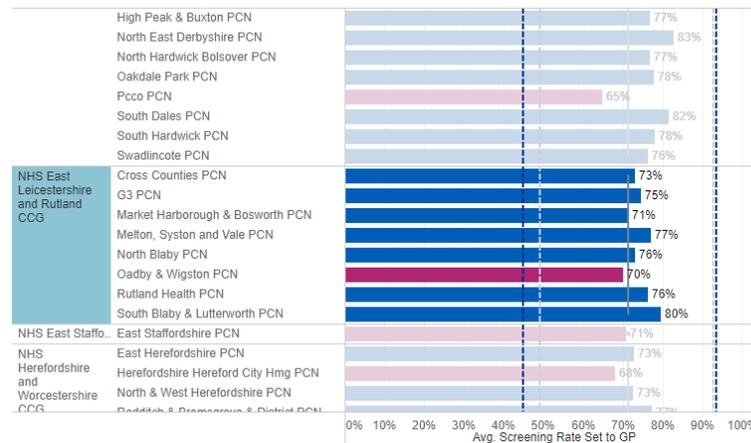
Distributions of screening rates by CCGs
Cervical cancer (women aged 25-49)



Distributions of screening rates by PCNs
Cervical cancer (women aged 25-49)

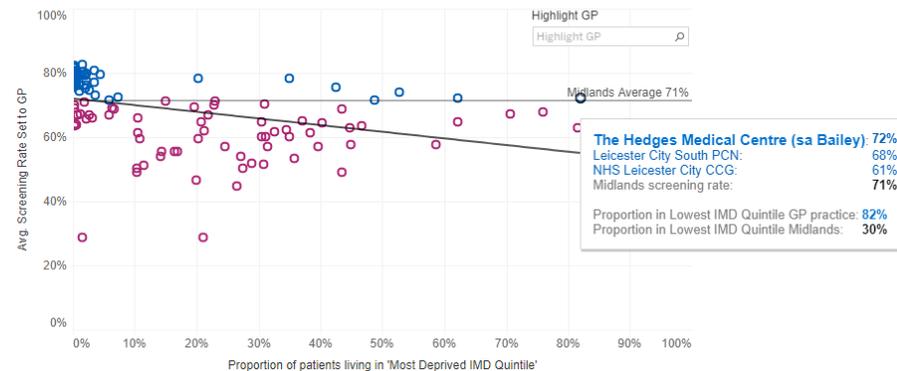


GP Screening Rates grouped by PCN
Cervical cancer (women aged 25-49)



Eligible for Screening	Number Screened	Screening Gap	Midlands Eligible	Midlands Screened	Midlands Screening Gap
188,814	130,192	59,173	1,824,303	1,284,950	552,001

Relationship between the proportion living in the most deprived IMD Quintile (of a GP's registered population) and a GP practice's average screening rate



Cardiac Prevention

Small improvements may add up to big benefits to patients

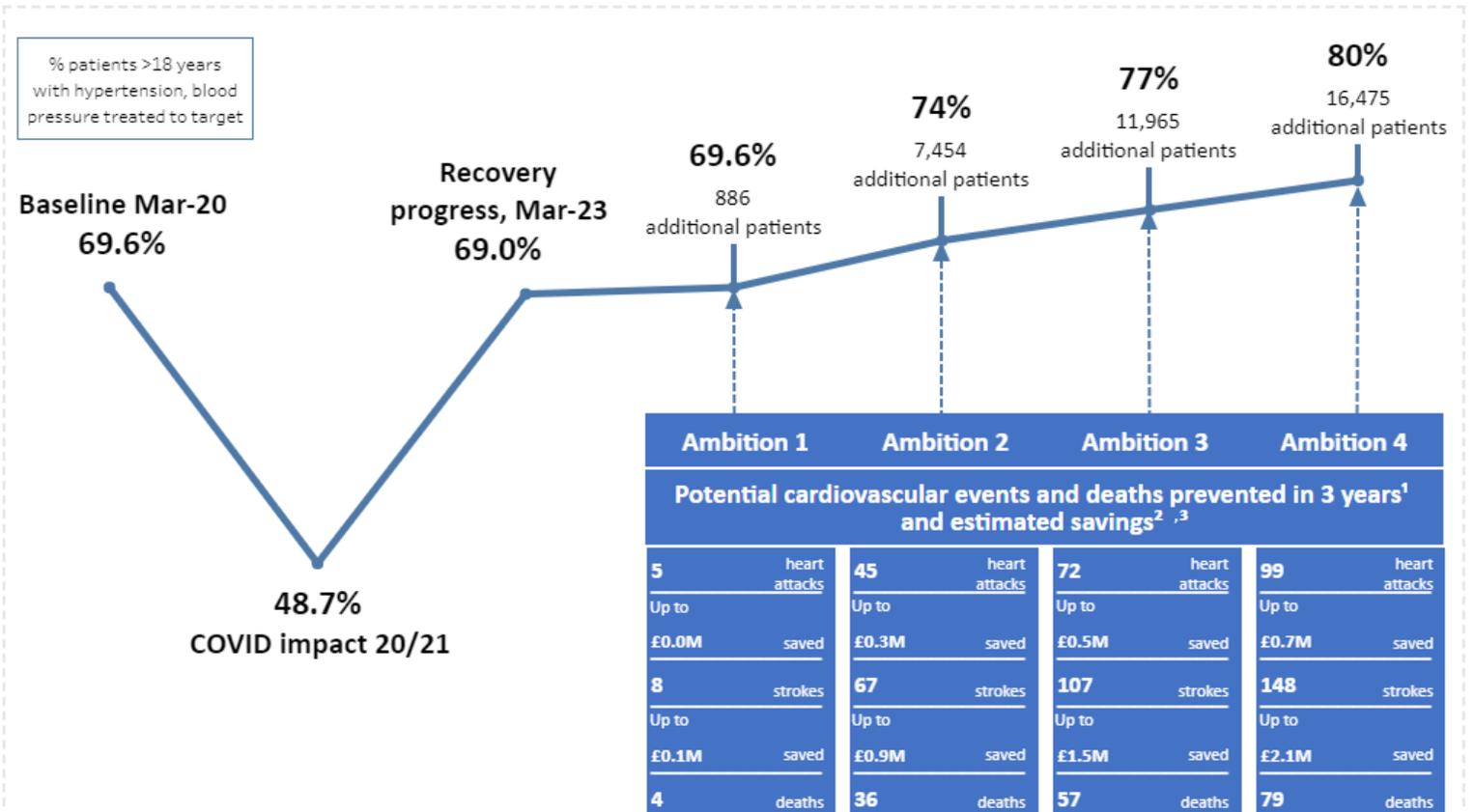
This [tool](#) shows the potential benefits to patients and cost savings to the ICB by treating more hypertensive patients.

It is estimated that meeting the 80% target would lead to 79 fewer deaths and save up to £2.8m.

Systems such as [Bradford](#) have achieved improvement in detection to improve outcomes.

Upon request, we can also provide a copy of Bradford's full resource pack which includes an evaluation of the improved patient outcomes they achieved within two years of implementing their programme.

Size of the Prize- Leicester, Leicestershire and Rutland BP Optimisation to Prevent Heart Attacks and Strokes at Scale



References

- Public Health England and NHS England 2017. Size of the Prize
- Royal College of Physicians (2016). Sentinel Stroke National Audit Programme. Cost and Cost-effectiveness analysis.
- Kerr, M (2012). Chronic Kidney disease in England: The human and financial cost

Modelling

Data source: CVDPrevent. Briefing note: [CVDPrevent online methodology annex v1 December 2022](#)
Potential events calculated with NNT (theNNT.com). For blood pressure, anti-hypertensive medicines for five years to prevent death, heart attacks, and strokes: 1 in 100 for heart attack, 1 in 67 for stroke.

Cardiac Prevention

CVD is the primary cause of premature mortality within the Midlands though this varies across ICBs.

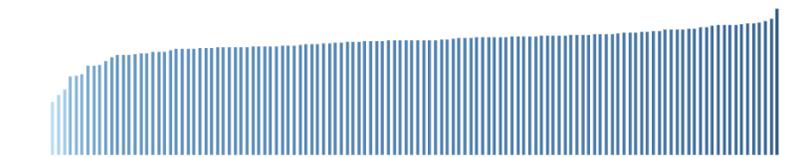
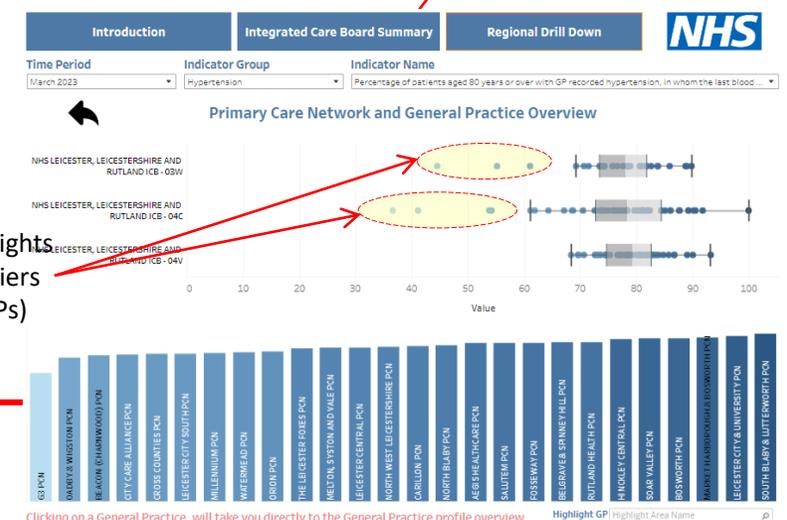
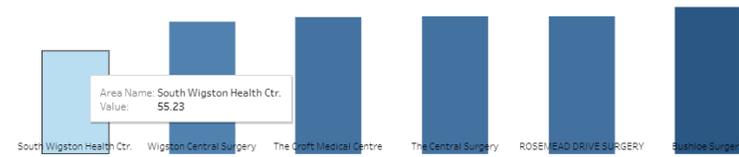
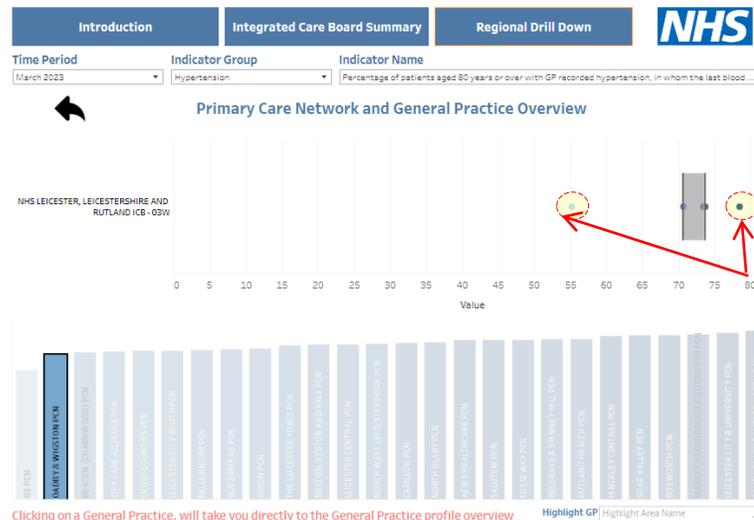
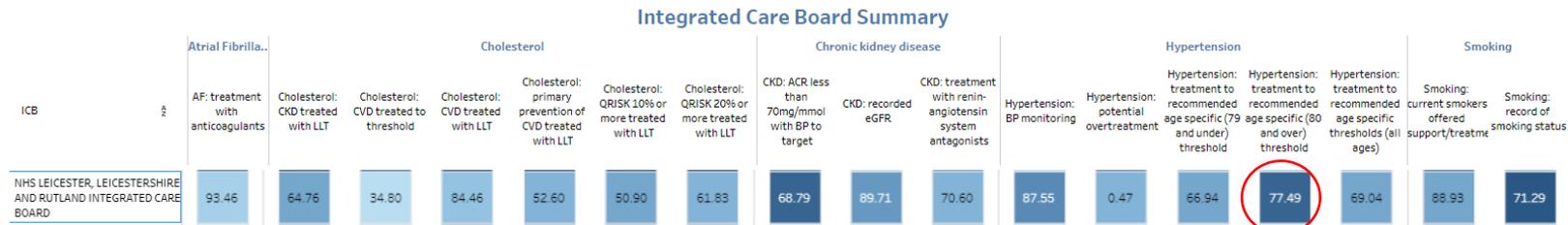
The under 75 mortality rate for all cardiovascular diseases per 100,000 population is 81.9 in the East Midlands and 83.5 in the West Midlands, directly age standardised ([Mortality Profile - Data - OHID \(phe.org.uk\)](https://mortality-profile.org.uk))

The CVD Prevent audit provides quarterly updates on key measures of cardiac prevention. We built this exploration tool with the regional cardiac network to identify outliers and review practice data.

77% of patients aged 80+ treated to recommended threshold with variation at PCN/Practice level. Practice variation ranges from 36.6% to 100%.

Data from:

<https://www.cvdprevent.nhs.uk/>
[Business case / cost benefit tool](#)
[CVD tool](#)



Cancer, Pain & Prescribing?

Sizeable variations in non-elective admissions, mainly in cancer cases.

The system has some of the highest rates for non-elective cancer admissions in the country.

This gap widens when looking at non-elective tariff activity when compared to peer systems as shown on the right.

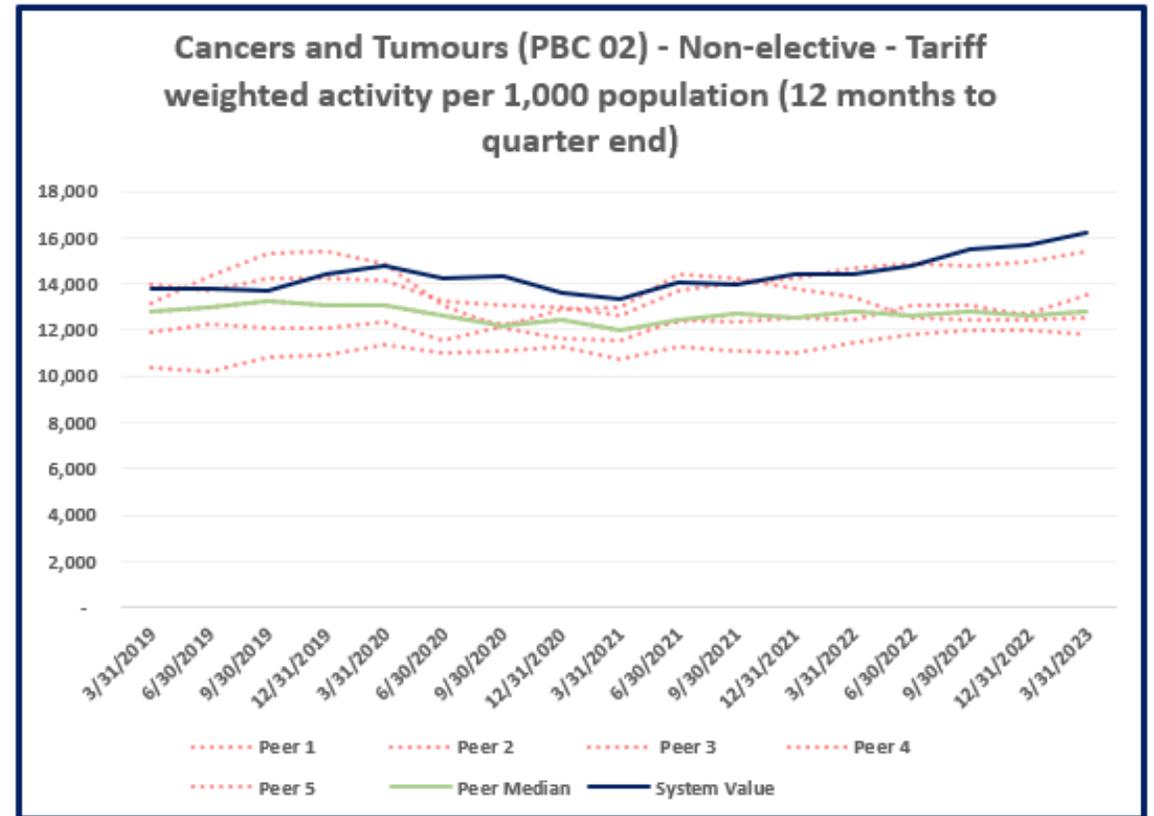
Are these patients coded through SDEC and become 0 LOS?

Analysis of primary care prescriptions for cancer indicates that the system's value remains below both peer and national medians.

A more detailed inspection of the data reveals a trend of higher-than-average prescription rates for pain management associated with bone.

How do we understand this population need & variation?

- Data from PAPI – population health tools to help identify risk, demographics etc.
- Prevention data and clinical quality measures – prescribing etc.
- PCN data – are there opportunities to improve local places?
- Burden of disease tool – premature deaths to smoking, hypertension, alcohol, diet.



Potential opportunity from improving to average of demographic peers – expressed in £s (12 months to quarter end) - £3,722,872 | Alert: This metric has been highlighted because performance is in the highest-performing quartile.

Inequalities of Access

Inequalities in non-elective, elective, outpatient and ED attendance are available in a new national HIID dashboard & regional data. It uses data from the past 12m that are age-sex standardised.

Users can drill down and combine deprivation and ethnicity, gender, elective and non-elective attendance, and split by clinical speciality.

The example on the right shows clear variation in admissions based on ethnic groups and deprivation.

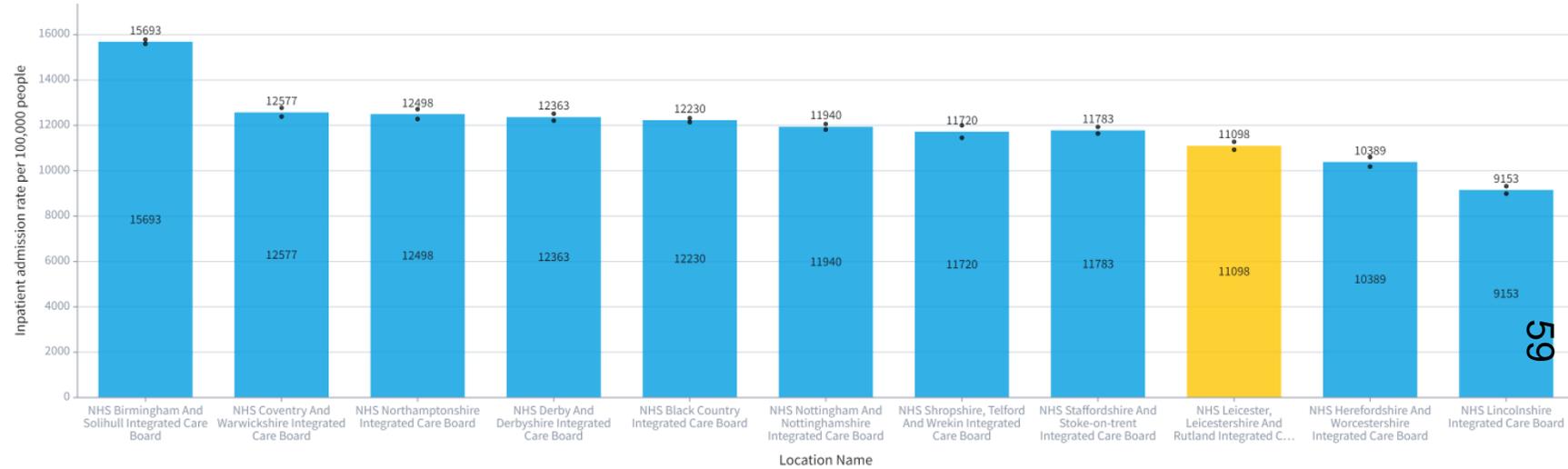
The initial chart highlights that the system exhibits one of the lowest rates of non-elective admissions among the most deprived quintile of the population.

Further work on waiting list inequalities analysis by regional team can be shared if a priority. Available on Foundry via Health Inequalities workspace.

<https://ppds.palantirfoundry.co.uk/>

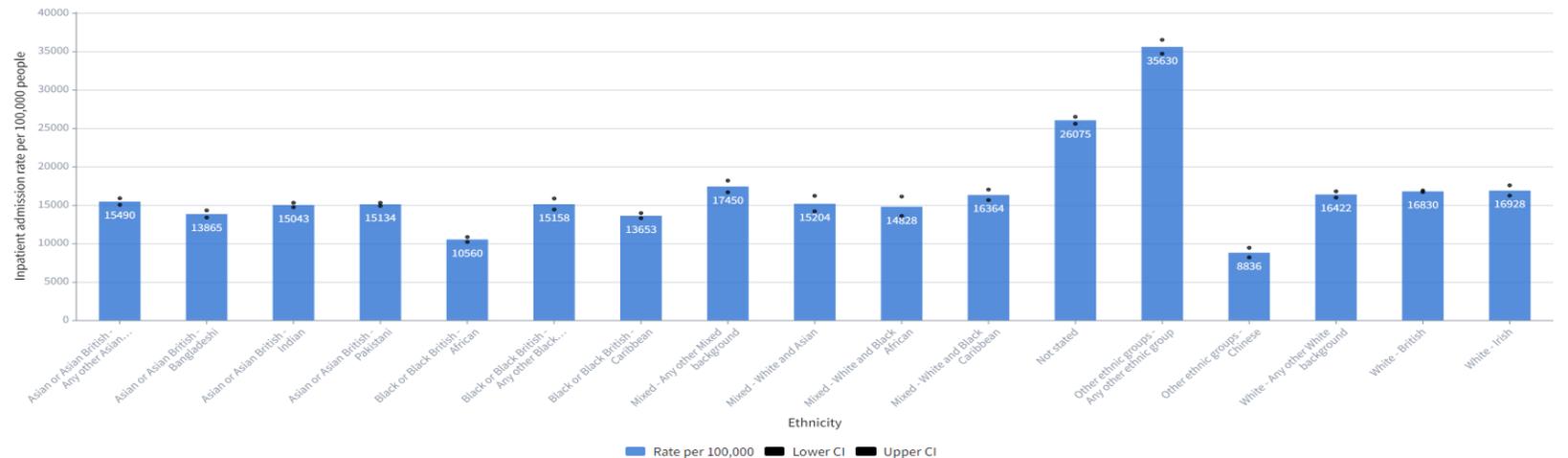
Non-Elective Standardised rates for most deprived 20% of population

52 week non-elective age standardised activity updated weekly



Variation in standardised rates of non-elective admission by ethnicity

52 week non-elective age standardised activity updated weekly





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M6 Workforce Update

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Health and Wellbeing Partnership

Exploring Opportunities by PCN

Non-elective PCN opportunities are compared to twenty demographically similar PCNs (peers) using age-sex standardised 21/22 data.

An opportunity indicates the potential gained by performing at the average level of the ten lowest spending peers.

North West Leicestershire (£5.3m) and Melton, Syston & Vale (£3.2m) have the greatest total opportunities – although data not adjusted for PCN size.

Circulation (£11.5m), respiratory (£7.3m), gastro (£6.2m) stand out across PCNs.

May indicate where to focus on prevention and management of LTCs

[Full PCN packs available here](#)

GeographyName	Cancer	Endocrine	Neuro	Circulation	Respiratory	Gastro	MSK	T&I	GU	Total
NORTH WEST LEICESTERSHIRE PCN	£487,910	£72,060	£430,575	£1,469,327	£1,180,850	£655,878	£307,177	£428,059	£333,080	£5,364,916
MELTON, SYSTON AND VALE PCN	£345,580	£48,965	£312,847	£973,648	£600,979	£100,242	£224,138	£236,929	£385,073	£3,228,403
OADBY & WIGSTON PCN	£259,814	£125,414	£404,963	£492,559	£185,211	£491,061	£69,525	£224,340	£179,102	£2,431,990
FOSSEWAY PCN	£431,222	£40,388	£192,837	£248,891	£396,761	£299,275	£103,992	£436,342	£125,255	£2,274,963
SOUTH BLABY & LUTTERWORTH PCN	£109,412	£40,018	£408,831	£251,087	£455,394	£407,086	£51,850	£122,693	£268,715	£2,115,087
NORTH BLABY PCN	£117,177		£143,566	£740,700	£295,602	£383,070		£189,540	£158,023	£2,027,678
SOAR VALLEY PCN	£162,592	£44,941	£50,112	£673,610	£253,019	£314,680	£89,772	£148,593	£220,331	£1,957,649
CARILLON PCN	£144,317	£91,043	£213,036	£694,496	£84,737	£336,051	£64,590	£197,957	£93,762	£1,919,987
MARKET HARBOROUGH & BOSWORTH PCN	£158,670	£92,151	£176,290	£425,814	£289,740	£262,772	£39,275	£60,568	£199,030	£1,704,309
BEACON (CHARNWOOD) PCN	£221,052	£17,969	£169,222	£600,510	£62,593	£389,334	£14,530	£90,664	£123,562	£1,689,437
LEICESTER CITY SOUTH PCN	£179,081	£48,842	£194,425	£152,558	£590,230	£142,178		£284,964	£73,135	£1,665,412
SALUTEM PCN	£55,888	£19,053	£276,959	£683,608	£236,609	£298,356	£147	£40,529	£45,906	£1,657,054
RUTLAND HEALTH PCN	£137,079	£36,572	£90,752	£405,366	£318,009	£354,961	£107,837	£13,873	£51,295	£1,515,743
WATERMEAD PCN	£36,627	£49,874	£53,307	£687,298	£408,819	£141,288	£16,029		£4,389	£1,397,630
MILLENNIUM PCN	£24,399	£51,118	£182,543	£300,901	£250,899	£239,797	£2,917	£82,771	£66,598	£1,201,943
LEICESTER CENTRAL PCN		£156,952	£114,065	£539,717		£157,960	£23,525		£139,648	£1,131,867
BOSWORTH PCN	£103,890	£46,994	£18,974	£84,969	£307,816	£182,285	£46,388	£104,616	£133,239	£1,029,172
G3 PCN	£162,942		£47,475	£144,600	£172,516	£182,753	£83,015		£215,149	£1,008,450
LEICESTER CITY & UNIVERSITY PCN	£94,062	£86,683		£162,995	£314,521	£156,531	£14,093	£109,204	£49,550	£987,640
ORION PCN	£1,329	£2,638	£213,238	£144,883	£256,169	£145,828	£60,268	£38,365	£97,072	£959,792
CITY CARE ALLIANCE PCN	£24,212	£62,149	£72,898	£449,827	£93,752	£253,541				£956,380
CROSS COUNTIES PCN	£107,165		£17,037	£506,699	£111,624	£17,882	£5,048		£86,541	£851,996
THE LEICESTER FOXES PCN	£20,317	£50,871		£286,576	£201,044	£193,029	£13,760		£43,406	£809,003
AEGIS HEALTHCARE PCN	£64,471	£38,618	£91,242	£249,050	£102,667	£112,166		£48,951	£15,080	£722,246
HINCKLEY CENTRAL PCN	£229,461			£52,928	£186,361	£69,718	£58,966		£116,074	£713,507
BELGRAVE & SPINNEY HILL PCN	£6,846			£82,249					£118,080	£207,176

Highest

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Lowest

PCN Data – Opportunity summary tools: Heart Conditions

RightCare PCN packs were created to benchmark every PCN on a number of measures including prevention, diagnosis, admissions, bed day use.

For example, areas for cardiac improvement, management of CHD and BP in CHD patients. Data includes QOF and LTC areas.

The methodology incorporates age/sex standardization where relevant and draws comparisons with PCNs of similar demographics including ethnicity, urbanisation, size, and deprivation levels.

Starting with opportunity summary show where biggest opportunities can be – Note, not adjusted for PCN size.

[NHS Leicester, Leicestershire and Rutland ICB PCN Summary](#)

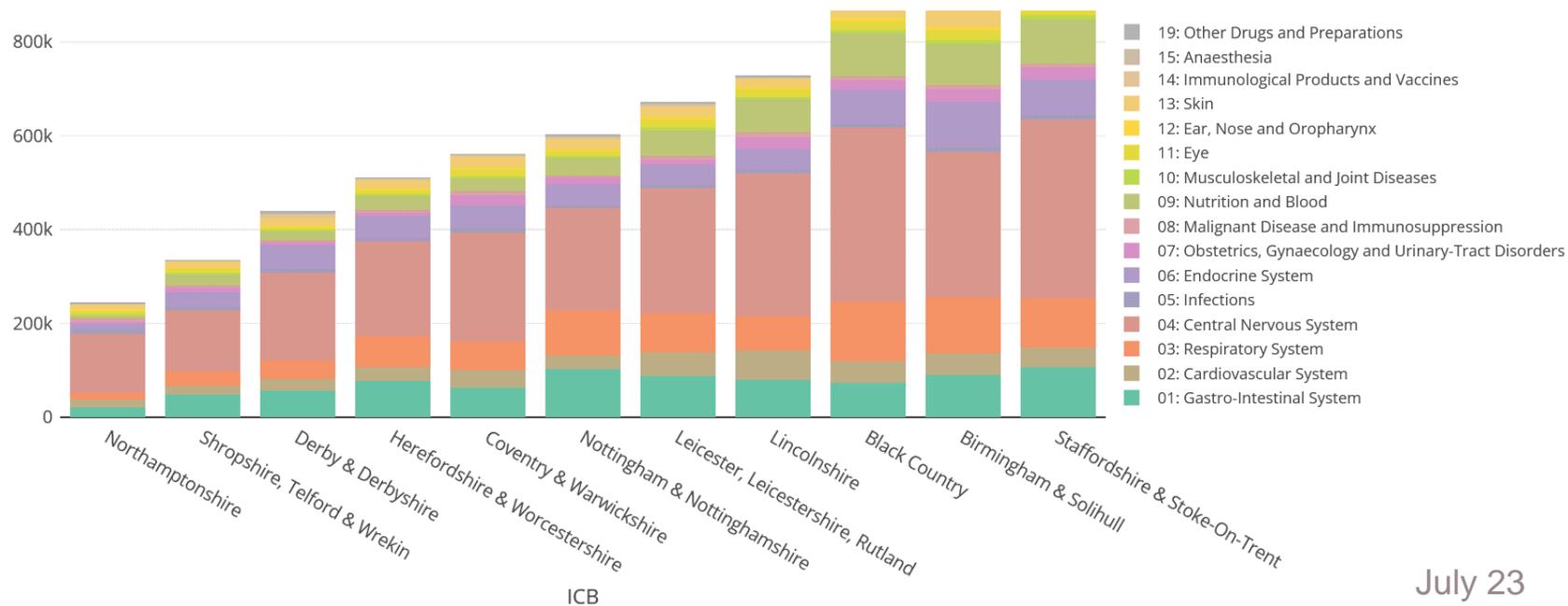
GeographyName	AF Reported to Est.	AF assessment Chads2	Treated with Anticoag	BP recorded last 5 yrs	CHD reported /expected	CHD treated antiplatelet/coag	BP < 140 over 79	BP < 150 over 80
AEGIS HEALTHCARE PCN	79 Patients		2 Patients	332 Patients	148 Patients	18 Patients		
BEACON (CHARNWOOD) PCN	56 Patients	7 Patients		517 Patients	99 Patients	21 Patients	47 Patients	26 Patients
BELGRAVE & SPINNEY HILL PCN	332 Patients		5 Patients	886 Patients	307 Patients	31 Patients	161 Patients	55 Patients
BOSWORTH PCN	12 Patients	45 Patients			249 Patients		12 Patients	
CARILLON PCN		42 Patients			156 Patients	4 Patients		8 Patients
CITY CARE ALLIANCE PCN	119 Patients			655 Patients	297 Patients	8 Patients	54 Patients	2 Patients
CROSS COUNTIES PCN	130 Patients	31 Patients		741 Patients	344 Patients	35 Patients	119 Patients	35 Patients
FOSSEWAY PCN	95 Patients			393 Patients	396 Patients			2 Patients
G3 PCN	60 Patients	22 Patients	5 Patients	518 Patients	37 Patients		133 Patients	79 Patients
HINCKLEY CENTRAL PCN	82 Patients	15 Patients	23 Patients	472 Patients	286 Patients	16 Patients	13 Patients	15 Patients
LEICESTER CENTRAL PCN	134 Patients	1 Patients		305 Patients	268 Patients	15 Patients		
LEICESTER CITY & UNIVERSITY PCN				305 Patients	59 Patients	13 Patients		
LEICESTER CITY SOUTH PCN	5 Patients	25 Patients		494 Patients	162 Patients	21 Patients	74 Patients	13 Patients
MARKET HARBOROUGH & BOSWORTH PCN	29 Patients		6 Patients	1,006 Patients	198 Patients	5 Patients	60 Patients	63 Patients
MELTON, SYSTON AND VALE PCN		83 Patients		759 Patients	243 Patients		13 Patients	7 Patients
MILLENNIUM PCN	100 Patients			357 Patients	88 Patients	22 Patients	94 Patients	16 Patients
NORTH BLABY PCN	128 Patients	20 Patients			322 Patients	3 Patients	44 Patients	
NORTH WEST LEICESTERSHIRE PCN	92 Patients	156 Patients		131 Patients	783 Patients		106 Patients	
OADBY & WIGSTON PCN	96 Patients	6 Patients	7 Patients	646 Patients	227 Patients	52 Patients	90 Patients	43 Patients
ORION PCN	58 Patients				135 Patients	7 Patients		3 Patients
RUTLAND HEALTH PCN					148 Patients	58 Patients	98 Patients	48 Patients
SALUTEM PCN	81 Patients				368 Patients	40 Patients		4 Patients
SOAR VALLEY PCN	57 Patients				380 Patients	40 Patients	10 Patients	13 Patients
SOUTH BLABY & LUTTERWORTH PCN	114 Patients	4 Patients		42 Patients	359 Patients			
THE LEICESTER FOXES PCN	142 Patients	8 Patients		77 Patients	44 Patients	5 Patients		1 Patients
WATERMEAD PCN	48 Patients	18 Patients	6 Patients	83 Patients	176 Patients	44 Patients	47 Patients	20 Patients

PC Prescribing – Price per unit savings

Using methodology developed by [OpenPrescribing](#) that identifies very large cost-saving opportunities of between £100m and £400m a year for GP practices and ICBs across the Midlands. This is more than any previous advice such as “always prescribe generically”. The tool identifies the drugs with the biggest cost saving opportunities for each practice and ICB, every month; and then helps them choose cheaper options.

LLR has an opportunity to save more than 600k per month.

Greater detail available here: <https://future.nhs.uk/RCME/view?objectId=42090640>



PC M6 (Non ARRS)

PC Staff in Position (WTE)	ACTUAL						
	Base	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23
GPs excluding registrars	529	525	516	515	515	514	516
GP Registrars	175	191	188	185	182	218	212
Nurses	284	289	284	285	286	288	286
DPC roles (ARRS funded)	522	561	571	575	579	629	591
DPC roles (not ARRS funded)	345	350	347	342	342	346	356
Other – admin and non-clinical	1426	1448	1433	1450	1458	1456	1453
Total PMC	2758	2802	2768	2776	2783	2823	2822
Total ARRS	522	561	571	575	579	629	591
Total	3280	3362	3338	3351	3362	3452	3413
PMC Growth (cumulative)		1.6%	0.4%	0.7%	0.9%	2.4%	2.3%
ARRS Growth (cumulative)		7.4%	9.3%	10.1%	10.9%	20.4%	13.2%
Total Growth (cumulative)		2.5%	1.8%	2.2%	2.5%	5.2%	4.1%

Growth in PMC in LLR is at 2.3%. Which is below expectation. However between City and County, County (excluding Rutland) has grown 2.2%, City at 3.8%, Rutland decreased by -3.8%

City

- GPs in city have remained mostly static in June, August 2023 and September.
- Growth is at 3.8% since March 2023. Growth is above of County
- All other staff groups with the exception of DPC roles (non ARRS) (increased) and ARRS roles (decreased) have remained static or only deviated slightly from March 2023.

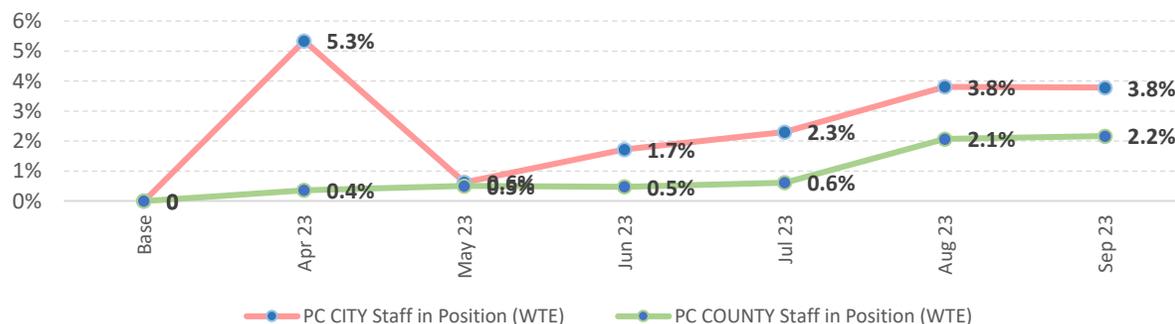
County

- Growth has been 2.2% since March 23 and is below city growth.
- Most staff groups have remained mainly static barring GP registrars which has decreased by 4 WTE, ARRS roles has decreased by 16 WTE and DPC roles (non ARRS) which increased by 6 WTE.

Rutland

- Growth is at -3.8% since March 23. All staff groups have remained mainly static barring Nurses which decrease by 2 WTE.

% WTE Growth: City v County



PC M6 ARRS

ARRS Staff Groups	Apr 2023	Sep 2023	WTE Growth	% Growth
Advanced Clinical Practitioner Nurse	6.2	18.4	12.1	195%
Advanced OT Practitioner	0.0	0.0	0.0	0%
Advanced Paramedic Practitioner	5.1	5.5	0.4	8%
Advanced Pharmacist Practitioner	3.6	10.2	6.5	179%
Advanced Physiotherapist Practitioner	0.0	0.5	0.5	0%
Advanced Practitioner	2.0	0.0	-2.0	-100%
Apprentice Physician Associate	0.0	1.5	1.5	0%
Care Coordinator	58.9	69.0	10.1	17%
Clinical Pharmacist	185.1	189.8	4.6	3%
Dietician	0.0	0.0	0.0	0%
Digital and Transformation Lead	16.7	15.7	-1.0	-6%
First Contact Physiotherapist	28.6	25.1	-3.5	-12%
General Practice Assistant	36.5	39.0	2.5	7%
Health and Wellbeing Coach	13.7	11.5	-2.2	-16%
Mental Health Practitioner Band 6	3.0	3.0	0.0	0%
Mental Health Practitioner Band 7	14.1	11.0	-3.1	-22%
Mental Health Practitioner Band 8a	1.9	1.0	-0.9	-48%
Nursing associate	19.6	21.9	2.3	12%
Occupational therapist	1.0	1.0	0.0	0%
Paramedic	32.4	29.0	-3.4	-10%
Pharmacy Technician	39.0	41.0	2.0	5%
Physician Associate	36.6	33.0	-3.6	-10%
Podiatrist	0.0	0.0	0.0	0%
Social Prescribing Link Worker	52.8	53.7	0.9	2%
Trainee nursing associate	3.8	10.2	6.4	168%
Total	560.7	590.9	30.2	5%
Agency based	89.4	74.2	-15.2	-17%

Please note that the ARRS data is claims to finance for each WTE that is approved or pending approval. All rejected claims are removed.

Based on plans submitted to NHSEI Primary Medical care and ARRS is on plan. This is mainly due to substantial growth in all staff groups.

Top 5 ARRS roles for City, County and Rutland (Claims Data August)

City (growth since April 23- 1%)

- Clinical Pharmacists – 68.0 WTE
- General Practice Assistant – 25.4 WTE
- Care Coordinator– 24.1 WTE
- Pharmacy Technician– 12.6 WTE
- Physician Associate – 12.3 WTE

County (growth since April 23- 9%)

- Clinical Pharmacists – 111.2 WTE
- Care Coordinator – 40.9 WTE
- Social Prescribing Link Worker – 40.4 WTE
- Pharmacy Technician– 28.4 WTE
- Paramedic– 28 WTE

Rutland (growth since April 23- -8%)

- Clinical Pharmacists – 10.6 WTE
- Care Coordinator – 4.0 WTE
- First Contact Physiotherapist – 1.3 WTE
- Social Prescribing Link Worker, Mental Health Practitioner Band 7, Digital and Transformation Lead WTE

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