Agenda Item 8

NHS
Leicester, Leicestershire and Rutland

HEALTH OVERVIEW AND SCRUTINY COMMITTEE: 14 JANUARY 2026

PRIMARY CARE

REPORT OF THE INTEGRATED CARE BOARD

Purpose of report

1. The purpose of this report is to provide an oversight and summary on Primary Care services that are commissioned by the Integrated Care Board (ICB) and delivered by Primary Care providers (GP Practices) across Leicester, Leicestershire and Rutland (LLR).

2. This will include a focus on national contract and locally tailored commissioning arrangements to explain how this supports patients in LLR to improve clinical outcomes and increase the number of appointments available in Primary Care General Practice.

3. Details will also be given regarding the ongoing local processes to ensure continued improvement around quality and safety and contractual compliance.

4. In response to a request from the Committee, information is provided specific to the Melton Mowbray area with regards to the current and future delivery of Primary Care services.

Background

5. Nationally, it is recognised that pressures in Primary Care are increasing in all areas, including the availability of an appropriately trained and experienced workforce to achieve the capacity to meet demand of patients in a growing and more complex population. The ICB is committed to ensuring that the provision of General Practice and wider Primary Care in LLR is enabling patients to access services in a timely and effective way. This will improve the experience and clinical outcomes of patients navigating the health system and support wider system partners by:
   • Helping to mitigate exacerbated demand across the wider system, e.g. ED attendances;
   • Improving communication and transfer of care between Primary, Secondary and Community care;
   • Providing better oversight and coordination in the management of people with Long-Term Conditions.

6. The LLR ICB Primary Care Transformation Board (PCTB) 2025/26 operational priorities continue to focus on maximising and expanding capacity to improve access and optimise health outcomes at neighbourhood level, address health inequalities and continue to deliver the ambitions set out in the NHS Long-term Plan. These priorities are:

a. Priority 1 - Reducing Unwarranted Variation and Improving Access for Patients
b. Priority 2 - Managing Winter Pressures
c. Priority 3 - Ongoing Quality Assurance and Safety
d. Priority 4 - Ensuring Value for Money and Contractual Compliance

7. The ICB oversees delivery of nationally agreed contracts with Primary Care providers, including Primary Care Network (PCN) Directed Enhanced Service (DES) which is designed to encourage GP practices to work together as Primary Care Networks (PCNs) to improve local patient care in specific areas in exchange for additional financial remuneration. During 2025/26, PCNs have worked in collaboration with member practices, ICB and wider system partners to support the delivery and implementation of national PCN DES as outlined in the table below:

PCN DES Delivery 2025-26	
Requirement	**Delivery in LLR**
Improving health outcomes and reducing health inequalities	All 26 PCNs submitted their Population Health Inequality plans outlining their aim to improve health outcomes for its population using a data-driven approach and population health management (PHM) techniques. The themes include Long-term diseases management, prevention, mental health, children and young people, women's health, early cancer screening, etc. PCNs will be invited to submit an outcome plan in May 2026 outlining the delivery of the plan and benefit to patient outcomes.
CVD	Overall, there has been an increase in early intervention and preventive care, particularly cardiovascular disease (CVD), reflecting the NHS's priority to reduce avoidable illness and early mortality. • Hypertension: Improvement in Hypertension identification by 19% • Atrial Fibrillation: Increase in AF identification by 2.5% • Lipid management: Increase in the Lipid management by 70%
Structured Medication Reviews	The Structured Medication Review (SMR) is a national, long-standing requirement for PCNs to work closely with their Clinical Pharmacist to increase the number of SMRs for the following cohort of patients: • Residents in care homes • People with learning disabilities • Those with severe frailty (housebound, isolated, recent admissions or falls) • Patients with complex polypharmacy (10+ medicines) • Patients on medicines associated with medication errors or harm • Patients on medicines linked to dependence or withdrawal These SMRs are vital for preventing avoidable harm, improving medicines optimisation, and supporting system priorities around frailty, safety, and reducing unplanned hospital activity. Across all indicators, activity has improved between October and November 2025, representing a positive shift in momentum: Many PCNs fall into the 1–24% engagement band, with a smaller proportion achieving ≥50%. As SMRs are annual reviews, majority of these are completed in the new year whereby patients are invited for health checks and medication reviews undertaken at the same time.
Early Cancer Diagnosis	LLR PCNs continue to increase cancer referrals in collaboration with partners and are working to improve early diagnosis. In addition, PCNs collaborate with Cancer Alliance to improve screening uptake, inclusive of breast, bowel and cervical cancer.

Local Approach to Commissioning

8. Alongside the nationally mandated elements of contractual and quality assurance expected to be carried out by ICBs, LLR have developed a tailored approach to the commissioning of specific services within Primary Care.

The Community Based Services

9. The Community Based Services (CBS) are a suite of locally commissioned services developed in 2023 and launched to coordinate practice payment for Locally Enhanced Services (LES) during 2024/25.

10. This local approach encourages what is traditionally thought of as the 'left shift' of suitable hospital activity that can be carried out in the community or by General Practice, closer to the homes of patients and with a transparent and fair remuneration process for practices that is directly linked to the activity.

11. The following table outlines the elements contained within the CBS offer in LLR:

Community Based Services (CBS) Offer in Primary Care	
Service Element	**Description**
Phlebotomy - Adults	Primary and Secondary initiated bloods service in general practice for adults and children.
Phlebotomy - Children	
Wound Care, Dressings, Suture & clip removal - Primary and Secondary	Provision of wound management in a local care setting, reducing the demand on acute and urgent care services.
Minor Injuries	Provision of evidence based minor injury care that optimises health and wellbeing and reduces the impact of minor injury, whilst reducing pressure on both emergency and primary care services.
Complex Care: Proactive care of patients with multimorbidity and/or complex needs	Provision of additional support and care for a specific sub-cohort of patients in LLR who are known to have complex / End of Life (EoL) health and / or care needs and would benefit from a structured care and medical review.
Nursing and Residential Care Homes Patients	Provision of additional services for patients in Nursing or Residential Homes, reducing the demand on acute and urgent care services.
Annual surveillance of at-risk individuals from Prostate Cancer	Patients who need active surveillance (those that do not have a cancer diagnosis but have a persistently elevated (Prostate Specific Antigen) PSA which requires monitoring).
Glucose Tolerance Testing in pregnancy	Oral glucose tolerance test (OGTT) in pregnancy between 24 and 28 weeks of pregnancy to diagnose gestational diabetes (GDM) or earlier than 24 weeks where a pregnant woman has had GDM during a previous pregnancy.
Urine Beta hCG Testing	Provision of an accurate and rapid pregnancy test result for patients who are identified as more appropriate for GP practice testing than self-testing including advice

	and signposting to support services as determined by the result of the test.
Vaginal Ring Pessaries	Provision of a service for all ambulatory female patients aged 18 years and over, registered with an LLR GP practice presenting with symptoms or incidental findings of vaginal prolapse or currently have a ring pessary fitted by another provider to have access to high quality vaginal ring pessary service delivered in primary care. The service will encompass the insertion of new, renewal or removal of pessaries and includes the reasons for a vaginal pessary, the benefits and any side effects.
Ear Irrigation	Provision of a service to patients with an identified need following a clinical consultation requiring an ear irrigation intervention.
Medicines Optimisation Framework (MOF) PQS)	Quality improvement focussing on: − Medicine safety − Antimicrobial Stewardship − Evidence based choice of medicines − Medicines Optimisation as part of routine practice − Understand patient experience
Monitoring Shared Care Medication (Including Lithium)	Monitoring of Shared Care Medicines as defined by the LLR Traffic Light system and Shared Care Agreements.
Supply and Administration of Defined Injectable Medicines	Supply and administration of defined Injectable Medicines.
Administration of depot Antipsychotics	Supply and administration of depot antipsychotic injections in line with normal best practice for the conditions being treated and in accordance with Leicester, Leicestershire & Rutland Area Prescribing Committee (LLR APC) Traffic Light classification requirements.

Table 2 - CBS Offer in Primary Care

Specialised Services

12. Due to the especially diverse cohort of communities that reside within LLR compared to other areas of the country, the ICB commission a small number of Specialised Primary Care providers to ensure equity within specific cohorts with regards to access to and effectiveness of services, to improve the health outcomes for recognised vulnerable groups. Following a recent procurement exercise, the ICB has issued long-term contracts for:
    - LLR-wide Primary Care services for asylum seekers awaiting a decision from the home office who are being accommodated in short-term ‘Contingency’ accommodation;
    - LLR-wide Primary Care services for the Homeless;
    - LLR-wide ‘Violent Patient Service’ (statutory responsibility of ICBs).

Same Day Access (SDA)

13. The vision for Leicester, Leicestershire and Rutland (LLR) as part of the Same Day Access services is to offer an integrated, coherent, and intelligible “same day” care service whereby patients can access the right service through an enhanced navigation and triage process to be seen by a GP for their care.

14. The primary aim of the Same Day Access is to ensure our Leicester, Leicestershire and Rutland patient population receive the “Right Care, Right Place, First Time” which we trust will reduce demand for acute emergency care and increasingly meet people’s needs in the most appropriate primary care setting closer to home.

15. The Same Day Access service is designed to ensure all patients, regardless of ethnicity, age, disability, sex, gender reassignment, religion/belief, or sexual orientation, can receive same day access care in a General Practice setting, because their needs cannot safely wait for the next day or a routine appointment at their registered General Practice. In addition, the service aims to ensure that patients, carers, and parents of young children are supported to access the right same day treatment and where necessary, be referred to the appropriate health care service for ongoing management.

16. The Same Day Access service provides additional primary care capacity, outside of core hours to support the balance of same day need and continuity of care. This is to ensure that patients have a seamless transition into and out of the service and that it promotes appropriate sharing of information to optimise the outcomes of care.

17. The principle of Same Day Access is to provide a service that is integrated operationally and strategically with other urgent care services in the wider health economy and thereby, reduce the number of patients having an avoidable attendance in an acute hospital.

18. Same Day Access appointments have/are being commissioned across LLR to:
    - Support the provision of on-the-day appointments for patients with conditions that can be managed in Primary Care.
    - Help to mitigate the burden of increased activity in Urgent and Emergency Care (UEC) services, such as walk-in centres and ED.

19. These services have been commissioned separately across the different ‘Places’ in LLR to meet the specific needs of local populations:

Leicestershire Same Day Access

20. Leicestershire Same Day Access is scheduled to commence on 1 April 2026, following the Most Suitable Provider (MSP) process under the Provider Selection Regime (PSR).

21. The SDA model is a key component of the LLR urgent care strategy and aligns with the national SDA hub approach, supporting integrated, neighbourhood-based care and improved access for local populations.

22. SDA will be delivered as part of the wider urgent care framework, closely aligned with NHS 111, the Clinical Navigation Hub, and Emergency Departments, and delivered through federations aligned to Primary Care Networks (PCNs).

23. From 1 April 2026, the Leicestershire population will have access to Same Day Access appointments Monday to Friday from 6:30pm to 8:00pm, Saturday 9:00am to 5:00pm and Sunday 10:00am to 2:00pm.

24. Same Day Access appointments will be available to all patients registered with a county GP and access at eight different locations across the county:
    1. Market Harborough
    2. Melton Mowbray
    3. Lutterworth
    4. North Blaby
    5. Hinckley
    6. Northwest Leics
    7. Charnwood
    8. Oadby Wigston (Additional Site)

25. On average there will be over 35,000 Same Day Access appointments available throughout the year offered Monday to Sunday.

26. Overall, this programme links with the ICB direction of travel for Neighbourhood based models of care with an aim to reduce avoidable acute activity and improving patient experience.

Priority 1 - Reducing Unwarranted Variation and Improving Access for Patients

27. The variation between general practice providers regarding how appointments are made available can result in patients becoming confused about how and where to access care when they feel they need it and ultimately may contribute to a default approach of patients opting for established UEC pathways to be seen on-the-day instead.

28. There is a rolling programme to address unwarranted variation in the availability and accessibility of general practice appointments across all practices in LLR. The General Practice Assurance and Improvement Group (GPAIG) comes together monthly to review data and intelligence at practice level and identify occurrences of unwarranted variation. This includes representatives from all Primary Care teams at the ICB; Transformation, Contracts, Quality, Estates and IMT.

29. Looking at LLR-wide data from the current financial year, we can see:

The total number of General Practice appointments offered within LLR for this period was 4,692,092.

This is a **2.2% Increase** from the same period in 24/25 (additional 99,223 appointments)

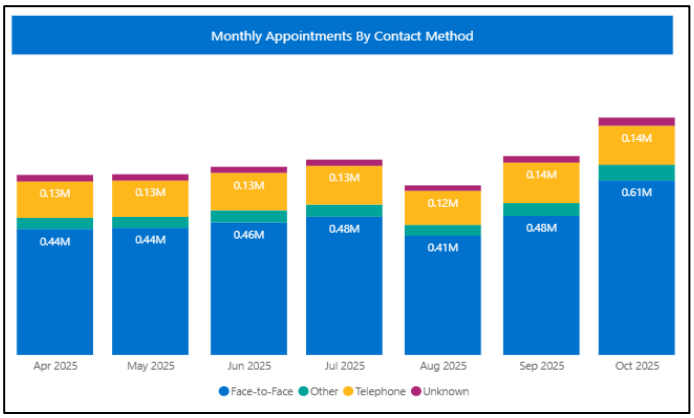


Table 4 – Data Source - National GPAD Portal – General Practice appointments across all staff types in LLR

The average appointment rate per 1000 patients for this period was 543.

This is an **Increase of 9** from the same period in 24/25 and is **above the national average**

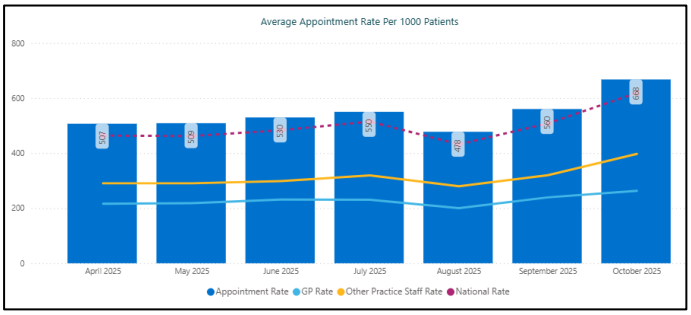


Table 5 – Data Source - National GPAD Portal – General Practice appointments across all staff types in LLR

70.9% of appointments were face-to-face

This is a **Decrease of 1%** from the same period in 24/25 (acknowledging a national push towards virtual/tel)

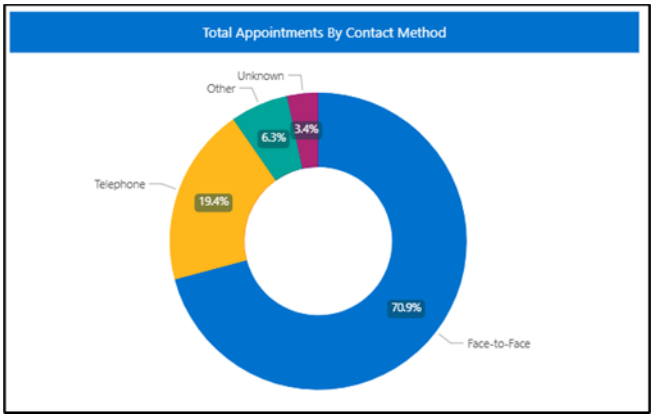


Table 6 – Data Source - National GPAD Portal – General Practice appointments across all staff types in LLR

39.8% of appointments took place on the day of contact.

37.5% of appointments took place within +1 to +14 days.

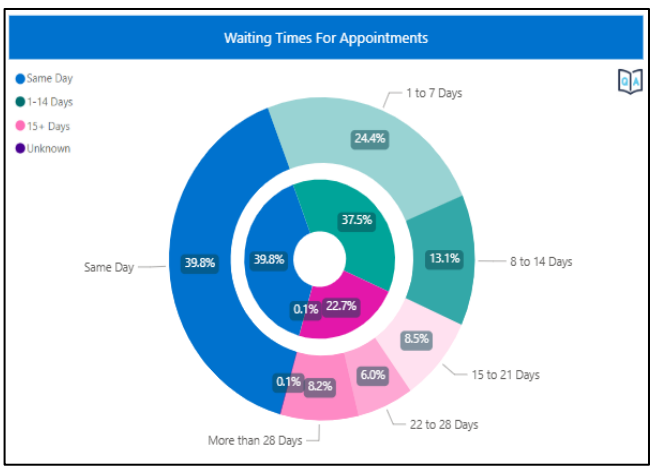


Table 7 – Data Source - National GPAD Portal – General Practice appointments across all staff types in LLR

30. This data shows that our practices are delivering more appointments whilst also transforming the way they work to implement changes that meet new mandates, e.g. increasing virtual consultations, whilst still fulfilling their traditional role of the management of chronic illnesses for patients with long-term conditions.

Digital

31. All practices in LLR are now utilising Cloud-Based Telephony technology, which means that calls can be digitally managed and coordinated between sites - even across practices in the same PCN for Business Continuity Management scenarios, such as emergency practice closures. This also means most practices are using a live call-back system that holds callers' place in the queue without them having to wait on the phone.

32. Every practice has now also implemented new Online Consultation (OLC) solutions for implementation, alongside telephone and traditional face-to-face appointments where clinically appropriate and/or preferred by patients.

33. Practices are also encouraged to promote the use of the NHS app for prescription requests and access to personal health records.

Reducing Did Not Attends (DNAs)

34. DNA rates within General Practice have risen significantly across LLR within the last 3 years.
    - 265,288 appointment DNA in 22 / 23 - 15% repeat patients;
    - 282,321 appointment DNA in 23 / 24 - 16% repeat patients;
    - 288,933 appointment DNA in 24 / 25 - 32% repeat patients.

35. This equates to 139,000+ hours of lost clinical time, assuming that all appointments were 10 minutes in duration. The impact of patient DNAs on capacity and access across the system is significant: patients will experience longer wait times to be seen and patients may utilise other alternative pathways (for example - NHS 111, A & E and Urgent Care Centres).

36. The project was launched in Leicester City initially, where best practice was shared, and has subsequently been launched in Leicestershire and Rutland following positive results. The project aims to actively promote the following messaging:
    - If you have an appointment that you cannot attend, you must cancel it.
    - If you need to cancel an appointment, it's really easy to do so.

37. Reducing DNA rates across LLR aims to ensure that patients receive the right care at the right time, to reduce ED attendances and avoidable hospital admissions.

38. Quarter 1 & Quarter 2 has seen a reduction of DNA rates within Leicester City of 1.77%. This will be closely monitored going forwards for Quarter 3 & Quarter 4 across LLR, whilst processes are given time to embed.

Community Pharmacy

39. The NHS Long Term Plan published in January 2019 highlighted the need to boost out-of-hospital care and to reduce pressure on urgent and emergency care (UEC). It also committed the NHS to make greater use of community pharmacists' skills and opportunities to engage patients. The NHS Community Pharmacist Consultation Service (CPCS) was commissioned by NHS England as an advanced service from October 2019. A patient referred into the service had a confidential consultation with a community pharmacist to assess their need for an urgent repeat medication or to assess acuity of minor illness symptoms and provide advice to support next steps.

40. In May 2023, NHS England and the Department of Health and Social Care (DHSC) published the Delivery Plan for Recovering Access to Primary Care and committed to expanding the role of community pharmacy. One of the ways this was delivered was by the evolution of the previous CPCS service into the new Pharmacy First with the addition of the option for pharmacists to treat seven common conditions by supplying NHS funded medicines.

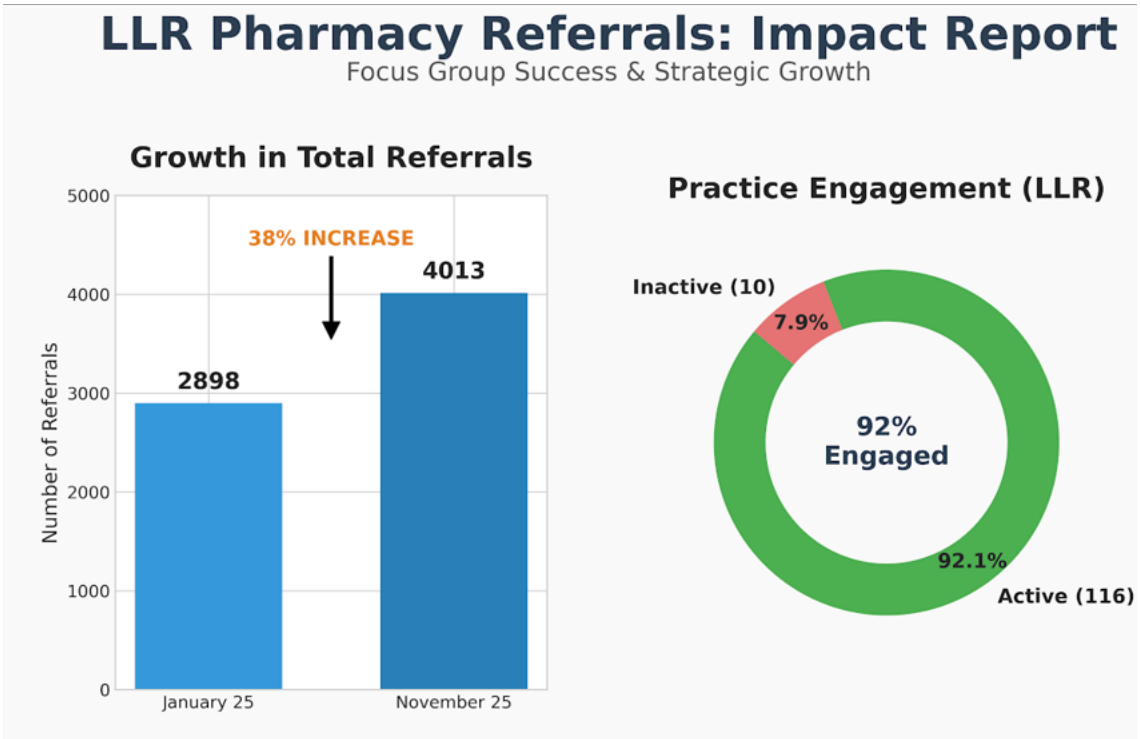
41. The full service therefore consists of three elements:

42. As an advanced service, pharmacies can choose to opt in to the service or not, but if opted in must provide the full service (exceptions for distance selling pharmacies). As of November 2025, only two pharmacies in LLR had not signed up to provide the service. The main reason for this is the physical space in those 2 pharmacies does not enable to offer the full range of service required.

43. The strategic aims of the service are to:
- Provide access to appropriate urgent care services in a convenient and easily accessible setting.
- Free up clinician capacity in the above settings, for the treatment of patients with higher acuity conditions
- To promote community pharmacy supported self-management of health as a first-choice option for patients and therefore prevent inappropriate use of UEC services in the future.
- To provide urgent access to patients who are not registered with a GP for treatment of low acuity minor illnesses.
- To further utilise the clinical skills of community pharmacy teams to complete
- episodes of care for patients and improve access.

44. The current activity levels for Pharmacy First within LLR have grown dramatically over the year. We have implemented a bi-monthly Pharmacy First Focus group with the PCN managers to offer support and guidance around all areas of community pharmacy.

45. Since starting Focus Groups, we have seen an increase in practice referrals to pharmacies of 38% increase across LLR.



46. Looking at the above graphic, it shows that in January 2025 we recorded 2,898 referrals and the most recent data in November 2025 shows that number at 4,013. Moving from sub-3,000 to over 4,000 referrals indicates that the infrastructure and pharmacy capacity are successfully scaling to meet increased demand. We have also been working individually with PCN's offering a 1-2-1 service to look into details of current issues so we can assist with any support they require. The engagement from our 126 practices within LLR is now at 92% with only 10 practices in the latest data not offering a referral, this has been consistent for 3 months. So once again we have seen great developments within LLR. Our current referral rate per 1000 patients makes us the leading ICB within the Midlands region.

Metric	Value	Insight
Growth	+38.5%	High momentum; successful adoption of Focus Group feedback.
Active Practices	116 / 126	High system-wide buy-in; low "leakage" of potential referrals.
Sustainability	3 Months	The engagement levels are a "new normal," not a temporary spike.
Market Position	#1 in Midlands	Demonstrates "Best in Class" status for the referral per 1000 metric.

47. Looking at the past 3 months of data recorded (September, October and November) and using the calculations according to the British Medical Association that around 13 appointments being a safe number of patients that a GP can manage in a half-day session and that a full time GP works 9 sessions a week. In terms of approximate GP sessions saved within practices (understanding that these sessions can be taken up by patients with more serious illnesses) the approximate GP sessions saved by utilising Pharmacy First can be seen below.

Month	Approx GP sessions
September	230.9
October	314.3
November	308.7

Priority 2 – Managing Winter Pressures

48. As part of wider system Winter Planning processes, a detailed plan has been submitted to identify how Primary Care can continue to contribute to mitigating increased pressure across all sectors.

49. As part of this, further additional capacity has been commissioned within Primary Care to mitigate pressure associated with regular winter surges being felt by wider system partners:

Acute Respiratory Infections & Response hub

50. The hub enables children to access medical care for respiratory illnesses that may cause fever, laboured breathing, lethargy and poor feeding or fluid intake. The hub will provide additional access to medical care for children and young people with non-life-threatening respiratory illnesses such as coughs, colds and wheezing caused by winter viruses

51. To help the Children's Emergency Department focus their resources on life and limb threatening emergencies, children that require respiratory or other related support can now be referred to the hub by either their GP practice or by triage staff at the Children's Emergency Department. The hub, which is based in Leicester, will offer appointments to patients between 2:00pm and 9:00pm Monday to Friday. An extra 2,470 appointments will be provided from December 2025 until March 2026.

On the day support for General Practice

52. The ICB provides on the day support to practices to identify solutions to operational and systemic issues as they are encountered. Practices are encouraged to regularly report their operational capacity with regards to the availability of general access appointments as part of a local Operational Pressures Escalation Level (OPEL) framework for Primary Care which feeds into wider system coordination of daily pressure.

Priority 3 - Ongoing Quality Assurance and Safety

53. LLR ICB has embedded a comprehensive assurance and improvement framework that goes beyond compliance to actively address unwarranted variation and promote equity in patient care. The approach combines quantitative data with qualitative insights to create a holistic understanding of practice performance. While dashboards and metrics provide a starting point, they are never viewed in isolation. Instead, they are contextualised with local intelligence, patient feedback, and practice-level engagement to ensure that variation is understood, whether warranted or unwarranted, and acted upon appropriately.

54. The General Practice Quality Dashboard is central to this work. It maps variation across clinical outcomes, patient experience, and medicines safety indicators, enabling commissioners to identify patterns that may signal inequity or risk. This intelligence informs monthly discussions at the General Practice Assurance and Improvement Group (GPAIG), where data is translated into practical actions. For practices with significant variation, tailored Desktop Reviews are produced, highlighting improvement priorities and sharing best practice examples. These reviews are not punitive; they are collaborative tools designed to empower practices to make meaningful changes.

55. The Quality Assurance and Improvement Toolkit (QAIT) further strengthen this approach. It provides practices with a structured self-assessment against national standards while offering guidance on improvement strategies. By integrating Local Authority assurance requirements, QAIT has streamlined reporting and reduced duplication, freeing practices to focus on quality rather than bureaucracy.

56. Governance is underpinned by a risk-based, multi-level framework aligned to National Quality Board guidance. Routine assurance occurs at GPAIG, while enhanced oversight and rapid intervention are triggered for higher-risk scenarios. This graduated model ensures proportionate responses and fosters a culture of continuous improvement rather than reactive compliance.

57. Our commitment to reducing unwarranted variation is reflected in tangible outcomes. Appointment availability has increased by 2.2% between April and October 2025, with LLR practices delivering an average of 543 appointments per 1,000 patients, exceeding national benchmarks. This improvement is not uniform, however, and the dashboard continues to highlight areas where access remains constrained. These insights have informed targeted interventions, such as workflow redesign and resilience planning, to ensure sustainable gains.

58. 96% of LLR practices are rated Good by the CQC, and patient experience scores, while only slightly below national averages (FFT England = 75%, FFT LLR = 72%), show positive trends. Importantly, QAIT submissions reveal a shift in the types of support requested towards complex areas such as Learning Disabilities, Medicines Safety, and Patient Experience indicating that previous interventions have enabled practices to progress beyond foundational compliance.

59. System-level projects, such as the Transgender Screening Quality Improvement initiative and improvements in care home interfaces and the management of Freedom to Speak Up concerns further demonstrate the application of tackling variation at scale. These projects are designed not only to resolve immediate issues but to embed processes that prevent recurrence, ensuring long-term sustainability.

60. The GP Tracker provides visibility of assurance levels and planned interventions. Of the 126 practices:
    - 85 require no further action, reflecting sustained improvements and resilience.
    - Others are engaged in varying levels of support, from desktop reviews, onsite visits and a range of supportive interventions based on risk stratification.

61. This dynamic approach ensures resources are directed where they are most needed, reducing unwarranted variation and safeguarding patient safety.

62. The intervention model is deliberately flexible, allowing us to tailor support to the unique context of each practice. Options range from Quality Improvement Forums, which foster peer learning and spread best practice, to specialist input from IPC, safeguarding, and medicines safety teams. Clinician-to-clinician conversations provide a safe space for discussing sensitive issues, while external programs such as the NHS Support Level Framework and GP Improvement Programme offer additional capacity.

63. Crucially, these interventions are not one-off fixes. They are designed to build capability within practices, enabling them to sustain improvements independently.

Priority 4 - Ensuring Value for Money and Contractual Compliance

Ongoing contract management

64. LLR ICB continues to maintain strong oversight of GP contracts to ensure that public funds are used appropriately and that patients receive safe, effective care. The approach is structured, transparent and aligned with statutory responsibilities.

65. How the ICB manages contracts day-to-day:
- Active oversight of all GP contracts (GMS, PMS, APMS), including monitoring performance, identifying concerns early, and putting recovery actions in place where needed.
- Quality and Contract Visits, undertaken jointly with Nursing & Quality colleagues, ensure that practices meet required standards and that risks are managed proactively.
- Regular analysis of activity, demand, capacity, finance and performance data, enabling the ICB to confirm that services are being delivered as commissioned and within budget.
- Monitoring data quality to ensure that reporting is accurate and reliable, supporting fair funding and robust assurance.
- Providing contractual advice and responding to practice queries, helping practices understand and meet their obligations.
- Coordinating the Contract Assurance Template process, which provides additional scrutiny for practices requiring enhanced assurance.
- Handling complaints, MP enquiries and FOI requests, ensuring transparency and accountability in how primary care services are commissioned and overseen.
- Supporting service reviews and pathway redesign, ensuring that any changes deliver value for money and comply with the NHS Provider Selection Regime.
- Overall, the ICB's ongoing contract management aims to secure value for money, maintain high-quality care, and ensure that practices meet their contractual responsibilities.

Recent contract changes

66. The ICB has implemented national and local changes linked to the 2025/26 GP contract. These changes support improved access, digital transformation, and workforce sustainability.

National changes implemented locally

67. The changes implemented locally are:

- 4% uplift to the global sum, increasing core practice funding.
- Expanded locum reimbursement, supporting workforce resilience and continuity of care.
- Enhancements to Additional Roles Reimbursement Scheme (ARRS) and System Development Fund (SDF) funding, enabling practices and PCNs to strengthen multidisciplinary teams and develop services in line with national priorities.

Local implementation priorities

68. The priorities are:
    - Phased introduction of mandatory online consultation tools, ensuring practices can offer modern, accessible contact routes while maintaining non-digital options for those who need them.
    - Rollout of GP Connect functionality, improving interoperability and enabling better information sharing across the system.
    - Support for improved patient-facing resources, helping practices meet expectations around digital engagement and access.

69. These changes are designed to improve patient experience, strengthen workforce capacity, and ensure that primary care services remain sustainable and responsive.

70. In January 2026, we will contact the practice to highlight areas of non-compliance and set out the actions required to achieve contractual compliance. We will also liaise with the Local Medical Committee (LMC) to support the commissioner in ensuring a consistent approach to contractual compliance and messaging.

Looking Forward - 26/27 and beyond

71. The future of primary care is defined by a shift from reactive "sickness" management to proactive, community-based wellness. By supporting the growth and development of place and system-based primary care organisations, we can move from a volume-focused access model to an outcomes-focused approach. Place and system-level providers are well-situated to take greater responsibility for patient cohorts, working across the primary care family, community services and VSCE partners to deliver personalised neighbourhood-level care while providing expert analysis and integration support.

72. With this in mind, as part of the Strategic Commissioning Framework for Integrated Care Boards ICBs will need to review and adapt the way we commission services from Primary Care in line with all other providers of Health services. https://www.england.nhs.uk/long-read/strategic-commissioning-framework/

73. This will include moving toward a strategic, neighbourhood-based approach to work alongside new statutory organisations that will assume oversight for operational delivery alongside financial responsibility through national contracting and procurement structures; overseen by ICBs.

A Neighbourhood Focus – Melton Mowbray

74. The ICB has been asked by the Committee to provide information in relation to access to GP Practices in the Melton area as a result of concerns raised by members and the public about a lack of provision.

75. Data taken from the Melton, Syston and Vale (MSV) Primary Care Network (PCN) during the current financial year (April-October 2025) shows the following:

76. Locally, the ICB has worked with partners to address a desire for additional Primary Care provider contracts to be implemented in Melton. Two options have been explored with Melton Borough Council (MBC), but neither were financially viable; even when accounting for the Section 106 developer contributions of c.£1m. Co-location was explored both as part of a new-build leisure centre and also in MBC's offices in Parkside, where office accommodation was to be repurposed to meet clinical standards and a new surgery created on the first floor.

77. In August 2025, the ICB took the decision to pause the consideration of a new GP Practice in Melton Mowbray but remains committed to continuing to work with MBC to explore options when guaranteed funding and suitable, affordable premises are identified.

78. The reasons for the pause are:

- The ICB does not receive capital funding to develop new practices itself. Any new premises therefore need to be funded by local authority Section 106 contributions, private/public investment and GP practice investment. Section 106 funding is awarded by local authorities to support new housing developments and is used to invest in roads and schools, as well as healthcare premises.
- Published data from NHS Digital (from 2020 to August 2025) showed only a 3.19% increase in patient registrations at the current Melton practice.

- There is no evidence, according to local and nationally published appointment data, that Melton should be prioritised above other areas across LLR for investment in additional Primary Care service provision. Perceived decrease in availability of general practice appointments is a national issue, although data suggests that more appointments are available and being delivered now per registered patient than ever before.
- All ICBs are going through a process of clustering with other ICBs to reduce management costs by 50%. At the time there was uncertainty around staffing availability to support the process of exploring further options.

79. The pause is until February 2027, but should anything change before then, particularly regarding available funding, the ICB will re-visit an options appraisal.

Questions submitted to Committee meeting on 5 November 2025 (added to the report as background information)

80. The following questions and answers were read into the record at the Health Overview and Scrutiny Committee meeting on 5 November 2025:

1. <u>Question from Mr. A. Innes CC:</u>

Melton Mowbray is serviced by a single GP practice, Latham House, and following a recent report that the project to site a second GP practice in the town has been suspended there is further upset in the community following this decision. The Melton community cannot continue to have a situation where appointments are pushed out to 6 weeks and even for simple tests, we have to wait weeks to have these done.
I would like to ask does the Chair of the Committee share my concerns and how is the ICB planning to meet their statutory requirement to ensure that there is adequate healthcare provision for the communities in their designated areas, and more specifically for Melton Mowbray?

Reply by the Chairman:

I share the concerns of residents and local members from Melton over this issue. Therefore, we will be examining this matter in more detail at a future meeting of the Leicestershire County Council Health Overview and Scrutiny Committee. I am aware of concerns elsewhere in the County over GP practices, so any report we have will cover not just Melton, but other areas as well. In addition, the issue of access to GP practices is going to be examined by the Leicester, Leicestershire and Rutland Joint Health Scrutiny Committee in the new year.

In the meantime, I have obtained the following statement from the Integrated Care Board:

"We are working closely with GP practices across Leicester, Leicestershire and Rutland (LLR), including in Melton, to ensure any available, additional funding and recruitment opportunities are taken up and used to meet the health needs of our diverse communities, equitably. Practices are supported to implement

new ways of working to improve access and care, including introducing new technology, integrating a wider range of health professionals, innovating how care is provided and improving premises.
We are working with Latham House specifically to increase the ways the practice can support local residents, including a new digital suite at the main site, an approved redevelopment of a property owned by the practice on Sherrard Street to extend clinical services and increasing recruitment including five GPs. We are committed to continuing to work with Melton Borough Council on the health services provided for residents and our Chief Executive and Chief Strategy Officer are due to meet over the coming weeks with the council leaders.

To ensure we use limited resources in the best way to meet the needs of all patients, we are also coordinating partners across the health and care system by matching them to the right level of care for their medical condition, with the right health professional, in the right part of the NHS, first time, and improving access to same-day care. We are currently engaging with local communities to raise awareness of a two-step process to help them get the right care.

Supporting information:

- The healthcare provided by GP practices is funded according to the national GP contract and the integrated care board receives limited other funding streams with which to increase investment in general practice.
- Recent examples include additional investment to ensure local practices receive equitable funding to provide core services and encouraging primary care networks (groups of practices) to recruit additional staff from a wide range of roles under the Additional Roles Reimbursement Scheme (ARRS) - 30 additional newly qualified GPs have been employed in practices in LLR under this scheme.
- ICBs do not routinely receive capital funding to develop new practices themselves. Any new premises therefore need to be funded by local authority S106 contributions, private/public investment and GP practice investment.
- This helps balance the needs of all patients across Leicester, Leicestershire and Rutland using limited NHS resources.
- Over recent years, GP practices have been working hard to evolve how they provide care to improve access and improve patients' health.
  - GP practices have a wider mix of specialist health professional who work together to care for patients. GPs look after the most seriously unwell patients and those with the most complex needs and people with less serious health conditions are supported by the wider practice team, appropriate for the condition.
  - GP practices also work more closely with community pharmacies. Now conditions that used to be seen in general practice are looked after in a pharmacy, for example under the Pharmacy First scheme.
  - Practices are using new technologies which are often more convenient for many people. Digital options won't be suitable for everyone, but they free up traditional methods for those who can't use online options.
  - Cloud based telephone systems, with a call-back function, and online forms for making requests.
- Through GP practices and NHS 111, same-day appointments can be arranged if a patient's condition means that they need to be seen quickly. This could be

at their own practice, at a local pharmacy under the Pharmacy First scheme, at an urgent treatment centre or another GP practice or health centre (during evenings, weekends and bank holidays). Melton Urgent Care Centre provides these latter appointments. Melton also has a Minor Injury Unit.

- The ICB regularly seeks the views of local people about the services they experience, in order to make improvements. The ICB carried out an LLR-wide GP practice experience survey in 2024. Local residents currently have the opportunity to share their views of same-day appointments, such as general practice and pharmacy appointments, and a new two-step approach to getting care quickly. The questionnaire closes on 7 December 2025: https://leicesterleicestershireandrutland.icb.nhs.uk/be-involved/need-help-fast-engagement/"

2. Question from Mr. J. T. Orson CC

Melton residents were dismayed to learn that the ICB has deferred funding for a second GP practice until February 2027. This decision has understandably intensified concern about the adequacy of current provision.

Would you agree that the time is right for constructive scrutiny—particularly in relation to Latham House Medical Practice? Persistent concerns around staffing levels, patient engagement, waiting times, and care protocols suggest that Health Scrutiny might now play a vital role in clarifying both current practice and future need. A formal review could offer reassurance, transparency, and a pathway forward.

I also believe all four Melton LCC Members and MBC would welcome the opportunity to contribute a solutions-focused perspective. There are areas where modest adjustments could yield meaningful improvements, and I'm confident both Councils stand ready to support any ongoing efforts.

I hope this letter strikes the right balance between challenge and collaboration. Please let me know if further discussion or additional detail would be helpful.

Warm regards,
Joe Orson
Melton Wolds Division

Reply by the Chairman:

I agree that the time is right for constructive scrutiny of the issues relating to Latham House Medical Practice. Officers that support the Leicestershire County Council Health Overview and Scrutiny Committee have been liaising with the Integrated Care Board regarding which would be a suitable Committee meeting for representatives of the ICB to come and present a detailed report on access to GP Practices, not just in the Melton area but in the whole County of Leicestershire. It is hoped that the report would address many of the issues you raise such as staffing levels and waiting times. The members that represent divisions in the Melton area will be invited to the Committee meeting at which this issue is considered. However, the limitations in terms of the powers and time constraints of the Health Overview and Scrutiny Committee must be recognised. Whilst the Committee can request reports and ask questions at

public meetings, a more in-depth formal review would have to be carried out by the ICB themselves. Please see the interim response from the ICB set out in the answer to the question from Mr. Innes CC above. Please be assured that the Committee will continue to scrutinise the ICB on this topic and will invite you to any Committee meeting relating to health issues in the Melton area.

Background papers

Report considered by Leicester, Leicestershire and Rutland Health Scrutiny Committee on 17 July 2024: https://democracy.leics.gov.uk/documents/s184224/GP%20Practices.pdf

Circulation under the Local Issues Alert Procedure

Mr. A. Innes CC
Mrs. K. Knight CC
Mr. B. Lovegrove CC
Mr. J. T. Orson CC

Officer(s) to Contact

Report authors: Mayur Patel, James Hickman, Seema Gaj, Lorna Simpson, Fayaaz Hussain, Amy Walker, Charlotte Dickens, Dane Bull, Jonathan Gardiner, Glenn Halliday

■ Author contact details: Mayur.patel@nhs.net/ 07788338758