

Capitated LESs 25/26 – Practice Mitigation Guidance

Following the circulation of end-of-year projection letters and reports in March, the ICB has confirmed the **year-end reconciliation principles** for the 2025/26 Capitated Local Enhanced Services (LESs).

Exclusions

Simple Injections and PSA activity are excluded from the 2025/26 year-end principles.

- **Simple Injections** – Further review is required to ensure expected activity levels accurately reflect current delivery across practices. This will inform arrangements for 2026/27.
- **PSA** – Activity is excluded for 2025/26 while work continues to establish a more consistent and reliable representation of delivery.

The following Capitated LESs are included within these principles:

- ECGs
- Phlebotomy
- Wound Care

Coding and In-Year Performance Monitoring

All Capitated LES activity must:

- be delivered by **31 March 2026**
- be recorded with an activity date on or before **31 March 2026**

To support timely reconciliation, all eligible activity must be fully coded by **10 April 2026**.

Activity coded after this date will remain contractually valid; however, late submission may delay confirmation of the final position and the timing of any associated reconciliation payments.

Accurate coding by **10 April 2026** will enable eligible practices to receive reconciliation payments within the **June 2026 payment run**, where applicable.

Practices have been provided with **monthly Business Intelligence (BI) performance reports via the intranet** to support ongoing monitoring. Practices are expected to review their data routinely, identify discrepancies in-year, and take timely corrective action.

The availability of BI reports throughout the year is intended to support **proactive monitoring and resolution of discrepancies prior to year-end reconciliation**.

Practices are responsible for ensuring appropriate BI report access is in place.

Any access issues should be raised promptly with the local Primary Care Team.

Data discrepancies should be raised with the Data Quality Team via the MLCSU IT Service Desk ([Sostenuto self-service portal](#) / [AVA Chatbot](#) / 0300 555 0212) and resolved in-year wherever possible.

End-of-Year Achievement Confirmation

Following completion of the year-end data extract in **April 2026**, practices will be issued with a **final end-of-year achievement letter by 30 April 2026**, confirming their recorded achievement and indicative reconciliation position.

Allowances

In determining the 2025/26 year-end approach, the ICB has applied defined allowances to ensure a **fair and proportionate methodology**, including:

- Exclusion of PSA and Simple Injections
- Use of **multiple averaging methodologies at reconciliation**, with the highest resulting achievement level applied to determine the final position
- Opportunity for **retrospective coding within the agreed reconciliation timescales**

Mitigation should therefore be reserved for **genuinely exceptional and evidenced circumstances beyond the practice's reasonable control**.

Mitigation Requests

Any mitigation request must demonstrate **exceptional and evidenced circumstances beyond the practice's reasonable control that could not have been mitigated through normal operational management**.

Mitigation will not be considered as a mechanism to retrospectively correct data or address coding omissions outside the agreed timescales.

The mitigation submission form will open on **30 April 2026**, once final reconciliation and end-of-year data reports have been circulated to practices by the ICB. If these reports are issued earlier, the mitigation submission process will open sooner.

Mitigation requests must be submitted via the **Microsoft Forms link by 8 May 2026**.

[Capitated LESs 2025/26 - Mitigation Evidence Submission – Fill in form](#)

Circumstances that will not be accepted as mitigation

When considering mitigation, the following will **not be regarded as exceptional circumstances**, as they should already be accounted for through business continuity, operational resilience, and in-year performance management:

- **Routine staff absences (e.g. annual leave, short-term sickness)**
 - **Expected seasonal variations in demand**
 - **Known recruitment challenges within primary care**
 - **Patient declines**
 - **Standard operational pressures**
 - **Planned IT system downtimes or software transitions where workarounds are available**
 - **Data recording or coding issues (with the exception of subcontracting arrangements and Enterprise consultations as outlined below)**
 - **BI report access issues**, including lack of access to reports or delayed resolution of access problems, where these were not raised and addressed in-year via local Primary Care Teams
- Practices are expected to proactively plan for foreseeable operational challenges and manage data quality throughout the contract year.

Wound Care – Multiple Procedures per Contact

The Simple Wound Care LES records activity using the wound care claim code, which captures **patient contacts rather than individual procedures**. Where multiple procedures are undertaken within a single appointment, these are recorded as **one contact** in line with the service specification.

Multiple procedures within a single appointment are considered part of **normal service delivery and are already reflected within the funding model**. As such, this will **not be considered a mitigating circumstance** as part of the year-end reconciliation process.

*This list is not exhaustive. Each submission will be considered on its individual merits; however, mitigation will only be approved where **exceptional and evidenced circumstances beyond the practice's reasonable control are clearly demonstrated**.*

Subcontracting Arrangements

Where LES services are delivered through subcontracting arrangements; activity should be recorded in the patient record.

- Activity should be appropriately coded to reflect delivery of the commissioned service.
- For 2025/26, practices may submit mitigation where coding is missing due to subcontracting arrangements. **Any submission must be supported by appropriate, verifiable evidence of activity delivered (e.g. provider reports or other auditable records). Numerical estimates or unsupported figures will not be accepted.**

Enterprise Consultations

Practices should ensure LES activity delivered through Enterprise is coded correctly.

- Where practices believe Enterprise activity is not fully reflected within BI reporting, mitigation evidence may be submitted. **Submissions must include appropriate supporting evidence of activity delivered (e.g. system reports or other auditable records). Numerical estimates or unsupported figures will not be accepted.**

Mitigation Review and Outcomes

Mitigation submissions will be reviewed by a **mitigation panel comprising representatives from the ICB commissioning, finance, and the LMC during the week commencing 11 May 2026.**

Practices will be notified of the panel's decision by **29 May 2026.**

Please note that the panel's decision will be final and there will be **no formal appeals process.**

Donna Roberts	Associate Director – Primary Care
Lindsey Dickinson	Associate Medical Director - Primary Care
Clare Moss	Head of Medicines Optimisation
Carole Walmsley	Finance Manager
Leanne l'Anson	Primary Care Business & Projects Partner
LMC Rep	Abigail Askew
Data Quality Team rep	Alicia Speller