NHS
Lancashire and South Cumbria
Integrated Care Board

Variation LES - Frequently Asked Questions (FAQ)

Following the publication of the Variation LES, several questions have been raised by practices. This document provides clarification on those queries and should be read alongside the LES specification. Further information and supporting resources relating to the Variation LES are also available on the intranet.

No.	Question	Answer
About the LES and Participation		
1	**What is the purpose of the LES?**	The LES aims to support practices in reviewing provided data, identifying opportunities for improvement and implementing actions to improve quality, efficiency, and patient care.
2	**When does the LES commence?**	The LES commences on 1 September 2026.
3	**How do I sign up?**	Practices wishing to participate should contact the Enhanced Services team - **lscicb.localenhancedservices@nhs.net**, who will arrange for a contract variation to be issued.
4	**Can practices join the LES after the 17 August 2026 deadline?**	Yes. Practices can still join the LES after 17 August 2026. Practices wishing to participate should contact the Enhanced Services Team to arrange a contract variation. Practices can sign up to the LES up to **30 October 2026**. This allows sufficient time for practices to engage fully with the improvement support available, work through the improvement cycle and make meaningful progress towards the intended outcomes within Year 1. It also ensures sufficient time for the improvement support to be planned and delivered effectively across participating practices and PCNs. Practices signing up within this period will receive the **full £7,000 payment** and will be expected to meet the full requirements of the LES.
5	**Is participation in the LES genuinely voluntary, and will there be any detriment for non-participation? (LMC query)**	Like all LES, practices may choose whether they wish to participate.
6	**What happens if an individual practice chooses not to participate, but other practices within its PCN do?**	As above, individual practices may choose whether to participate. The LES seeks to encourage practices within a PCN and where beneficial across multiple PCNs to work together to explore variation, share learning and where relevant jointly engage with other partners to progress improvements. It is however recognised that not all practices in a PCN may choose to participate.
7	**What happens if a practice signs up but does not complete the required work, and could any funding be reclaimed?**	This LES is purposefully designed to be a high trust improvement-based approach. It is expected that practices will undertake the activities identified. The ICB and/or its improvement support partner will be in regular contact with practices to support and enable delivery. Practice delivery of the LES this year will inform the approach to LES next year.

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8	**What are the arrangements if a practice chooses to withdraw from the LES? (LMC query)**	Practices may choose to withdraw from the LES after signing up, **subject to the standard three-month notice period**. As this is an improvement-based LES, it cannot be guaranteed that a practice will be able to sign up, receive funding and subsequently withdraw without financial implications. Practices may withdraw at different stages of the improvement cycle and with differing levels of work completed. Any potential recovery of funding will therefore be considered on a case-by-case basis, taking account of the level of engagement and improvement of activity undertaken up to the point of withdrawal.
Payment and Contractual Arrangements		
9	**Is the £7,000 payment linked to achieving specific performance targets?**	No. The payment is intended to support practices in undertaking the quality improvement work set out within the LES.
10	**When will the £7,000 payment be made?**	The £7,000 payment will be made through the next appropriate financial payment run following receipt of the practice signed contract variation sent to the Enhanced Services Team.
11	**Will participation in the LES be linked to contractual performance management or breach processes? (LMC query)**	No, as previously confirmed, the LES is purposefully designed to be an improvement-based approach. Whilst it mentions the wider NHS England GP contract changes, the two are entirely separate.
Quality Improvement and Practice Requirements		
12	**What is expected of participating practices?**	• Review the initial data early in the programme. • Identify areas for improvement. • Develop an action plan. • Implement the agreed actions.
13	**Do practices need to complete every recommendation within the data packs?**	No. The recommendations are intended as a guide to support quality improvement. Practices should use the information within the data packs to develop their own improvement priorities and actions based on their needs.
14	**Which areas will practices be expected to focus on, and will implementation be phased?**	Practices are not expected to focus on all areas within the data packs. Instead, they should use the information provided to identify and prioritise improvement areas most relevant to their practice population and local needs. Implementation will be supported through a phased approach, with Cycle One comprising: • Completion of a practice meeting by November 2026 • Completion of a facilitated PCN peer review meeting by January 2027 • Completion of a PDSA cycle by March 2027.

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15	**Approximately how many hours per month will practices be expected to commit to the LES?**	There is no prescribed minimum or maximum number of hours that practices are expected to commit. Practices should allocate sufficient time to undertake the quality improvement of meetings and activities described within the specification and participate in the required programme of activities. The £7,000 payment has been calculated using the same methodology applied to other LESs, considering the anticipated tasks and the time required to undertake the activities set out within the LES.
16	**How will practices demonstrate engagement with the quality improvement requirements of the LES?**	Participating practices will be expected to demonstrate engagement with the quality improvement process, including review of the data packs, development and implementation of an action plan, and participation in the agreed programme activities. Oversight and assurance of delivery will be through an improvement support partner.
17	**Who determines the improvement actions implemented through the LES? (LMC query)**	Practices will develop and implement their own improvement actions. A key aim of the LES is to encourage practices to identify, develop and take ownership of changes that support quality improvement. There may also be opportunities for practices to adopt and adapt successful approaches developed elsewhere where these are relevant to local circumstances. It is recognised that some improvement actions may require wider population or system-level delivery by other partners. Where this is identified, practices may need to engage with or escalate to the ICB to support progression of the improvement action. Clinical decision-making and patient care remain the responsibility of individual practices and clinicians.
Data, Monitoring and Assurance		
18	**How will I receive my data?**	Practices will have access to data packs throughout the duration of the LES to support delivery of the programme. The data is available on the GP Practice intranet under the GP Referral Data Pack tab.
19	**What information will be included within the variation data packs?**	The data packs will provide practice-level activity and data to support practices in identifying and exploring areas of variation, understanding factors that may contribute to this variation, and identifying opportunities for improvement.
20	**How will the LES be monitored?**	Assurance of delivery will be provided by an improvement support partner, based on evidence that practices have engaged with the quality improvement process and are working towards the agreed outcomes.
21	**Will LES data or reports be used for performance management purposes? (LMC query)**	No. Escalation within the LES refers to the identification by practices, PCNs or groups of practices of additional support or development needs. These themes may be highlighted through an improvement support partner and shared with the ICB to inform future planning of support, service development or commissioning intentions where appropriate. The reporting requirements within the LES are intended to support quality improvement and shared learning rather than commissioner assessment or performance management of individual practices.

No.	Question	Answer
22	**How will benchmarking and variation data be interpreted? (LMC query)**	The LES recognises that there are multiple well-documented and evidenced factors which can influence referral, testing and activity patterns, including population need, deprivation and local circumstances. The data provided through the LES is intended to support practices in exploring and understanding variation and identifying factors that may contribute to it. Practices are encouraged to consider both internal and external influences as part of their quality improvement work. Higher levels of activity do not automatically indicate unwarranted variation and should be considered within the wider context of the practice population.
23	**How will practice-level data be used and governed within the LES? (LMC query)**	The practice-level data used within the LES is already available to the ICB. No patient-identifiable information or additional confidential practice data is being requested from practices as part of the LES. Information generated through the programme will be used to support quality improvement, learning, and service development in line with the aims of the LES.
Peer Review and Support		
24	**Who should attend the PCN peer review meetings?**	Practices should nominate an appropriate representative to attend PCN peer review meetings. This should be someone who can discuss the practice's quality improvement work and contribute to shared learning across the PCN. It is for each practice to determine who is best placed to attend, and representatives may include GPs, other clinical staff, practice managers, or other appropriate members of the practice team.
25	**How frequently will PCN or multi-PCN peer review meetings take place, and how long are they expected to last?**	The frequency and duration of peer review meetings will be determined locally by participating practices and PCNs. Meetings should take place often enough, and for a sufficient duration, to support meaningful discussion, shared learning, and the implementation of agreed quality improvement activities and PDSA cycles.
26	**What improvement support will be available to participating practices?**	The intention is for practices to draw on their own internal resources to understand local delivery needs and, where appropriate, utilise support available through the PCN and the Improvement Support Partner. The Improvement Support Partner will facilitate meetings across PCN footprints to support practices in agreeing plans to address variation, sharing and collating outcomes, and providing development support. The Improvement Support Partner will also provide assurance to the commissioning team on progress with delivery.
27	**Do practices have to accept the improvement support offer?**	No, practices are not required to accept the improvement support offer. Where practices choose not to accept the support, they will be expected to undertake the monitoring themselves and report into the Confederation.
Future Cycles and Development of the LES		
28	**How will any additional workstreams or requirements introduced during the LES be communicated to practices?**	We are currently developing Cycles Two and Three of the LES. Further details, including any additional workstreams and associated requirements, will be communicated to practices later in the year.
29	**Is the scope of the LES fixed, or could further areas be added in future? (LMC query)**	Future cycles of the LES will continue to be developed as part of an iterative approach that reflects practice learning and feedback, improvements in data availability and wider system priorities. Any future areas of focus will be developed through engagement and discussion with practices, the LMC and partners. We intend future developments to continue to follow the principles established through the current programme and support meaningful quality improvement.
Contact Information		
30	**Who can practices contact if they have any questions?**	For any queries regarding the LES, please contact: lscicb.primarycareles@nhs.net