Local Enhanced Service Specification:

Variation Local Enhanced Service (LES)

Supporting The Effective Use of General Practice and Secondary Care Resources

Service Specification No.	
Service	Variation Local Enhanced Service (LES)
Commissioner Lead	Lancashire and South Cumbria ICB
Provider Lead	GP Practices in Lancashire and South Cumbria
Period	**1st September 2026 – 31st March 2027.** *The intention is for the LES to continue for two years, subject to formal approval.*
Date of Review	To be reviewed annually

1. Population Needs and Background

NHS Lancashire and South Cumbria ICB covers 194 GP Practices and has a total weighted population of 1,988,701 (as of Jan 2026) patients.

The scope of this specification will cover all 194 practices and registered patients, along with temporary residents (where appropriate) that live within the geographical area of Lancashire and South Cumbria.

2. Executive Summary

This Local Enhanced Service (LES) supports general practices across Lancashire and South Cumbria to deliver high quality, efficient, equitable and accessible care, while reducing unwarranted variation, improving pathways and patient outcomes, and managing demand across primary and secondary care in line with local and national priorities.

Under this LES, all participating practices will receive monthly variation data packs and undertake a structured review of their data to better understand activity trends, referral patterns, access metrics and internal pathway adherence. These reviews will support practices and PCNs to identify areas requiring improvement and implement evidence-based actions informed by ICB guidelines and priorities. Practices will also engage in peer-to-peer review at PCN level, supported (if practices choose) by commissioned improvement support where appropriate, and participate in targeted educational sessions to strengthen clinical and operational capability.

By embedding a systematic approach to data-driven improvement, this LES will strengthen quality, patient experience and access, improve the sustainability of general practice and secondary care, and support the left shift. It supports the delivery of local strategic objectives and aligns with national policy frameworks, including the Medium-Term Planning Framework and NHS England's Primary Care Action Plan.

The LES will commence on **1 September 2026**, and its delivery and impact will be reviewed on an ongoing basis.

3. Background and Rationale

Variation in general practice operational models, clinical practice and resource utilisation can contribute to unwarranted differences in patient outcomes, experiences, and increased pressure on primary and secondary care services. The ICB's commissioning plan highlights the need for systematic variation monitoring to identify improvement opportunities, share best practice and optimise resources. A structured, variation focused LES will embed continuous improvement and accountability across general practice and partners, supporting practices to deliver high quality, efficient and equitable services.

3.1 Demand Management

This type of LES, which uses a review of data to support quality improvement in general practice, has been shown to be effective in increasing awareness of referral appropriateness and utilisation of clinical pathways, and by doing so increasing the conversion rate of interventions in outpatient clinics and reduce waiting lists. For example, in Cardiff and Vale University Health Board, providing practices with individualised referral variation reports led to a 27% reduction in specialties with above average referrals within six months.

Referral rates by certain specialties at Sub-ICB level shows all areas, except for Blackpool and West Lancashire, experienced growth between 2022/23 and 2025/26. However, West Lancashire had rates much higher than other places.

3.2 General Practice Access

Access and patient experience are of huge importance to the public and remain a key Government priority (Medium Term Planning Framework), underpinning effective neighbourhood working and delivery of the 10-year plan.

Modern general practice models such as online consultations and total triage can be challenging for practices to adopt, but they offer faster access, quicker resolution of health concerns, improved patient satisfaction, and better use of practice resources.

Across Lancashire and South Cumbria general practice appointment demand continues to rise year on year increasing by 3.4% between 2023/24 and 2024/25, with further growth envisaged over the next 3 years, as included in the 2026/27 planning round. However, wide variation between practices (234 to 885 appointments per 1,000 patients) affects patient experience, timely access to healthcare and may drive additional pressure on services such as urgent care.

NHSE will assess the ICB's plans to improve quality, reduce variation and strengthen primary care delivery through the 2026/27 Primary Care Action Plan, in which there is a focus on reducing variation and performance of the following metrics:

- General practice appointments.
- Online consultations.
- Improvement in GP access experience (Health Insight Survey) *.
- Proposed 90% same day appointment standard for urgent cases (subject to consultation) *.

*two of the three primary care key national measures.

The inclusion of general practice access in this LES will provide the ICB with additional mechanisms to explore variation and support the realisation of benefits from improved general practice access.

This is intended to compliment the separate requirements of the PCN DES, which specifies:

A PCN must: a) benchmark and identify opportunities for improvement; b) identify variation in access, service delivery or gaps in population groups with highest needs; and c) review capacity and demand management across the PCN, including sharing appointment and, where available, digital telephony data for the PCN to action (this could be achieved through using the GP workload tool or other similar tools), and the PCN must monitor, share and aggregate relevant data across the Core Network Practices to enable it to carry out these requirements.

It also compliments recent changes to the NHS General Practice contract which requires practices to engage with support from their ICB where unwarranted variation has been identified in contractor performance. This includes where practices are not meeting their requirement to see all clinically urgent patients on the same day or are at risk of contractual breach.

4. Objectives

- To ensure that the unmet clinical and care needs of individual patients are met with the most efficient use of resources and expertise.
- To understand and reduce unwarranted variation between practices and in doing so, improve patient outcomes, decrease inequality, improve general practice quality, and positively impact on the ICB's overall performance.
- To ensure that appropriate, efficient and effective referral pathways are in place to meet population health needs.
- To raise awareness of referral appropriateness, pathology and diagnostic test appropriateness, alternative care pathways, and access variation.
- To improve awareness of the associated improvements in general practice demand (i.e. time saved) which can be achieved through improving referral appropriateness and general practice access.
- To enable practices to understand their own practice data, identify patterns and trends, identify and explore variation, through regular, structured reviews of comprehensive data.
- To ensure the development and implementation of evidence-based improvement actions, bespoke to each practice's needs, to improve quality, access to general practice and/or appropriate use of secondary care resources.
- To ensure practices adhere to ICB clinical guidelines, pathways, and continue to move towards full implementation of the modern general practice access model.
- To provide evidence to the ICB and stakeholders regarding engagement, learning and improvement in the quality and consistency of general practice services.

5. Scope and requirements of the LES

Each participating practice will receive a monthly variation data pack from the ICB. This will include comparative information for all Lancashire and South Cumbria practices, PCNs, Places, Populations and the System. National comparative benchmarks will also be included wherever available. The data pack will include data sets pertinent to the aims of the LES, for the following area of focus:

• Planned Care Referrals.

• Pathology and Diagnostic Test Requests.

• Patient Access.

• Internal Service Delivery Metrics: i.e. adherence to agreed clinical pathways.

Planned care referrals will be the initial area of focus in quarters 2 to 4 2026/27, followed by Pathology in quarter 1 2027/28 and then Diagnostics in from quarter 3 2027/28. Further areas of focus will then be identified for subsequent periods proportionate to the funding provided and data available.

Practices will be expected to work on single or multi-PCN footprints (at the discretion of the ICB) to:

• Engage in the structured review of comparative practice and PCN data provided by the ICB and/or support planned to be commissioned (if practices choose to accept), which may also be supplemented by other data including from practices/PCNs themselves (where relevant subject to formal data sharing agreements)

• Use driver diagram and PDSA improvement approaches to develop action plans. These plans could include gathering and reviewing further data.

• Deliver the practice and PCN actions within those plans (recognising some actions may be practice specific and others may be best undertaken on a PCN or multi-PCN footprint).

• Identify actions for Partner, Place, Population or System delivery and where relevant engage in their delivery.

• Engage in any educational/training actions. These could be co-ordinated at different spatial levels and by practices, PCNs, partners, Primary Care Training Hub or other where relevant.

• Share learning with other practices and PCNs across Place, Population and System.

• Monitor the impact of plans and where relevant adjust plans to achieve maximum impact.

Practices and PCNs may choose to engage with the support planned to be commissioned which will:

• Design, co-ordinate and facilitate PCN (single or multi) based peer review of practice comparative information using the driver diagram and PDSA improvement approach and any specialties/tests for focus.

• Support practices/PCNs develop SMART action plans and monitor impacts.

• Produce monthly reports to the ICB of progress, impacts, learning and issues for escalation

• Recommend to the ICB any system wide improvement actions and work with ICB to progress.

• Work with Trusts and the Primary Care Training Hub to progress any education/training actions.

• Provide practices/PCNs and the ICB primary care team with business intelligence support to further interrogate variation data and develop routine reports.

• Explore, propose and deliver plans to use AI to generate practice/PCN report Key Lines of Enquiry (KLOEs).

Where practices do not choose to engage with the commissioned improvement support offer, practices will be expected to fulfil those requirements themselves.

6. Funding

The LES will reimburse practices at a rate of £7,000 per practice.

7. Alignment with Wider Strategies

By focusing on data-driven improvement the LES will strengthen the capacity and capability of general practice to deliver high-quality accessible care, whilst supporting primary and secondary care pressures and resources. Acting as a key enabler of the ICB's strategic priorities to:

- Improve quality, patient experience and outcomes.
- Move from 'right drift to left shift'.
- Develop neighbourhood health models.
- Improve overall system sustainability.

The Variation LES supports all the ICB's strategic objectives and Joint Forward Plan strategic priorities and is aligned to its urgent and emergency care five-year strategy 2024-2029. The LES also aligns with the following national strategies and policy:

- Fit for the Future: 10 Year Health Plan for England Medium term Planning Framework.
- Strategic Commissioning Framework.
- Delivery Plan for Recovering Access to Primary Care.
- The ICB's Primary Care Action Plan 2026/27.

8. Phase 1 (Planned Care Referrals) Implementation Plan

September 2026: Service specification and supporting materials issued to participating practices.

September 2026: LES commences, updated referral data packs identifying areas of focus distributed, improvement planning templates shared and PCN peer review sessions arranged during Quarter 3.

Phase 2 (Pathology) and **Phase 3 (Diagnostics)** cycles will commence in Q1 2027/28 and Q3 2027/28 respectively.

9. Expected Benefits

- Improvement in referral quality, diagnostic tests requests, pathway usage and decision making at point of care delivery, strengthening primary care capacity, and supporting more sustainable secondary care demand.
- More consistent access and improved patient experience across practices, which assists primary care capacity and demand.
- Increased engagement and education of primary care clinicians and staff.
- Individual bespoke practice improvements, driven by timely and easy-to-use data.
- Clear evidence of improvement for the ICB, patients, and stakeholders regarding the quality and value of commissioned services.
- Closer working relationships between practices and local partner organisations, especially secondary care colleagues.