
Primary Care Access in Leicester, Leicestershire and Rutland GP Access Update and Primary Care Access Recovery Plan - 2026/27

Public Health and Health Integration Scrutiny Commission

Date of meeting: Monday 28th September 2026

Lead Director/Officer: Integrated Care Board

Useful information

- Ward(s) affected: Leicester, Leicestershire, and Rutland (LLR)
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- Report version number: V1

1. Summary

- This report responds to the Joint Health Overview and Scrutiny Committee's request for results, data, and progress from GP Patient Surveys, alongside a wider update on GP access performance and the actions being taken to improve access and patient experience across Leicester, Leicestershire, and Rutland.
- Provides an overview of GP access across LLR, including appointment activity, locally commissioned access arrangements, and patient experience.
- It describes the range of access routes available to patients, including practice-based appointments, Same-Day Access, Enhanced Access, digital routes, and community pharmacy.
- It also sets out the ICB's approach to monitoring access, addressing unwarranted variation, and delivering the Primary Care Access Recovery Plan during 2026/27.

2. Recommended actions/decision

Scrutiny Commission is asked to note:

- Note the summary on 2025/26 GP access across Leicester, Leicestershire, and Rutland.
- Note the Q1 and Q2 2026/27 performance and the emerging trends in access and patient experience.
- Note access and service delivery across Leicester City, Leicestershire, and Rutland.
- Note the development and implementation of the LLR Primary Care Access Recovery Plan.
- Note the actions being taken to improve access and reduce unwarranted variation.

1. Purpose of the Report

This report provides the Joint Health Overview and Scrutiny Committee (HOSC) with an update on access to General Practice across Leicester, Leicestershire, and Rutland (LLR). It responds to the Committee's request for results, data, and progress from GP Patient Surveys, alongside information on GP access performance and improvement activity.

The report builds on the previous HOSC consideration of primary care access and provides an update on the position during the first half of 2026/27. It also sets out the approach being taken through the LLR Primary Care Access Recovery Plan to improve access, patient experience, and consistency of service.

The report covers:

- the current position on GP access across LLR.
- performance during Q1 and Q2 2026/27.
- the position across Leicester City, Leicestershire, and Rutland, including areas of local variation.
- progress in the development and implementation of the Access Recovery Plan.
- the main challenges affecting access and patient experience; and
- priorities for the remainder of 2026/27.

The report focuses specifically on GP access and related patient experience rather than the wider primary care transformation programme.

2. Recommendations

The Joint HOSC is asked to:

- **Note** the summary on 2025/26 GP access across Leicester, Leicestershire, and Rutland.
- **Note** the Q1 and Q2 2026/27 performance and the emerging trends in access and patient experience.
- **Note** access and service delivery across Leicester City, Leicestershire, and Rutland.
- **Note** the development and implementation of the LLR Primary Care Access Recovery Plan.
- **Note** the actions being taken to improve access and reduce unwarranted variation.

3. Executive Summary

Access to General Practice remains an important issue for patients and local communities across Leicester, Leicestershire, and Rutland (LLR).

General Practice continues to manage high levels of demand alongside increasing levels of clinical complexity and need. Across LLR, practices continue to provide substantial levels of appointment capacity, with activity during 2025/26 and into 2026/27 meeting or exceeding planned levels.

Over recent years, the Integrated Care Board (ICB) has also invested in a range of access arrangements, including same-day access, enhanced access, digital access, cloud-based telephony, multidisciplinary workforce expansion, and community pharmacy pathways. These arrangements provide patients with a range of routes into primary care and support practices to manage demand appropriately.

However, appointment activity and capacity do not on their own determine how patients experience access. Patient feedback continues to identify access and ease of contacting general practice as

areas for improvement, and there remains variation in access and patient experience between practices, PCNs and localities.

The 2026 GP Patient Survey demonstrates that patients continue to report high levels of confidence and trust in healthcare professionals and positive experiences of care once they access services. However, the survey also highlights ongoing challenges relating to access, ease of contact and variation in patient experience between practices and localities. The actions set out within this report are intended to address these issues and improve future patient-reported experience.

The focus during 2026/27 is therefore increasingly on making best use of the capacity already available and ensuring that this translates into timely, appropriate, and consistent access for patients. This includes improving care navigation, making effective use of alternative access routes, reducing unwarranted variation, and ensuring that access improvements are equitable.

The development of cluster wide LLR Primary Care Access Recovery Plan provides the framework for this next phase of improvement. It brings together existing access arrangements within a single improvement approach focused on:

- improving timely access.
- improving patient experience and reducing unwarranted variation.
- strengthening primary care through workforce, digital and neighbourhood approaches.
- strengthening governance and continuous improvement; and
- improving equity of access.

The remainder of this report provides an overview of current performance, patient experience, local variation, and the actions being taken through the Recovery Plan during 2026/27.

4. Summary of GP Access across Leicester City, Leicestershire, and Rutland (2025/26)

During 2025/26 the ICB worked in collaboration with general practice to improve access in primary care through the following schemes and initiatives:

SCHEMES TO IMPROVE ACCESS	PERFORMANCE
GP Appointments Categorisation The GP Appointment Dashboard (GPAD) provides information on appointment activity and timing across general practice and shows that LLR practices continued to provide substantial levels of appointment activity during 2025/26.	Across LLR, the GP Appointment Dashboard for 2025/26 indicated practices were providing appointments above the planned at an average of 100.9%. • Planned appointments: 7,960,199. • Actual appointments: 8,030,860 • Difference of 70,661 appointments For 25/26, LLR delivered 8.03 million GP appointments, exceeding the planned level by 70,661 appointments (100.9%). Performance exceeded plan in eight of the twelve months, with the highest volume delivered in October (826,329 appointments) Same Day Clinically Urgent (England average 70%) • Leicester performed above at 72% • Leicestershire was below at 68% • Rutland achieved at 75%

SCHEMES TO IMPROVE ACCESS	PERFORMANCE
	- Across LLR the average was aligned to national at 70% Same-Day Appointments (England average 44%) - Leicester performed at 44% - Leicestershire achieved at 38% - Rutland achieved at 33% - Across LLR, 40% of appointments were delivered on the same day, slightly below the national benchmark of 44%. Routine Appointments (England average 70%) - Leicester achieved above at 83% - Rutland achieved above at 81% - Leicestershire achieved above at 75% - LLR overall delivered 78% of routine appointments within two weeks, significantly above the national average. Face to Face Appointments (England average 70%) - Leicester achieved above average at 72% - Leicestershire at national average of 70% - Rutland delivered below at 60% - LLR overall delivered at national average of 70% of appointments face-to-face. During 2025/26, recorded GP appointment activity exceeded planned activity in the majority of months.
NHS App offered to all patients to check access care, book appointments, review their medical records, etc.	During 25/26 NHS App Registrations has increased by 9.6% (70,287 new registrations)
Online Consultation available in general practice via the practice website.	100% of eligible practices across LLR offer their patients the option to request prescriptions, make query via the online consultation option.
Cloud-Based Telephony installed in all practices to enable ease of access	100% of practices are on cloud-based telephony which enables patients to have better telephone access and offered a call back option to reduce waiting time.
Paediatric Acute Respiratory and Response (ARI) Hub The service offered Same-day, face-to-face primary care assessment service for children with an acute respiratory illness or febrile illness complaint to support during the winter pressures and ran from November 2025 to March 2026.	November 25 - March 26 ARI Clinics offered across LLR: 2,314 - Appointment offered 1,728 (75%) - Appointments Booked 1,498 (86.7%) - Patients Attended 25 referred to UHL The aim of this service was to; - Support patients with urgent clinical needs by enhancing same-day access to assessment and specialist advice as needed.

SCHEMES TO IMPROVE ACCESS	PERFORMANCE
	• Seek to reduce ambulance callouts, A&E attendances and hospital admissions for patients who could be appropriately managed in the community. • Reduce the burden of acute respiratory and other febrile illness on primary care and provide more time for practice teams to support patients where continuity of care is most important.
Same-Day Access - Locally commissioned service (outside core hours) The SDA service commenced in Leicester City from 1st October 2025, offering City patients access to Same-Day Appointments out of core GP practice hours to access appointments across ten sites from Monday to Friday 6:30pm to 8:00pm, Saturday 9:00am to 5:00pm and Sunday 10:00am to 2:00pm.	From October 25 to March 26 a total of 10,551 appointments has been offered, with an average of 1,758 appointments a month. Through clinical triage the Same-Day appointments are booked via NHS 111, Clinical Navigation Hub, Emergency Department and General practice offering a patient with a 15-minute GP appointment.
Enhanced Access (ES) Enhanced Access enables patients to access routine primary care appointments during evenings and weekends through Primary Care Networks (PCNs). The service supports improved access to general practice and a broader range of primary care services outside core practice opening hours.	LLR During 2025/26, LLR delivered 5,715 hours per month against a contractual requirement of approximately 4,900 hours per month, providing an average of 815 hours. • Total contracted (minimum) hours 58,798 • Total hours delivered 68,580 • Above contracted hours by 9,782 (16.6%) Leicester (2025/26) • Contractual requirement: 21,615 • Actual activity: 25,725 • Leicester City delivered 19.0% more hours than required, accounting for approximately 37.5% of all Enhanced Access activity across LLR. Leicestershire • Contractual requirement: 35,113 • Actual activity: 39,648 • Leicestershire delivered 12.9% above contract, representing approximately 57.8% of all Enhanced Access activity delivered across LLR. Rutland • Contractual requirements: 2,070 • Actual activity: 3,207 • Rutland delivered 54.9% above the contractual minimum, making it the highest performing place in proportional terms. During 2025/26, Enhanced Access (EA) services LLR delivered 68,580 hours of activity against a

SCHEMES TO IMPROVE ACCESS	PERFORMANCE
	contractual requirement of 58,798 hours, exceeding the minimum requirement by 9,782 hours (16.6%). All three places delivered above their contracted levels. The highest delivery recorded of EA activity was during October. This demonstrates strong system-wide provision of additional primary care appointments and good utilisation of Enhanced Access capacity across LLR.

5. GP Access 2026/27 (Q1 and Q2)

Patients can access General Practice through a number of routes. These include routine and urgent appointments within practices, same-day access, enhanced access, online and digital routes, community pharmacy services and multidisciplinary teams working within practices and primary care networks.

The availability and use of these routes vary according to local circumstances. The aim is to ensure that patients are able to access the most appropriate professional or service for their needs, while maintaining access to a GP where clinically required.

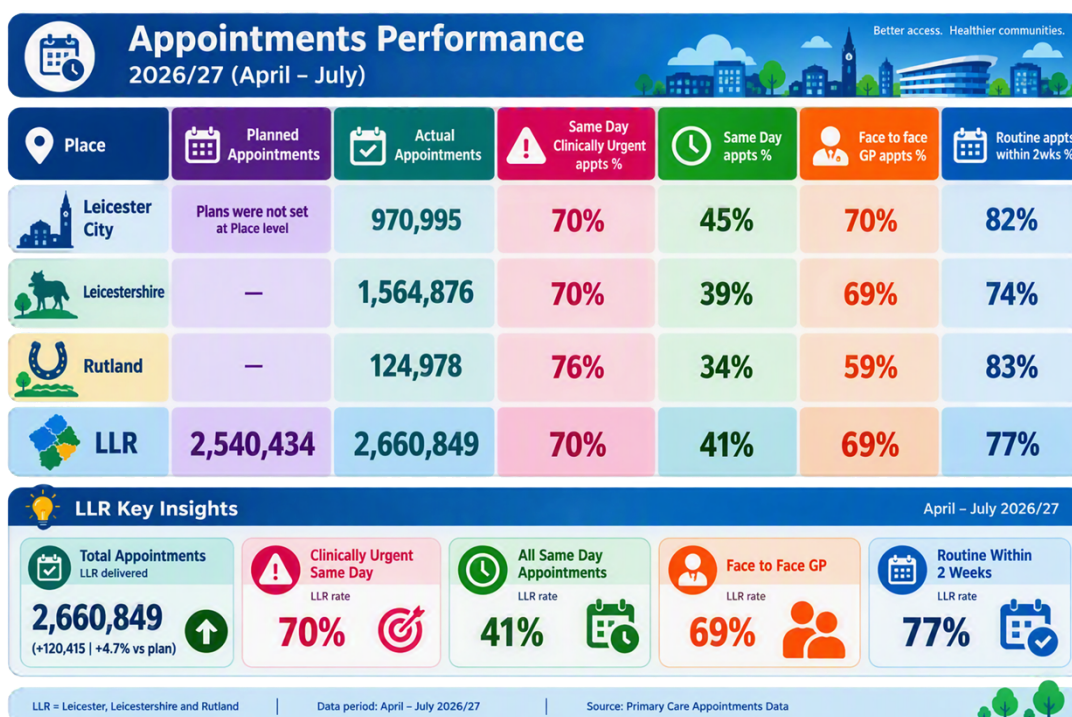
5.1 GP Appointments Access & Delivery across Leicester, Leicestershire & Rutland (Q1 & Q2)

NHS England publishes the GP Appointment Dashboard based on the appointment categorisation which demonstrates that primary care services across LLR continue to deliver high levels of access, with appointment volumes consistently meeting or exceeding the planned activity.

2026/27 (April - July)						
Place	Planned Appointments	Actual Appointments	Same Day Clinically Urgent appts %	Same Day appts %	Face to face GP appts %	Routine appts within 2wks %
Leicester City	Plans were not set at Place level	970995	70%	45%	70%	82%
Leicestershire		1564876	70%	39%	69%	74%
Rutland		124978	76%	34%	59%	83%
LLR	2540434	2660849	70%	41%	69%	77%

LLR delivered **2,660,849 GP appointments** from April to July 2026 against a planned requirement of **2,540,434 appointments**, equating to **105%** exceeding planned capacity by more than 120,415 appointments. This continues a sustained trend of strong performance, with LLR delivering above plan in the majority of months during the year.

LLR GP Appointments Summary (April - July 2026)



Same Day Clinical Urgent Appointments

Same Day Clinically Urgent Appointments are appointments for patients whose condition has been assessed as requiring a clinical response on the same day because waiting longer could result in deterioration or increased risk.

Across LLR, Leicester City, Leicestershire and Rutland were at or above the national average of 70%, with Leicester City and Rutland at 70% and Leicestershire at 76% with an average LLR performance of 70%. For the LLR system:

- **2025/26:** 70% of clinically urgent appointments were provided on the same day.
- **2026/27 (April to July):** 70% of clinically urgent appointments were provided on the same day.

This means that around **7 in every 10 patients assessed as needing same-day urgent care received an appointment on the day they contacted their practice**, demonstrating consistent performance year-on-year.

Same-Day Appointments

Same Day Appointments are any appointments where the patient is seen, contacted, or consulted on the **same calendar day that the appointment was booked or requested**.

Unlike **Same Day Clinically Urgent Appointments**, a same-day appointment does **not necessarily mean the patient's condition was clinically urgent**. A same-day appointment could be:

- A clinically urgent problem needing immediate assessment.
- A patient preference for a same-day consultation.
- An administrative or follow-up review arranged on the day.

- A minor illness or issue that happened to be accommodated on the same day.

Across England, **44% of appointments are delivered on the same-day, Leicester met the national average benchmark at 45%**, whilst the overall LLR position remains close to the national figure at 41% with **Leicestershire at 39% and Rutland 34%** which continues to provide significant same-day access opportunities for patients.

Routine Appointments Delivered Within Two Weeks

Routine appointments are appointments for health issues that are **not clinically urgent** and can safely wait for a planned appointment at a later date.

Across LLR, **77% of routine appointments** are delivered within 2 weeks, with **Leicester at 82% and Rutland at 83%** close to the **National average of 85%** and **Leicestershire at 74%**. The data indicates that the majority of recorded routine appointments were provided within two weeks, although there remains variation between places. Leicester and Rutland continue to perform particularly strongly against this measure.

Face-to-Face Appointments

Face-to-face appointments accounted for **69% of recorded appointments across LLR from April to July 26**, broadly in line with the **national position of 70%**. The proportion varied between places, with **Rutland at 59%, Leicestershire at 69%** and **Leicester City above national average at 70%**.

The GP Appointment Dashboard (GPAD) demonstrates that GP Practices across Leicester, Leicestershire and Rutland are performing strongly against key national access measures:

Overall, the data indicates that GP practices across LLR continue to provide accessible, timely and responsive services, whilst delivering activity above planned levels and maintaining strong performance across key patient access indicators.

5.2 Same-Day Access - Locally commissioned service (outside core hours)

The Same-Day Access service provides additional urgent primary care capacity and an alternative route for patients requiring same-day assessment. It is intended to support appropriate use of urgent and emergency care services by providing an additional community-based option where clinically appropriate.

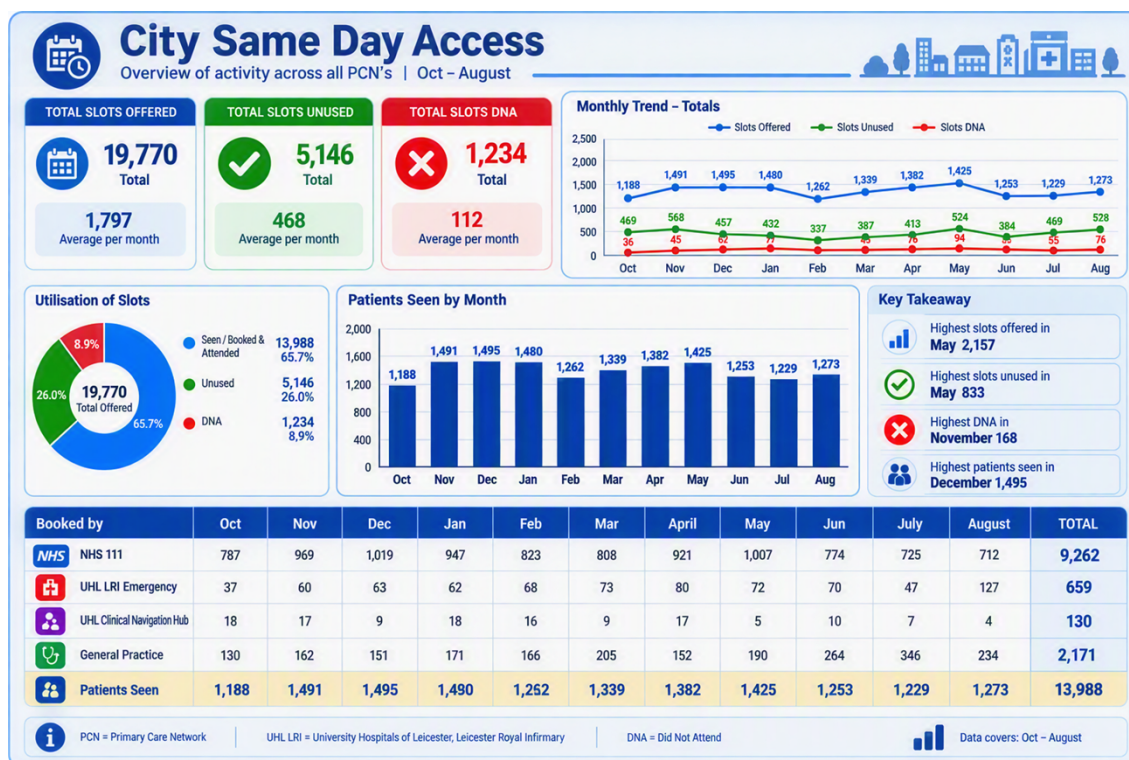
The service contributes to wider system objectives by:

- Improving patient access to same-day appointments during out of hours Monday to Sunday
- Providing alternatives to Emergency Department attendance.
- Supporting NHS 111 clinical disposition pathways.
- Increasing resilience within general practice.

Leicester City Same-Day Access

Same-Day Access commenced in Leicester City on 1st October 2025 and continues to play an important role in improving access to urgent primary care appointments for Leicester City residents to access care from 10 sites across the city. The service provides additional clinical capacity that can be booked directly by NHS 111, General Practice, the Clinical Navigation Hub, and Urgent Care services, helping patients receive timely care in the most appropriate setting and reducing pressure on both general practice and emergency departments.

Same-Day Access Activity (October 2025 and August 2026):



Based on the summary data, around **74% of all available appointments were successfully used by patients** for same-day access.

The Same-Day Access Service has become an important component of Leicester City's urgent and primary care offer. The service has provided over **18,500 additional appointment opportunities**, supported thousands of patients through NHS 111 and General Practice, and contributed to reducing demand on urgent and emergency care services.

The increasing number of referrals from General Practice, alongside strong utilisation from NHS 111 and emergency care pathways, demonstrates that the service is becoming increasingly embedded within the Leicester healthcare system and is improving timely access to care for Leicester City residents.

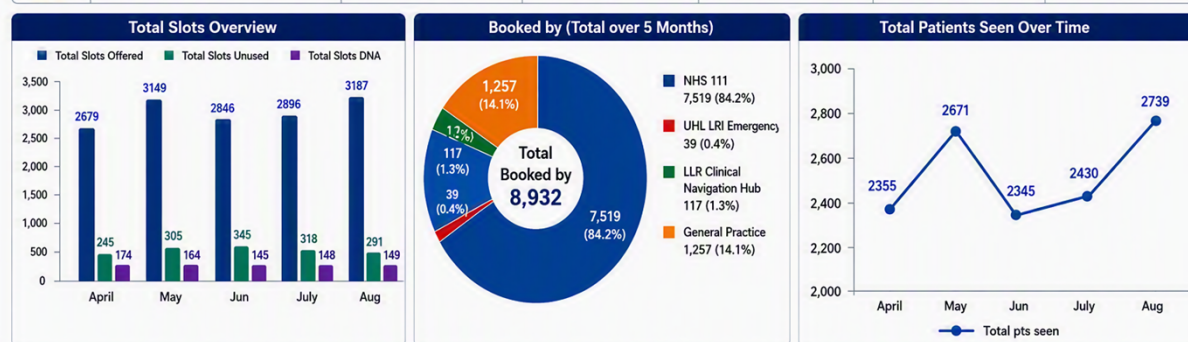
Leicestershire Same-Day Access

Same-Day Access launched on 1 April 2026, providing an average of 3,000 appointments per month. Between April and August 2026, a total of 14,757 appointments were made available, achieving an 84% utilisation rate.

Based on the 84% utilisation, this trend suggests growing awareness and confidence amongst practices in using SDA capacity to support patients who need urgent assessment when demand exceeds practice capacity.

Leicestershire Same Day Access

Totals for all PCN's		April	May	Jun	July	Aug
	Total Slots Offered	2679	3149	2846	2896	3187
	Total Slots Unused	245	305	345	318	291
	Total Slots DNA	174	164	145	148	149
	Total pts seen	2355	2671	2345	2430	2739
Booked by						
	NHS 111	1293	1591	1379	1422	1834
	UHL LRI Emergency	4	11	9	8	7
	LLR Clinical Navigation Hub	9	5	22	62	19
	General Practice	179	194	185	338	361



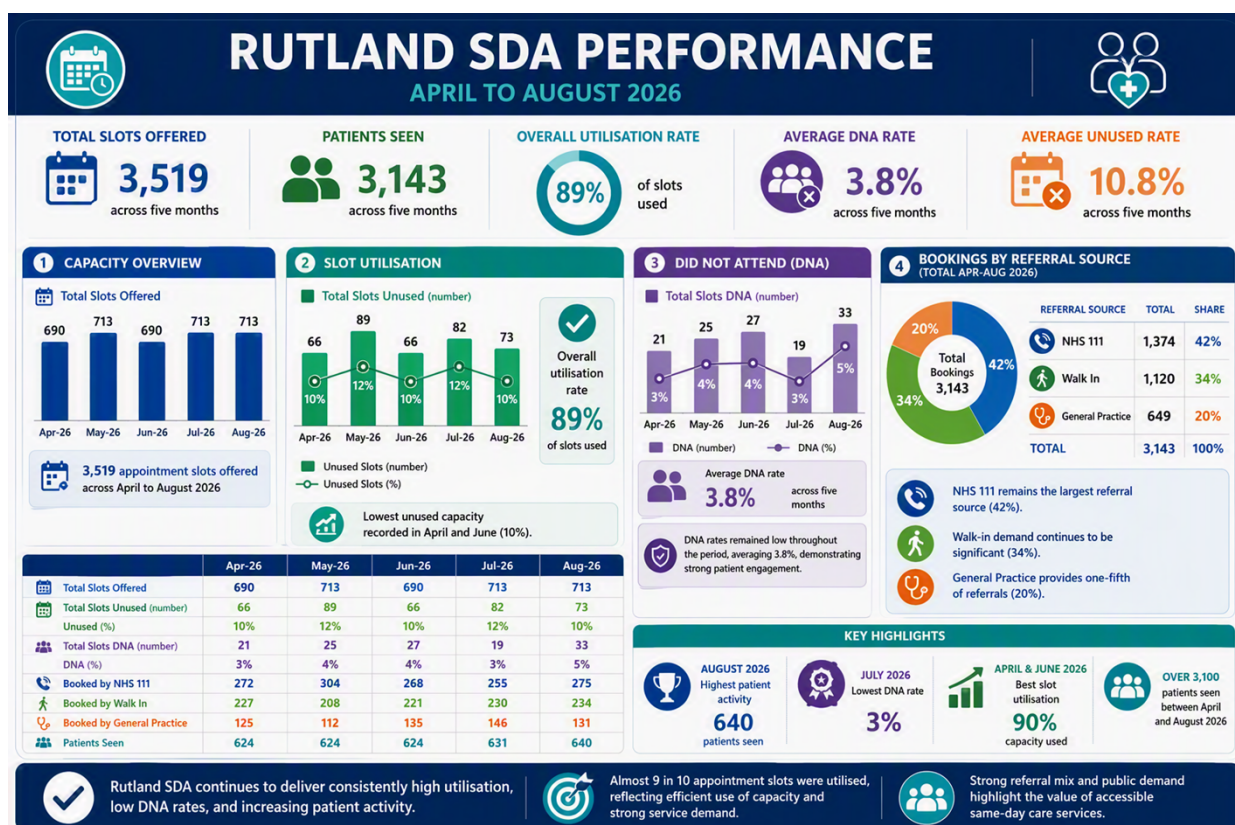
All data represents totals for all PCN's.

The Leicestershire Same-Day Access Service is making a significant contribution to improving access to urgent primary care. The service has provided almost **14,000 additional appointments** in five months, delivered high utilisation rates, and supported thousands of patients to receive timely care without needing to access emergency services.

Rutland - Same-Day Access

Since its launch, the Rutland Same-Day Access (SDA) Service has become an important component of local urgent primary care provision, providing residents with rapid access to assessment and treatment whilst reducing pressure on routine general practice appointments and wider urgent care services.

Between **April and August**, the service provided an additional 3,143 **same-day appointment slots**, ensuring patients requiring urgent care were able to access timely support closer to home.



The service provides an additional route to same-day primary care assessment for Rutland residents and is an important part of the local urgent primary care offer.

The SDA service across LLR is helping improve access by:



Providing an additional 64K same-day appointment a year across LLR during out of hours evening and weekends, including Bank Holidays.



Through an effective clinical triage process, patients meeting the same day criteria are offered rapid access to same day appts closer to home which are booked via NHS 111, Clinical Navigation Hub, Emergency Department and general practice.



SDA appts support system partners during periods of high demand to ensure patients are directed to the right clinician for the right care convenient to their location.



Providing an alternative to attendance at urgent and emergency care services.



Ensuring patient choice to receive care closer to home and at the earliest opportunity.

5.3. LLR Enhanced Access - 26/27 Primary Care Network Directed Enhanced Service (DES)

For 2026/27, PCNs across Leicester, Leicestershire and Rutland continues to successfully deliver on the PCN DES Enhanced Access. Through Enhanced Access, PCNs deliver additional primary care appointments from Monday to Friday's 6:30pm to 8:00pm and Saturday 9:00am to 5:00pm as per the PCN DES service requirements.

Enhanced Access is designed to improve access in general practice by ensuring those patients can be offered an appointment outside practice core hours and convenient to patient needs and helps to reduce pressure on urgent and emergency services.

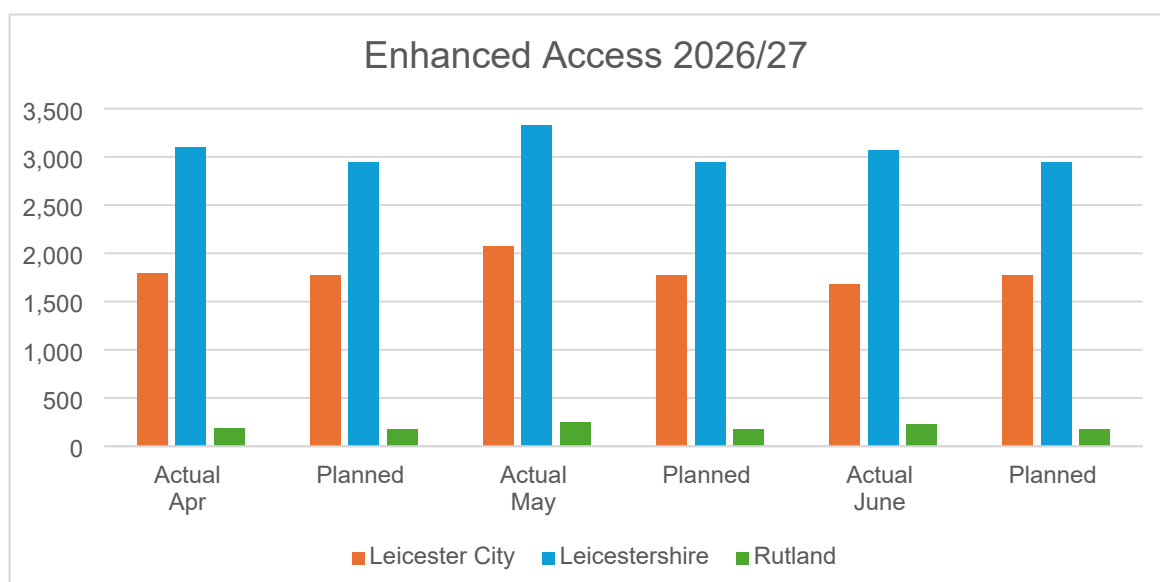
Across Leicester, Leicestershire, and Rutland for the first quarter (April - June), LLR delivered **15,701 Enhanced Access hours** against a contracted minimum of **14,688 hours**, thus exceeding the contractual requirement for that quarter by **1,012 (6.9%)** overall.

LLR Enhanced Access Activity (April - June 2026)

Month	Hours Delivered	Minimum Requirement	Variance
April	5,081	4,896	+185
May	5,654	4,896	+757
June	4,966	4,896	+70
Total	15,701	14,688	+1,013

Outlined below is a summary of Enhanced Access delivered by Place:

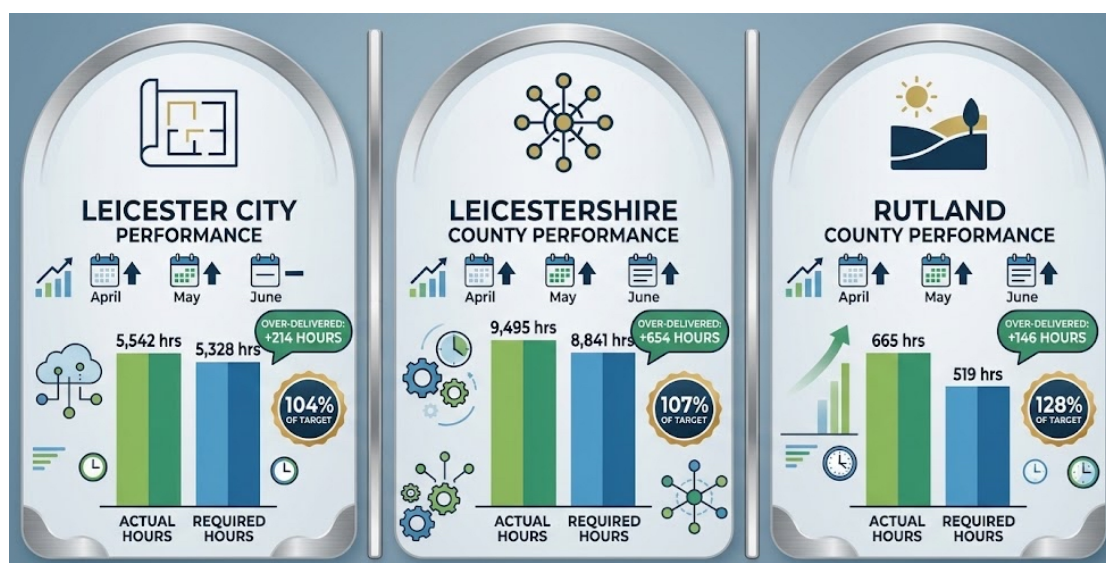
	April			May			June		
	Actual	Planned	Variance	Actual	Planned	Variance	Actual	Planned	Variance
Leicester City	1,789	1,776	12	2,074	1,776	298	1,679	1,776	-97
Leicestershire	3,102	2,947	155	3,329	2,947	382	3,064	2,947	117
Rutland	191	173	18	251	173	77	223	173	49
Grand Total	5,081	4,896	185	5,654	4,896	757	4,966	4,896	70



Leicester City delivered above its contractual requirement in April and May and only marginally below target in June. Across the quarter, Leicester City delivered **5,542 hours** against a requirement of **5,328 hours**, exceeding the target by **213 hours**.

Leicestershire consistently exceeded contractual requirements each month, delivering **9,495 hours** against a requirement of **8,841 hours**, representing an additional **654 hours** of capacity.

Rutland exceeded its contracted requirement in all three months, delivering **665 hours** compared to a requirement of **519 hours**, an over-delivery of **144 hours**.



5.4 GP Access through NHS App and Online Consultation

NHS APP

The NHS App continues to play an increasingly important role in supporting patient self-service and digital access across LLR primary care, which is demonstrated in the activity tables below.

LLR NHS App Utilisation:

2025/26: April 25 - March 26

	New Registrations	Logins	Repeat prescriptions	Appt Bookings	Appt Cancellations
NHS App LLR	70,287	12,660,396	1,424,794	60,530	44,148
NHS App City	29,458	3,136,765	278,790	16,698	10,123
NHS App Leicestershire	39,490	9,067,702	1,080,307	41,827	32,533
NHS App Rutland	2,032	455,292	65,697	2,005	1,512

2026 /27: April 26 - July 26

	New Registrations	Logins	Repeat prescriptions	Appt Bookings	Appt Cancellations
NHS App LLR	21,150	5,241,840	558,552	17,875	16,142
NHS App City	9,218	1,278,724	110,066	3,312	3,475
NHS App Leicestershire	11,380	3,763,468	420,529	13,503	12,113
NHS App Rutland	605	199,348	27,958	975	554

NHS App usage maintains a strong growth across LLR, with over 12.6 million logins recorded during 2025/26 and more than 5.2 million logins already recorded during the first four months of

2026/27. Prescription ordering remains one of the most popular features, with over 1.4 million prescriptions requested in 2025/26, rising further during 2026/27. Registration numbers remain strong, demonstrating continued patient adoption of digital services. The data demonstrates increasing use of digital routes alongside existing telephone and face-to-face access arrangements.

One particularly positive finding is that monthly logins increased from 865,495 in April 2025 to 1,297,346 by March 2026, representing an increase of almost 50% over the year. Prescription requests also rose from 104,007 to 140,810 over the same period, demonstrating growing patient trend on the NHS App for routine healthcare interactions.

Online Consultation:

Online Consultations (OLC) continue to be a key component of digital access across LLR, providing patients with a convenient route to contact their practice and access support online.

LLR OLC Activity

2025/26: April 25 - March 26

	Total Submission	Clinical Submissions	Admin Submissions
OLC LLR	1,108,320	769,423	337,507
OLC City	438,919	308,449	130,470
OLC Leicestershire	624,977	427,196	196,391
OLC Rutland	44,424	33,778	10,646

From October 2025, OLC monthly submissions more than doubled, with activity significantly increasing from September 2025. The major contributing factor for this upwards trend was the introduction of the GMS OLC requirement from 1st October; however it should also be noted that from October 2025, national reporting also included data from Rapid Health, which is not available prior to this date.

In March 2026, LLR recorded the highest monthly activity, with over 143,000 submissions.

2026/27: April 26 - July 26

	Total Submission	Clinical Submissions	Admin Submissions
OLC LLR	582,465	409,302	173,137
OLC City	225,810	157,271	65,539
OLC Leicestershire	337,215	237,380	99,809
OLC Rutland	18,440	14,651	3,789

For 2026/27, June 2026 saw the highest monthly activity with 159,962 submissions.

Online Consultation usage has shown substantial growth across LLR. During 2025/26, practices received over 1.1 million Online Consultations, with activity rising steadily throughout the year and peaking at 143,524 submissions in March 2026. This momentum has continued into 2026/27, with 582,465 submissions recorded between April and July, representing a 161% increase compared to the same period in the previous year.

Overall Patient Access via Digital Channels Continues to Scale Across LLR Primary Care, and these figures clearly demonstrate increasing digital adoption and patient engagement.

This growth reflects the success of ongoing digital transformation initiatives and highlights the increasing importance of self-service tools in supporting patient access, improving convenience, and helping primary care manage demand efficiently.

5.5 Pharmacy First

Community pharmacy continues to play an increasingly important role in improving access to urgent same-day care and reducing pressure on both General Practice and Emergency Departments.

Following the national expansion of the Pharmacy First service, community pharmacies across Leicester, Leicestershire and Rutland (LLR) have significantly increased referral activity, supporting the management of low-acuity urgent conditions throughout 2025/26.

Pharmacy First enables community pharmacists to assess and treat a range of common conditions through the provision of NHS-funded medicines and clinical advice. The service improves timely patient access to care, promotes self-management where appropriate, and releases valuable General Practice capacity for patients with more complex clinical needs.

Performance throughout 2025/26 reached record levels across LLR, with activity increasing by 24.3% compared with the previous year. This growth resulted in LLR being recognised nationally as the fastest-growing Integrated Care Board (ICB) for Pharmacy First referrals per 100,000 population during 2025/26.

This positive trajectory has continued into 2026/27. During Quarter 1, referrals increased by 45% compared with the same period in 2025/26, with 11,930 referrals compared to 8,227 during Q1 of the previous year.

To support continued service growth, internal referral targets were introduced for 2026/27 based on previous-year activity levels. Monthly targets were set at approximately 900 additional referrals above the equivalent period in 2025/26. Despite these being stretch targets, performance has exceeded target in every month of 2026/27 to date.

Q1 Performance

Month	April 2026	May 2026	June 2026
Actual Referrals	4,092	3,701	4,137
Daily Average	205	185	207
2025/26 Referrals	3,069	2,544	2,614
Increase vs Previous Year	1,023	1,157	1,523

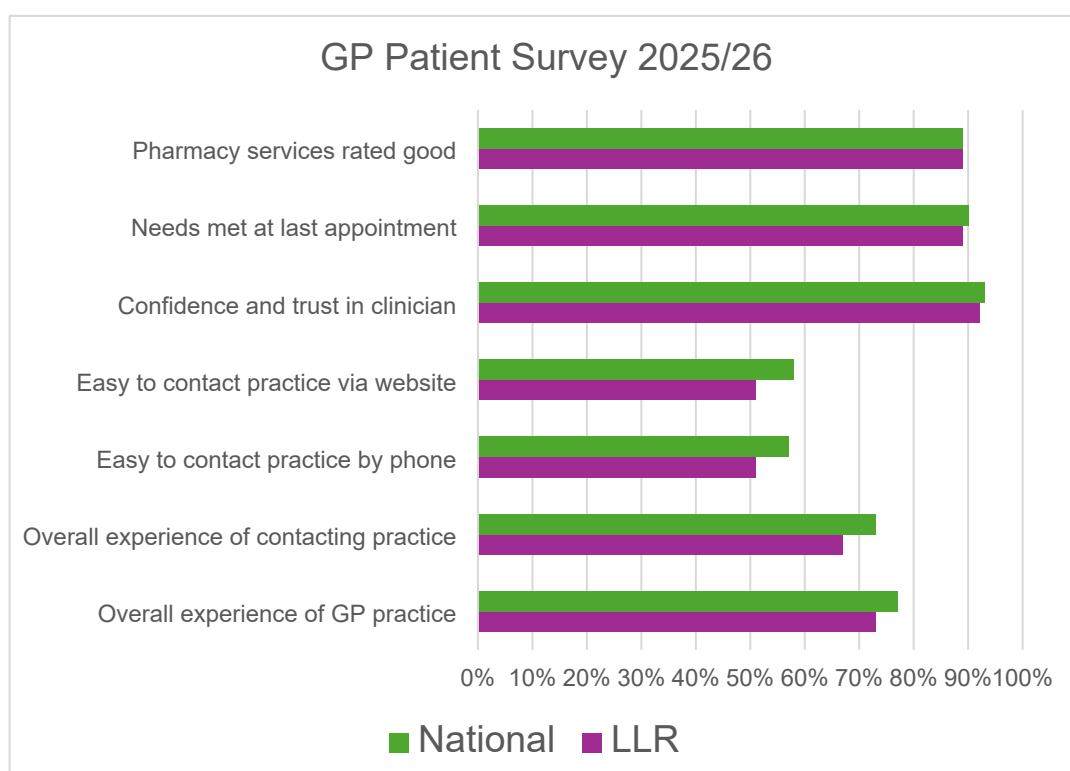
Target Referrals	3,969	3,444	3,514
Variance to Target	+123	+257	+623

The data demonstrates sustained growth in Pharmacy First utilisation across LLR, with referral volumes exceeding both previous-year performance and locally agreed targets. This reflects continued engagement from referring services, increasing public awareness of the service, and the valuable contribution community pharmacy makes to improving access to urgent care across the system.

6. GP Patient Experience

The 2026 GP Patient Survey shows that patients across LLR continue to report high levels of confidence and trust in healthcare professionals and positive experiences once they have accessed care. However, the survey also highlights continuing challenges relating to access and contacting practices, together with variation in patient experience across localities. These findings have informed the focus of the LLR Primary Care Access Recovery Plan, including improvements to telephone access, digital access, same-day access arrangements and targeted support where variation is identified.

Summary Findings

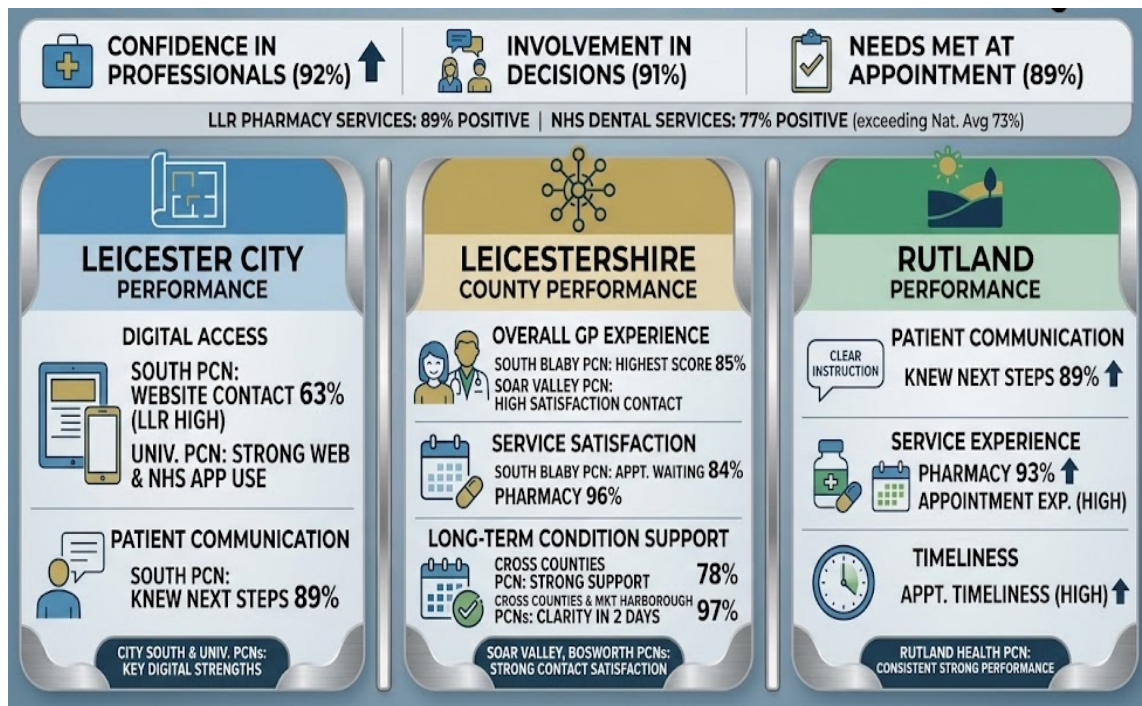


LLR Summary of GP Survey Results

Across LLR, patients reported high levels of confidence and trust in healthcare professionals (92%), involvement in decisions about their care and treatment (91%), and having their needs met during their last appointment (89%).

Additionally, 89% of respondents reported a positive experience of pharmacy services and 77% reported a positive experience of NHS dental services, exceeding the national average of 73%.

GP Patient Survey Results by Place:



Priorities for 2026/27 to improve patient experience.

The survey results point towards key priorities for the coming year:

- **Improve Access Across All Channels:** Focus on reducing barriers to telephone, website, and NHS App access, with particular attention to high-volume practices and areas with the greatest performance gaps.
- **Reduce Variation Between PCNs:** Develop targeted support for lower-performing areas while establishing mechanisms to spread learning from consistently high-performing PCNs.
- **Protect and Sustain High-Quality Clinical Experience:** Ensure work to improve access does not adversely affect consultation quality, patient confidence, or personalised care.
- **Strengthen System-Wide Learning:** Establish a structured approach to identifying, sharing, and implementing effective practice across PCNs, supported by peer learning, benchmarking, and continuous improvement methodology.

The 2026 GP Patient Survey presents a clear message for LLR. Patients continue to value the quality of care they receive from healthcare professionals, but difficulties accessing services continue to influence overall perceptions of general practice. The findings reinforce the importance of improving access and ease of contact as part of the wider work to improve patient experience.

The variation observed between PCNs presents both a challenge and an opportunity. By understanding the factors underpinning success in high-performing areas, providing targeted support to areas facing the greatest challenges, and maintaining the strong clinical experience already reported by patients, LLR can drive more consistent outcomes and narrow the gap with national performance during 2026/27.

7. Progress made During 2026/27

The ICB's approach to primary care access is moving from a focus on individual access initiatives towards a more structured and coordinated recovery approach.

The **Primary Care Access Recovery Plan 2026/27** brings together the actions being taken across primary care to improve timely access, patient experience, and consistency, while making best use of existing capacity.

The Recovery Plan recognises that access is not measured by appointment volumes alone. The ICB will therefore consider appointment activity alongside patient experience, timeliness of access, use of alternative access routes, workforce and digital capacity, quality and safety, and variation between practices, PCNs and places.

The approach for 2026/27 is focused on:

- improving timely access to appropriate primary care.
- making best use of existing appointment and workforce capacity.
- improving patient experience, including the ease of contacting practices and obtaining an appropriate appointment.
- reducing unwarranted variation in access and service delivery.
- strengthening care navigation and the use of appropriate alternative routes, including community pharmacy and multidisciplinary teams.
- maintaining access through both digital and non-digital routes, recognising that not all patients can or want to access services digitally; and
- identifying and addressing inequalities in access where local data and intelligence indicate a particular need.

The Recovery Plan therefore provides a framework for bringing these areas together, with progress monitored through a combination of activity, access, experience, quality, and variation measures. This will allow the ICB to identify where further support or action is required and to focus improvement activity proportionately.

8. Variation

There is variation in access and patient experience across practices, PCNs and localities.

Not all variation is necessarily a concern. Differences can reflect population need, geography, deprivation, workforce arrangements, and the way services have been configured locally.

The ICB's focus is on identifying **unwarranted variation** – where differences in access or patient experience cannot reasonably be explained by local circumstances and where improvement may therefore be possible.

Measure	Leicester City	Leicestershire	Rutland	LLR
Same-day appointments	44%	39%	34%	41%
Routine within 2 weeks	83%	75%	83%	78%
Face-to-face	72%	72%	61%	71%

Access improvement will continue to be considered alongside quality and safety. The ICB will use contractual information, quality intelligence, patient feedback, and local performance information to identify areas requiring further review. Where concerns are identified, the response will be proportionate and may include supportive improvement activity, peer learning, targeted review, or formal contractual processes where appropriate.

9. The ICB's Plan

The development of the **LNR Access Recovery Plan 2026-28** recognises that some groups may experience additional barriers to accessing General Practice. These can include barriers

associated with deprivation, rurality, disability, language, digital exclusion, and other population characteristics.

The ICB will use available data, patient insight, and local intelligence to identify where access may be poorer for particular communities and to inform targeted improvement activity.

The cluster-wide LNR Access Recovery Plan will provide a coordinated and consistent approach to improving access across the system. This plan will set out shared priorities, improvement trajectories, and opportunities for collaborative working across Primary Care, whilst recognising the differing needs of local populations. The cluster-wide plan is currently in development and will be shared with partners at a later date once finalised.

The intention is not to create separate access systems for different groups, but to ensure that access improvement takes account of local need and that additional support and resources are directed where barriers are greatest, helping to reduce inequalities and improve patient experience and outcomes across LNR.

10. LNR Access Recovery Plan 2026-28

The ICB Primary Care Access Recovery Plan provides the framework for the next phase of improvement.

Its overall aim is to ensure that patients receive the right care, from the right professional, at the right time and through the most appropriate route.

The Plan is organised around five strategic objectives:

- **Improve timely access.**
- **Improve patient experience and reduce unwarranted variation.**
- **Strengthen primary care through workforce, digital innovation and neighbourhood working.**
- **Strengthen governance, accountability, and continuous improvement.**
- **Improve access equity.**

For HOSC purposes, the main areas of practical delivery can be summarised as follows:

Area of focus	What this means in practice
Access and capacity	Making best use of Same-Day Access, Enhanced Access and practice capacity; improving demand and capacity management and care navigation.
Patient experience and variation	Using performance intelligence and patient feedback to identify variation and provide targeted improvement support.
Workforce and digital	Making effective use of the multidisciplinary workforce, digital access, and community pharmacy pathways.
Governance and assurance	Strengthening monitoring, contractual oversight and improvement processes.
Equity	Understanding barriers to access and ensuring improvement activity considers different population needs.

The Recovery Plan is intended to support improvement across the system while allowing individual areas and practices to respond to their own local circumstances.

A key principle of the Recovery Plan is that appointment activity should be considered alongside a broader range of access, experience, equity, and quality measures:

- patient experience and ease of access.
- timeliness of access.
- Same-Day Access utilisation.
- Enhanced Access utilisation.
- appropriate use of digital access.
- use of community pharmacy pathways.
- workforce indicators.
- continuity of care where clinically appropriate.
- variation between practices and PCNs; and inequalities in access.

Where possible, future reporting will show both the overall LLR position and relevant variation between Leicester City, Leicestershire, and Rutland.

This will enable the ICB to assess not only whether overall performance is improving, but whether improvements are being experienced consistently across local communities.

In implementing this plan, ICB will exercise its commissioning and contractual responsibilities where applicable.

11. Governance and Assurance

Delivery of the Access Recovery Plan will be overseen through established Primary Care Commissioning and Transformation governance arrangements.

Performance will be considered alongside:

- patient experience and ease of access.
- practice performance and activity information.
- contractual and quality information; and
- local intelligence and feedback.

Where concerns are identified, the ICB will seek to understand the underlying causes and determine the appropriate response. This may include benchmarking, peer learning, sharing of good practice, targeted improvement support and, where necessary, formal contractual or performance management processes.

The approach is intended to provide proportionate assurance that access is being actively monitored and that improvement action is targeted appropriately, while recognising that sustainable improvement needs to be delivered through practices, PCNs and local service arrangements.

12. Priorities for the Remainder of 2026/27

The focus for the remainder of 2026/27 will be to build on the access infrastructure already in place and demonstrate measurable improvement in how patients experience access.

The main priorities are:

- improving consistency of access across LLR.

- making effective use of Same-Day Access and Enhanced Access capacity.
- improving care navigation and the use of alternative access routes.
- reducing unwarranted variation between practices and PCNs.
- improving ease of contact and patient experience.
- supporting appropriate use of community pharmacy and the wider multidisciplinary workforce.
- developing digital access while maintaining suitable non-digital routes.
- identifying and addressing inequalities in access; and
- using performance information to target support and demonstrate improvement.

The next phase of the programme will therefore be focused on **improvement, consistency, and measurable improvement**, rather than simply creating additional access capacity.

13. Conclusion

LLR has developed a substantial range of primary care access arrangements and delivered significant levels of appointment activity during 2025/26 and the first part of 2026/27.

However, activity and capacity alone do not fully reflect patients' experience of accessing care. Patient feedback and variation between practices and localities demonstrate that further improvement is required.

The Primary Care Access Recovery Plan provides the framework for the next phase of improvement, with a focus on timely access, patient experience, unwarranted variation, equity, workforce, and effective use of existing capacity.

The GP Patient Survey demonstrates that while patients continue to value the quality of care provided by general practice, access and ease of contact remain areas where improvement is required. The actions described within this report are intended to respond directly to these findings and improve both operational performance and patient experience over time.

The ICB will continue to monitor activity, access, patient experience, quality, and local variation and use this intelligence to target improvement activity and provide assurance to partners and local communities.

5. Financial, legal, equalities, climate emergency, and other implications

5.1 Financial implications

Signed:
Dated:

5.2 Legal implications

There are no direct legal implications arising from this report.
Signed:
Dated:

5.3 Equalities implications

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Signed:
Dated:

5.4 Climate Emergency implications

Signed:
Dated:

5.5 Other implications (You will need to have considered other implications in preparing this report. Please indicate which ones apply?)

6. Background information and other papers:

7. Summary of appendices:

8. Is this a private report (If so, please indicate the reasons and state why it is not in the public interest to be dealt with publicly)?

9. Is this a “key decision”? If so, why?