

Review of Investment in Primary Care: Locally Commissioned Services (LCS)

JHOSC Meeting - Monday 26 January 2026

- NHS Shropshire, Telford and Wrekin (NHS STW) is undertaking a comprehensive review of Locally Commissioned Services (LCS) in General Practice.
- LCS are delivered in addition to the General Medical Services (GMS) contract and vary across footprints. *More information on this is in the next two slides.*
- The review is being carried out to ensure Primary Care investment is fair, sustainable and aligned to local population needs.
- The focus is on improving outcomes for patients and residents across Shropshire, Telford and Wrekin and is being undertaken with the involvement of:
 - Local Medical Committee (LMC) representatives
 - GP Board Chairs
- Implementation of the revised service model is planned for April 2026 with work currently underway on service specifications and engagement with General Practice colleagues.



What is in the General Medical Services contract?

- The General Medical Services (GMS) contract is the national agreement under which GP practices provide NHS Primary Care services in the UK.
- The GMS contract is nationally negotiated and standardised, and it plays a central role in shaping how Primary Care is delivered and funded.
- It is a legally binding contract between GP practices and NHS England.
- Under the GMS contract, practices must deliver essential services, including the diagnosis and management of illness, health advice, chronic disease management, and referrals to secondary care.
- Practices may also provide additional services such as vaccinations, cervical screening, contraception, and child health surveillance. Enhanced services (such as Locally Commissioned Services) are commissioned separately and paid for in addition to the core contract.



What are the Locally Commissioned Services?

- Locally Commissioned Services (LCS) are commissioned by Integrated Care Boards (ICBs) in England and provided by GP practices on a voluntary basis.
- The LCS is separate from the core General Medical Services (GMS) contract.
- GP practices receive extra funding for delivering LCS and are designed to address local health priorities and reduce pressure on hospitals.
- Examples of LCS include:
 - Phlebotomy
 - Simple Wound and Post Surgical Wounds
 - Non-Contraceptive IUD ('the coil')
 - Ring Pessary
 - Spirometry
 - Enhanced Health Checks for People with Serious Mental Illness (SMI).



Why the Review is Needed

- Over time, LCS arrangements across Shropshire, Telford and Wrekin have developed inconsistently, resulting in a ‘patchwork quilt’ of services.
- Significant variation exists across the county which has needed to be addressed for some time.
- A more consistent approach to LCS will:
 - Ensure equity of access for patients, regardless of location
 - Reduce unwarranted variation in clinical services
 - Align STW more closely with national best practice
 - Maintain financial sustainability within STW’s refreshed three-year Financial Strategy.
 - Support delivery of the Government’s 10 Year Plan, including:
 - The shift from hospital to community care
 - And a greater focus on prevention.



Aims of the Review

We want to:

- Improve access to high-quality Primary Care services throughout the county.
- Enhance management of long-term conditions and health outcomes.
- Standardise service expectations and funding models county-wide.
- Support the development of the Neighbourhood Health Service.
- Enable wider system transformation programmes.
- Prioritise evidence-based, high-impact services for local communities.
- Ensure that all proposed changes are subject to a full Integrated Impact Assessment (IIA) based upon patient safety, service equity and value for taxpayer's money.
- Engage with stakeholders as necessary, subject to the IIA process.



- The review is overseen by a dedicated LCS Review Subgroup with representation from:
 - General Practice
 - Local Medical Committee (LMC)
 - Finance
 - Strategy
 - Communications and Engagement
- A Case for Change document has been published which provides further details on the:
 - Scope and methodology of this piece of work
 - Potential impacts and mitigations.
- We have been clear from the offset that we are committed to:
 - Openness and transparency
 - Meaningful and timely stakeholder engagement.



Next Steps

- We are currently in an engagement phase with GP practices in STW to shape final proposals. This will take place through:
 - Structured conversations/meetings
 - Feedback opportunities (a survey)
 - Targeted discussions, as necessary.
- We are also working with partners to:
 - Identify and mitigate potential impacts (IIA process)
 - Ensure continuity of patient care from April 2026 onwards.
- We commit to providing further updates as the review progresses.



Questions?