



INTEGRATION JOINT BOARD

Date of Meeting	19 November 2024
Report Title	PCIP Update report
Report Number	HSCP.24.078
Lead Officer	<i>Emma King, Primary Care Manager</i>
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Consultation Checklist Completed	Yes
Directions Required	No
Exempt	No
Appendices	<i>A. PCIP review Terms of Reference B. PCIP review Evaluation framework summary</i>
Terms of Reference	1. Any functions or remit which is, in terms of statute or legal requirement, bound to be undertaken by the IJB itself

1. Purpose of the Report

- 1.1. This report is presented to the Integration Joint Board (IJB) to provide an update on the Primary Care Improvement Plan (PCIP)

2. Recommendations

- 2.1 It is recommended that the Integration Joint Board:



INTEGRATION JOINT BOARD

- Notes the content of the report as an update on current progress against the Primary Care Improvement Plan (PCIP).

3. Strategic Plan Context

The PCIP is identified as a key priority within the IJB's Strategic Plan 2022-2025. The delivery of PCIP is recognised as an important transformational tool for creating capacity and improving patient experience of General Practitioner (GP) services. It seeks to add additional capacity in the form of alternative professional roles to support GPs as well as delivering some services in a different way, improving access for patients and improving outcomes.

4. Summary of Key Information

- 4.1. An agreement between the Scottish Government (SG) and the Scottish General Practitioners Committee of the British Medical Association (SGPC) known as the Revised Memorandum of Understanding 2021-2023 (MoU2), is designed to enable improvement within primary care as envisaged by the General Medical Services (GMS) contract. It was published in July 2021, taking into account the learning and experience from previous iterations of the contract.

The MoU2 identifies three priority workstreams:

- Pharmacotherapy;
- Community Treatment and Care Services (CTAC)
- Vaccination Transformation Programme (VTP)

- 4.2. The Aberdeen City PCIP was agreed and approved by the IJB in 2018 in collaboration with the Local Medical Committee (LMC) and the GP Subcommittee (which sits within the governance structures of NHS Grampian).

The PCIP sets out how the Aberdeen City Health and Social Care Partnership (ACHSCP) intends to transform general practice services, utilising the Primary Care Improvement Fund (PCIF) to release capacity of General Practitioners (GPs). The PCIP seeks to deliver the three priority areas set out in the MoU2 to enable GPs to undertake their role as Expert Medical Generalists as envisaged in the General Medical Services (GMS) Contract.



INTEGRATION JOINT BOARD

The last update was provided to the IJB at its meeting in November 2023 as part of the PCIP annual report

4.3. Primary Care Improvement Plan (City) Update

4.3.1 General Update

It has been six years since the PCIP was agreed.

Currently all city practices receive at least a partial PCIP allocation from one or more of the workstreams and this is in terms of the original blue print plans for each individual workstream and in line with the MoU2. It was agreed by the Aberdeen City PCIP Project Delivery group that there would be work undertaken to ensure equity and best use of resources by reviewing the levels of input for all practices on an ongoing basis i.e. how much of each workstream has been allocated to each practice. The PCIP allocations are based on individual workstream models and varies in terms of how the original calculations were done for each plan.

4.3.2 The MOU ended in 2023 and the Scottish Government have stated that there is no plan to replace it at this time, although the three priority areas referred to in paragraph 4.1 remain the focus. The role of the PCIP is also the subject of consideration by a Grampian General Practice Vision Board which is looking at longer term options for a more sustainable general practice model.

4.3.3 In response to current sustainability challenges and evolving needs within the NHS Grampian area, a vision statement has been articulated as follows;

“A sustainable General Practice across Grampian which enables people in their communities to stay well through the prevention and treatment of ill health”

4.3.4 A set of objectives that capture the changes required to move towards a more sustainable general practice sector within the area were approved by the three Grampian Integrated Joint Boards (IJB's) in March, 2024.

4.3.5 The vision and objectives are being progressed via the GP Visioning Programme Board which in turn are supported by project sub groups. Existing resource within the three Health and Social Care Partnerships (HSCP) has been identified and released to deliver on the prioritised objectives.



INTEGRATION JOINT BOARD

4.3.6 As part of the work around the key objectives, a review of the PCIPs across Grampian will be undertaken and a project sub group has been set up to take this work forward.

4.4. PCIP Review update.

4.4.1 The PCIP review project gained momentum in June of this year following a period of consultation with key stakeholders across the three HSCPs in Grampian. The review of all workstreams delivered by PCIP is one of the priority outputs from the GP Visioning and the project is being resourced from within the partnerships with existing personnel. The project has representation from the Public Health Scotland (PHS) Local Intelligence Support Team (LIST), HSCP leads, NHS Grampian Finance colleagues as well as primary care clinical and management representation. A copy of the Terms of Reference for a new PCIP Review Project Group, established under the GP Visioning work, is attached in **Appendix A**.

4.4.2 A short life working group (SLWG) has been established and meets every 2 weeks and feeds into the wider PCIP project delivery group which, in turn, presents progress reports at the GP Visioning Working Group and the GP Visioning Programme Board meetings.

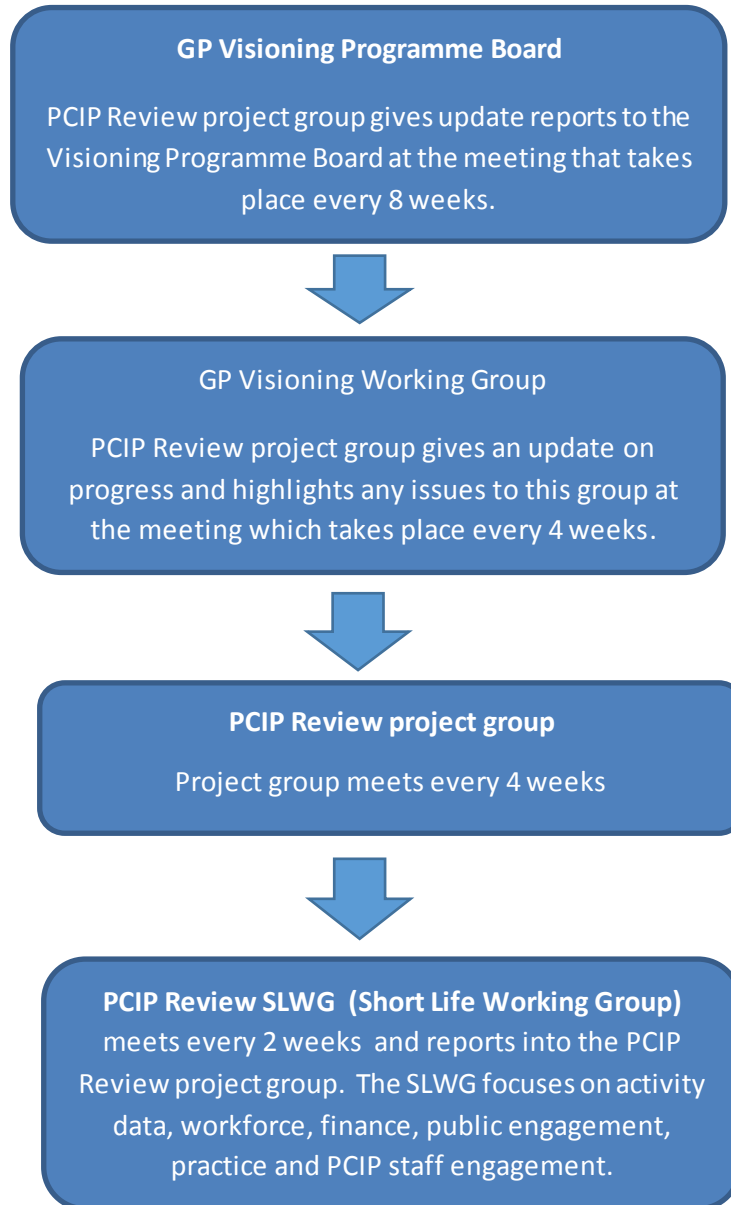
The project group are looking at 3 measures:

- Quality - How well is PCIP being delivered in terms of services to patients?
- Quantity - What is the overall PCIP resource?
- Efficiency - What does PCIP do to support practices, patients and staff?



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PCIP Review project reporting structure:



- 4.4.3 The work progresses at pace despite the many complexities encountered during the process due to variances across the HSCP's. The need is to ensure that a full, thorough and complete review is undertaken and the approach is to do this objectively and fairly. Constructive feedback from the review group is also challenging at this time as services cannot be reviewed in isolation. The working group will present the wider PCIP review group



INTEGRATION JOINT BOARD

with the data collection work when complete and available for the formal review process to commence.

4.4.4 Methodology

The review of PCIPs across Grampian in the context of the GP Vision is based on the PDSA (Plan Do Study Act) methodology to progress this work as follows:

- 4.4.5 An Evaluation Framework has been agreed to provide a structure and systematic tool to assess whether PCIP has achieved its intended results. The Evaluation Framework visual summary attached in **Appendix B**.
- 4.4.6 Finance: The working group has gathered budget data for Moray, Aberdeen City and Aberdeenshire to compare the budget breakdown of each service and discussions will take place in terms of how each budget is utilised to provide the services required in each.
- 4.4.7 MSK FCP (Musculoskeletal First Contact Practitioner) workstream: The review group will be gathering information on all workstreams and have started with the FCP workstream. This was agreed with the wider group and has been a test for any anomalies and variances that arise when gathering the data from the HSCPs. The process will assist when the group moves on to the review of other workstreams. The benefit of this work will be the ability to compare how the service is delivered across Grampian and identify examples of good practice that may be transferable to HSCP's.
- 4.4.8 A sub group from the PCIP review group has been put in place and is taking forward a plan for public engagement and progress around this work is being considered so that it dovetails with the detailed information when it becomes available. Taking this approach will determine the most valuable feedback requested and take cognisance of any variance & differences highlighted during the data gathering.
- 4.4.9 A newsletter from the GP Visioning is periodically distributed to practices and PCIP staff across Grampian and recently an update from the PCIP review group formed part of a communication to all GP practices across Grampian. Recent discussion at the GP Visioning working group has been around a communication strategy and how this should be structured and incorporate the PCIP review.



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4.5 Engagement and Communication

All points below have been or are continuously delivered.

- PCIP Newsletter – A regular newsletter has been developed with relevant updates and this is distributed to all city GP Practices and the PCIP Project delivery group. CTAC share a newsletter on a regular basis with updates on any changes to the city practices. The remaining workstreams communicate by e-mail with the practices to give updates and these are sent via the PCIP group e-mail address.
- Citywide events – The PCIP has the opportunity to use the Bi-monthly citywide event as a platform to deliver updates and to engage with GP practice staff an update on the PCIP review was delivered at the most recent event in August.
- GP Visioning Newsletter – Distributed to all GP Practices in Grampian, PCIP delivery groups and Board members.

4.6 PCIP Workstream Updates – September 2024

The SG confirmed via the MoU2 that there are three workstreams of priority which are CTAC (Community Treatment and Care), Pharmacotherapy and the VTP (Vaccination Transformation Programme). Please see updates for these workstreams below:

4.6.1 CTAC workstream

CTAC clinics are nearing a significant milestone reaching the 100,000th clinic patient in attendance. This highlights the growth of the service, now spanning multiple locations across the city, as well as CTAC staff integrated within most practices. The service has delivered the original blue print plan and continue to deliver service improvement initiatives within the limitation of the available funding received from the SG.

- 4.6.2 A review of activity in the hubs and in light of lower demand in certain locations the service has made a decision to move out of the Torry Neighbourhood Centre, releasing the room to podiatry which will better serve the population in the area. Similarly, a review of the services at the College Street hub is taking place, where there is lower appointment uptake and by understanding the levels of efficiency at the hubs CTAC can move staff to other locations and maximise the capacity. CTAC is part of a



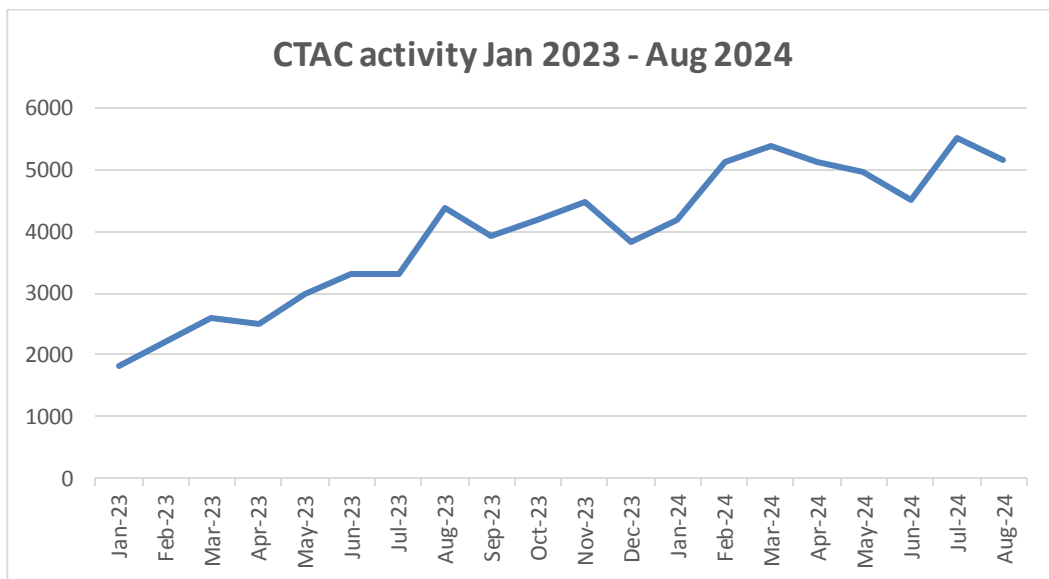
INTEGRATION JOINT BOARD

development at Countesswells and will have capacity within the new hub which is anticipated to open early next year with a date to be confirmed.

The other hubs across ACHSCP are Bridge of Don, Inverurie Road, Northfield, Carden House, Airyhall, Kincorth and the City Vaccination Centre.

Collectively, between the hubs and practice-based teams, CTAC provide approximately 1,200 clinical hours each week and this exceeds the original aim to reach 1,000 hours outlined in the CTAC blueprint plan. This translates to 4,000 appointments if 1,000 hours is delivered. The staffing levels have been achieved and all posts have been recruited to.

The graph below represents activity data from January 2023 to August 2024.



4.6.3 Waiting times

Due to rising patient demand an increase in waiting times for appointments has been identified and to address this the service is introducing a Test of Change by trialling 10-minute venepuncture appointments at CTAC hubs instead of the original 15 minutes per appointment. The change was initially implemented at Carden House and has been in place for 1 month and the next stage is to roll out the change at the Northfield hub in October and the Inverurie Road hub in November. An evaluation of the Test of Change will be carried out following completion of the rollout.



INTEGRATION JOINT BOARD

CTAC will also work in collaboration with the GP practices and review the efficiency of the appointment booking process and identify any areas for improvement e.g. patients at times give inaccurate information when booking their appointments.

As part of the Test of Change, CTAC will share wait times for appointments at the hubs with practices and this will be on a weekly basis to inform and assist in identifying capacity across the ACHSCP.

4.6.4 Vitamin B12 Injections (Vitamin B12 deficiency anaemia).

The CTAC workstream and at the request of a number of GP practices has implemented a service to deliver B12 injections to patients and this has been launched at the Aberdeen City Vaccination and Wellbeing Hub. This has been possible with the support of the Vaccination staff and they have successfully administered over 5,000 injections to patients from 22 City practices since this was implemented in February 2024. Practices can choose to opt in and there is also an opportunity for CTAC staff embedded within the practices to receive B12 administration training meaning that patients can have their B12 injection within the practice if they choose this option. An update figure of the uptake from practices for this training is 14 out of 24 practices and 3 staff have completed the training. This option is available to all practices with CTAC embedded staff should they choose to proceed.

4.6.5 ECGs (electrocardiogram) for housebound patients (non-urgent)

The service are currently in the process of developing a new process for patients who require a non-urgent ECG but are housebound and unable to travel to a health care facility. Work is underway to create a referral process for practices to adopt and for CTAC to implement a service.

4.6.6 Chronic Disease Management

CTAC support the practices with the management of patients on a Chronic Disease register. An update was shared at a recent Diabetic Executive Group meeting in terms of the Grampian position for foot screening and a 70% uptake was reported. This compares favourably against the Scottish national figure of 60% and attributed to the work CTAC have done to improve the figures.



INTEGRATION JOINT BOARD

4.7 Pharmacotherapy workstream

- 4.7.1 The Pharmacotherapy service provides support to GP Practices and this includes medicines reconciliation. The service also supports the practices by proactively taking actions from hospital discharge letters, medication reviews and this includes acute and repeat requests. The model is flexible in terms of what individual practices choose to use the service to deliver.
- 4.7.2 The Pharmacotherapy hub continues to deliver support to cover annual leave and any sick leave and this is available to all practices across the ACHSCP (Aberdeen City Health and Social Care Partnership).
- 4.7.3 The service is delivered by Pharmacy Technicians and Pharmacists based on a ratio of 1.25 WTE PCIP staff per 10,000 patients. However, the service model approved by the IJB in the 2018 PCIP has been identified as insufficient to deliver all the demands on the service. Nationally and locally it is recognised that a model that is closer to being able to deliver the full remit of the MoU2 would realistically need to be a ratio of 2.5 WTE PCIP staff per 10,000 patients (double the current capacity). This is due to the long term trends nationally with patients living longer and use of medicines to support chronic disease management. In addition longer outpatient waiting lists also impact medication requirements in the community as people await treatment.
- 4.7.4 The service still faces the on-going challenge in terms of recruitment and has had to manage a high level of maternity leave. Recruitment to cover the maternity leave was supported by the PCIP Programme Board to mitigate the loss of this capacity to practices.

4.8. Vaccination Transformation Programme (VTP)

- 4.8.1 The VTP has been delivered in line with the MoU2 and continues to be delivered from the Vaccination and Wellbeing Hub based in the city centre.
- 4.8.2 The service maintains the delivery of the range of vaccines and recently introduced two new respiratory syncytial virus (RSV) programmes in August 2024 and successfully vaccinated 71% of the eligible population. The service also supports the CTAC B12 programme for injections delivered in the hub when staff are available outwith the vaccination programmes, in particular the delivery of the winter programme. The same arrangement is



INTEGRATION JOINT BOARD

in place for vaccination staff to cross cover and deliver CTAC procedures following the appropriate training.

- 4.8.3 The Vaccination and Wellbeing Hub delivers a number of support services including 3rd sector providers with a programme of events available to the city population to take the MEOC (Making Every Opportunity Count) approach.
- 4.8.4 The service is part of the Countesswells project and has space allocated to deliver childhood vaccinations which should be up and running later this year.

Under the MoU2, the remaining Multi-disciplinary Team services listed below should be maintained but progressed at a slower pace in accordance with the Scottish Government Primary Care Improvement Fund annual funding letter for 2024/25 received 5 July 2024.

4.9. MSK (Musculoskeletal): First Contact Physiotherapists (FCP's)

- 4.9.1 The FCP service is a primary care model that provides patients with direct access to a physiotherapist and most commonly for the assessment and management of musculoskeletal disorders, without the need for prior assessment or referral from a GP.
- 4.9.2 Although recruitment has been challenging, all practices have some FCP input. The team have recruited to the senior FCP posts and continue on a rolling basis to recruit to the shortfall.

Regular reviews of the current delivery model are on-going and enable an equitable allocation across the practices, this being flexed in line with the staffing establishment and due to a positive run of recruitment allocations to practices should increase by the end of October 2024. This is wholly dependant on staffing levels and if this fluctuates.

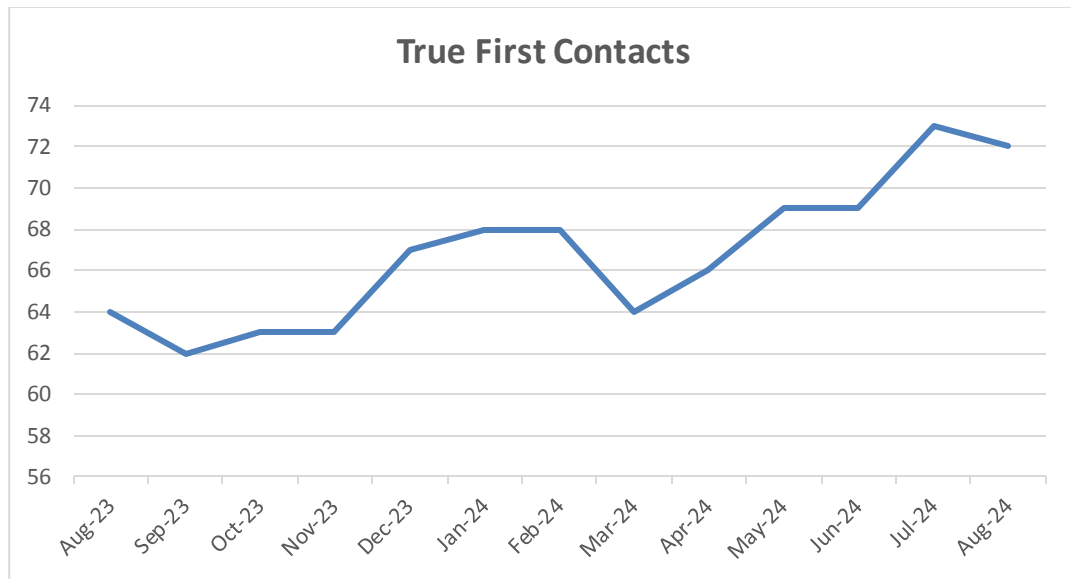
- 4.9.3 The FCP team have taken a pragmatic approach and have created a document called "*Top Tips on how to improve use of your FCP service*" and this is to support GP Practices to maximise their referral capacity.
- 4.9.4 The FCP team are currently reviewing their service agreement that is shared with the practices and the aim to create a like for like document across the 3 HSCP's in Grampian. This also ties in with the on-going PCIP review.
- 4.9.5 Comparative data has shown that the percentage of contacts being true first contact appointments has risen from a lower figure of 55% in 2023 to 70%+



INTEGRATION JOINT BOARD

in 2024 which has freed up appointments for GP's, more appropriate use of the service and improved the patient journey.

The graph below demonstrates the percentage of true first contacts from August 2023 to August 2024.



4.10. Urgent Care/City Visits (Advanced Practitioners)

4.10.1 The service is delivered within the patient's own home and the team have their base at Woodend Hospital. The service provides assessment, diagnosis and initial management in patients' own home for on the day urgent consultations. This includes phlebotomy, clinical observations, ECG monitoring and bladder scanning. The service is delivered by a team of qualified and trainee Advanced Clinical Practitioners.

4.10.2 As part of the improvement work identified in a review of the service undertaken in 2023 activity information is collated on a monthly basis and is broken down to practice level. A "Time and Motion" study was carried out recently and over a period of 4 weeks.

The study looked at the following:

- Direct patient intervention time



INTEGRATION JOINT BOARD

- Acute admissions
- Total number of visits achieved
- Immediate life threatening SAS (Scottish Ambulance Service) response.
- Indirect patients intervention time
- Travel time between visits

The detail in the data is presented in a dashboard and will form part of the PCIP review and is currently being evaluated.

- 4.10.3** City Visits workstream received positive feedback from GP practices as part of recent contract monitoring visits undertaken by the primary care management team. A recent visit was undertaken by the Nurse Consultant for Advanced Practice and Non-Medical Prescribing Lead for NHS Grampian, spending a day with the team and shadowing an Advanced Nurse Practitioner. This resulted in very positive feedback in a letter dated 24 September 2024 “The City Visits team is a great example of an innovative and forward thinking Advanced Practice service in line with Nursing Vision 2030.”

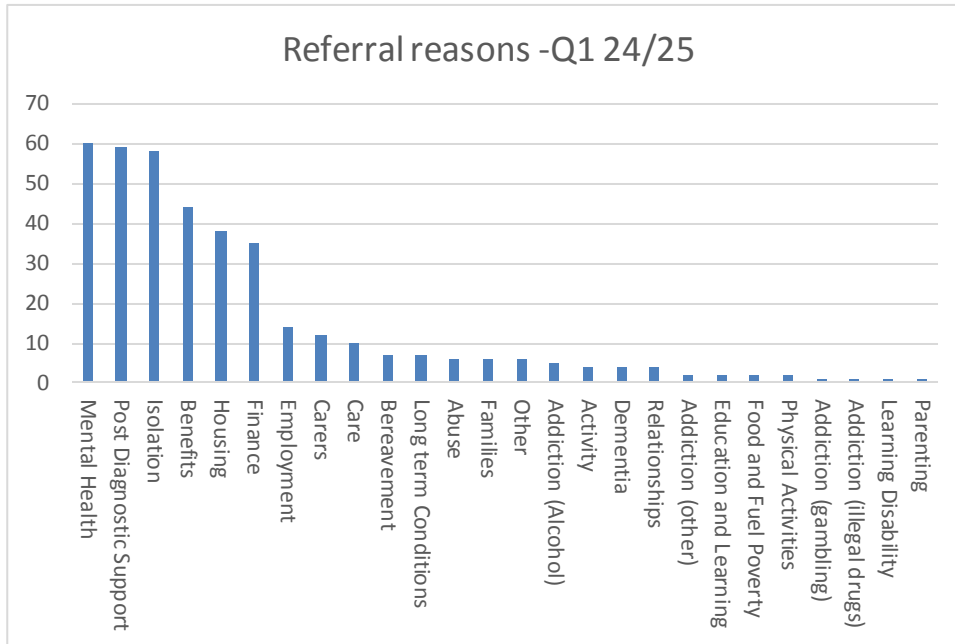
4.11. Community Link Workers

- 4.11.1** The contract with SAMH is monitored closely since its implementation in April 2023 with formal quarterly meetings in place. Working in collaboration with SAMH there has been agreement in the type of data that is presented and includes a dashboard. The data includes activity, patient outcomes and patient and practice opinions. The information is broken down by localities and by practice so gives an in-depth level of detail.
- 4.11.2** Regular meetings take place to plan any service development opportunities and recent improvement work has been undertaken for the PDS (Post Diagnostic Support) for dementia patients. This element of the service has been streamlined in terms of the referral process and by doing so has implemented a more equal spread of capacity and an improvement to the waiting times. As part of this work the waiting times are monitored as part of the management of the contract.
- 4.11.3** The Link Worker service is currently engaging with practices that have lower referral rates and looking to gain access to space where none has been available previously

The referral criteria remains unchanged i.e. GP practice referrals and the main criteria by referral type is shown in the graph below:



INTEGRATION JOINT BOARD



5. Implications for IJB

There are no implications for the IJB

5.1 Equalities, Fairer Scotland and Health Inequality

The National Health Service (General Medical Services Contracts) (Scotland) Regulations 2018 (GMS) has had a comprehensive, nationally led Equalities Impact Assessment completed and can be accessed [here](#). This is applicable to the PCIP Programme.

5.2 Financial

5.2.1 There is specific ring-fenced funding provided by the SG to the Primary Care Improvement Fund in respect of the implementation of the PCIP. Whilst the funding is currently non-recurring, HSCPs have been advised by the SG to plan delivery as if the funding was recurrent. This information



INTEGRATION JOINT BOARD

was included in a communication received on 28 March 2024 and under the heading Planning Assumptions for 2024-25.

Funding allocations from the Scottish Government

£'000	22/23	23/24	24/25
SG allocation of funding	£6,480	£7,156	£7,156
% used for PCIP activities	100%	100%	100%

- 5.2.2 Funding is being closely monitored and updates presented at the monthly PCIP Programme Board meetings and a plan is being worked up for the financial year 2025/26 with the assumption that the SG funding allocation will remain the same.
- 5.2.3 The SG required a performance monitoring tracker to be completed bi-annually and this includes workforce and financial updates. The most recently completed version 7 was submitted on 10 May 2024. We have received confirmation along with this financial years allocation that funding will be released for some areas in 1 tranche this year and ACHSCP is part of this change. In line with this 1 performance tracker is required to be completed and the return will likely be in Spring 2025. The funding release in 1 tranche is for 12 months and from 1st April 2024 until 31st March 2025.
- 5.2.4 As there is no uplift expected in terms of allocation of SG funding, the workstreams will continue to manage their service delivery within the current financial envelope and focus on service improvement initiatives.

5.3 Workforce

There is ongoing recruitment to acquire the appropriately skilled workforce to support the implementation of the PCIP. This is progressed by each workstream with an overview by the PCIP Project Delivery group.

5.4 Legal

The IJB oversees the delivery of PCIP and requires NHSG and ACHSCP to deliver the services on its behalf. It therefore seeks assurances on the progress of PCIP.



INTEGRATION JOINT BOARD

5.5 Unpaid Carers

There are no direct implications as this is a noting report.

5.6 Information Governance

As part of the Shared Services project a Data Protection Impact Assessment (DPIA) is in place to enable staff to access GP practices systems. There has been engagement with NHS Grampian's Head of Information Governance and a process was agreed to take this forward at an early stage in the project plan. The DPIA currently in place will be reviewed at the end of this year.

5.7 Environmental Impacts

There are no direct environmental implications arising from the recommendations of this noting report.

5.8 Sustainability

There are no direct sustainability implications arising from the recommendations of this noting report.

6.0 Management of Risk

The key risks to delivering the PCIP have been identified as Financial and Workforce.

Financial Risk – Insufficient funding available to deliver the MOU2 and SG funding for this financial year, 2024/25 does not have any uplift on the previous years funding.

Workforce Risk – Inability to recruit to essential posts with the required skills.

In light of the challenges referred to in this report, NHS Grampian with the three Integration Joint Boards has commissioned work to develop the new vision with associated strategic objectives for General Practice in Grampian. The output of this will be a delivery plan for a Grampian General



INTEGRATION JOINT BOARD

Practice Strategy. This will provide an opportunity to deliver General Practice in a way influenced by local needs and pressures.

A Programme board has been set up with representation from NHS Grampian, the HSCPs, GP Sub Committee and Local Medical Council. To ensure that the views and opinions of key stakeholders across the system are taken account of we delivered a series of Facilitated Workshop Events to gather this information.

Category	Description of risk	Mitigations
Finance	Insufficient funding available to deliver the MoU2021-2023	<ul style="list-style-type: none">• Review options for the PCIP in terms of service delivery as part of the Visioning programme.• Close monitoring of budget spend and forecasting.
Workforce	Inability to recruit to posts with the required level of skills and restricting the ability to progress service delivery.	<ul style="list-style-type: none">• Continually advertising posts through the recruitment process.• Opportunity to review how services are delivered and may be part of a redesign process as outputs from the Visioning programme.• Explore opportunities to develop technology.



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Terms of Reference

Appendix A

Title	Grampian General Practice Vision : PCIP review project		
Lead	SRO – Senior Responsible Officer		
Date	April, 2024	Version	1

Purpose & Scope
<p>Project Scope: The project aims to evaluate the implementation of the 2018 Scottish GP contract Primary Care Improvement Plan (PCIP) across Grampian. It will focus on assessing the operational delivery of PCIP work streams at both Health and Social Care Partnership (HSCP) and Practice levels, with the goal of identifying strengths, weaknesses, and areas for further evaluation.</p> <p>Project Deliverables:</p> <ul style="list-style-type: none"> • Provide an overview of PCIP staff resources. • Present an analysis of clinical activity within PCIP work streams. • Evaluate the costs associated with PCIP work streams. • Offer recommendations for areas where variation should be evaluated. • Identify outcome measures suitable for monitoring ongoing implementation. <p>Approach: The project will achieve its objectives through the following steps:</p> <ul style="list-style-type: none"> • Gather comprehensive data on PCIP resources and clinical delivery and this should include quantifying PCIP work still being carried out by practices. • Analyse the collected data to identify trends and variations. • Conduct a comparative analysis across the three HSCPs within Grampian. • Evaluate the efficiency and value of PCIP delivery. • Develop a framework to assess user experience and outcome data.



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- Establish mechanisms for ongoing monitoring of PCIP implementation.

Outcome: By following this approach, the project will facilitate a thorough review of the Primary Care Improvement Plan. It will identify areas for enhancement, provide valuable insights for further evaluation, and ultimately contribute to the improvement of PCIP delivery across Grampian.

Meeting frequency		
Grampian PCIP review project group	4 weekly	Quorum - 1 SRO, 2 Clinical Leads, LMC rep, 2 HSCP rep from different HSPC's.
SLWG's	As and when	N/A

Remit and Responsibilities
<p>Roles and Responsibilities for the Grampian PCIP Review Project:</p> <p>Resource Management:</p> <ul style="list-style-type: none"> • Ensure necessary resources are available to facilitate timely progress on project actions. • Monitor resource allocation and utilisation to optimise efficiency. <p>Project Planning and Implementation:</p> <ul style="list-style-type: none"> • Oversee the development and review of the project plan. • Implement any Short Life Working Groups (SLWGs) to advance specific pieces of work as needed. <p>Stakeholder Engagement:</p> <ul style="list-style-type: none"> • Conduct a stakeholder analysis to identify key stakeholders from across the three Integration Joint Boards (IJBs), General Practice, service users and the NHS Board. • Ensure stakeholders are engaged effectively throughout the review process. <p>Meeting Facilitation and Documentation:</p>



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- Chair regular meetings and ensure they are conducted efficiently and effectively.
- Provide high-quality meeting minutes and maintain an updated project tracker for sharing with the project group to monitor progress.

Risk Management

- Take responsibility for identifying and managing risks within the programme.
- Escalate significant risks, when necessary, to the Grampian General Practice Vision Programme Board for resolution.

Communication and Collaboration:

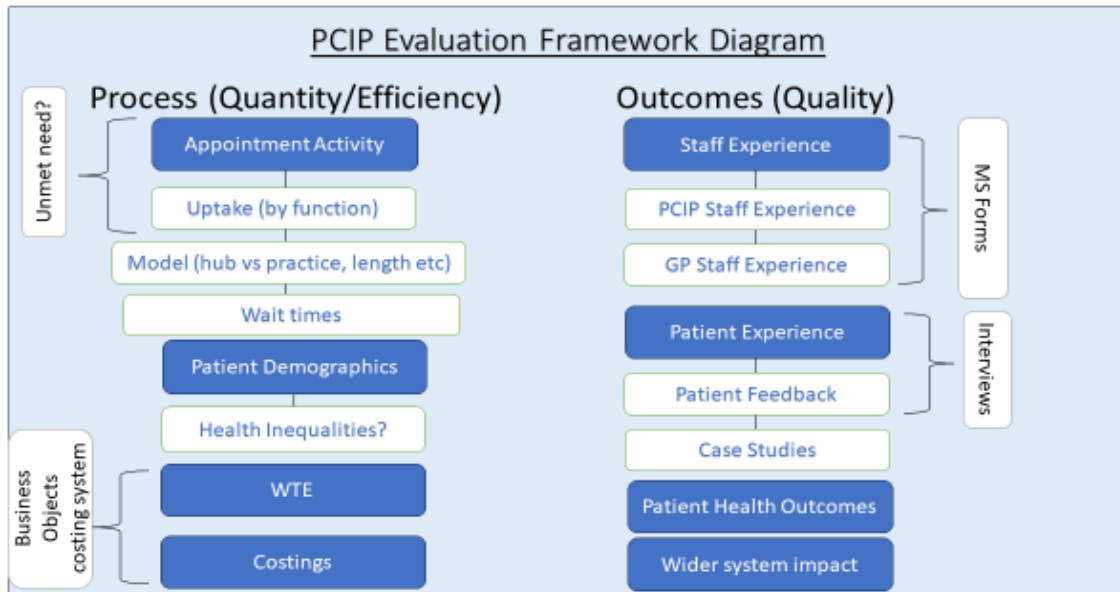
- Share project updates and relevant information with the Grampian General Practice Vision Board.
- Engage regularly with stakeholders to foster collaboration and ensure alignment with project objectives.

By fulfilling these roles and responsibilities, the project team will effectively oversee the Grampian PCIP review, ensuring smooth progress, stakeholder engagement, risk management, and communication throughout the process.



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Appendix B



Current work in progress

