



RISK, AUDIT AND PERFORMANCE COMMITTEE

Date of Meeting	17 June 2025
Report Title	PCIP Update report
Report Number	HSCP.25.044
Lead Officer	Emma King, Primary Care Manager
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Consultation Checklist Completed	Yes
Directions Required	No
Exempt	No
Appendices	Appendix A – ToR for the PCIP review Appendix B – Evaluation frame diagram for the PCIP review Appendix C – Project progress
Terms of Reference	4 & 5

1. Purpose of the Report

- 1.1. This report presents the Risk, Audit & Performance Committee (RAPC) with an update regarding progress implementing the Primary Care Improvement Plan (PCIP).

2. Recommendations

- 2.1 It is recommended that the Committee:

- a) Note the update presented on the PCIP, as outlined in this report; and



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- b) Note that the annual PCIP Update report was presented to the meeting of the Integration Joint Board at its meeting on 19 November 2024.

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 Sub-committee (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.



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The last update was provided to the IJB at its meeting in November 2024 as part of the PCIP annual report.

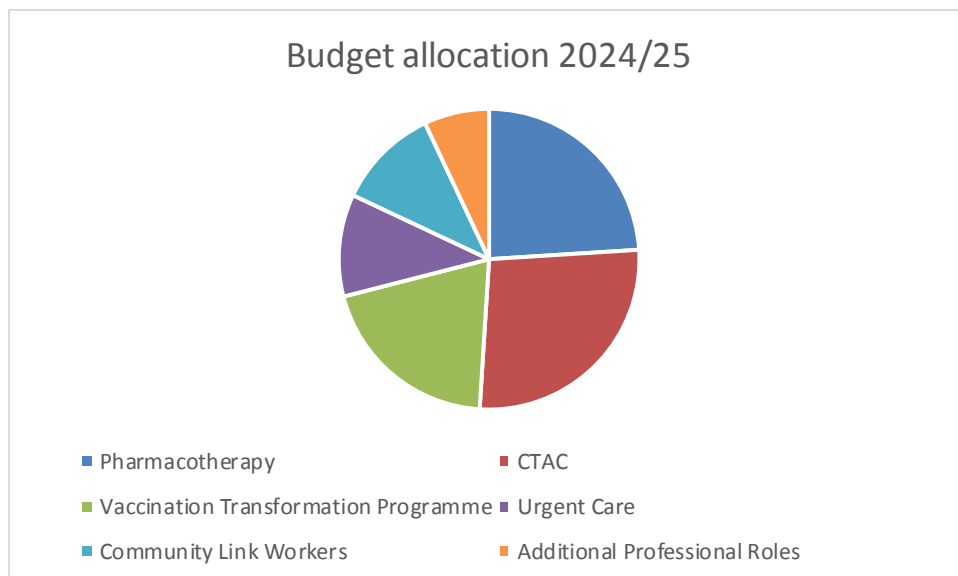
4.3. Primary Care Improvement Plan (City) Update

4.3.1 General Update

It has been seven 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.

The prioritised services, as stated in the MoU2 are Pharmacotherapy, CTAC and the Vaccination Transformation Programme and the graph below shows the funding split for the 6 workstreams.





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4.3.2 The MoU2 ended in 2023 and the Scottish Government have stated that there is no plan to replace it at this time, 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 Programme 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 (IJBs) in March, 2024 and an update was presented to the IJB in February 2025.

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 allocated to deliver on the prioritised objectives.

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.



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4.4. PCIP Review update.

4.4.1 The PCIP review project gained momentum in June 2024 following a period of consultation with key stakeholders across the three HSCPs in Grampian. The aim of the project is to highlight any areas that are working well and examples of good practice and to also demonstrate areas where a change to how a service could be delivered would be an advantage to GP's and patients. The Vision Board have frequent meetings with Scottish Government representatives and will use these opportunities to influence any potential changes to how the MoU2 is delivered in NHS 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) as part of the review project group has been established and meets every two 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 purpose of the SLWG is to plan how the data and information can be collated and create the processes required to do so.

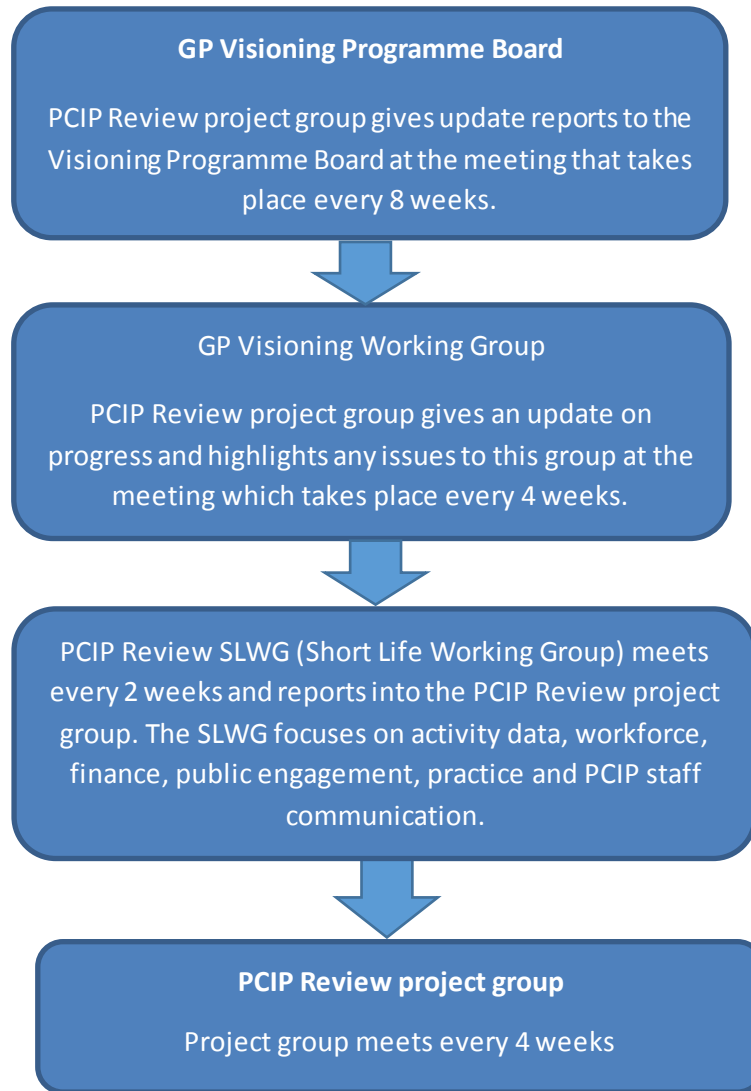
The project group are looking at 3 measures:

- 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 a steady pace despite the many complexities encountered during the process due to variances across the HSCPs. 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 with all information when completed with a report for each workstream and an overarching report to be presented to the GP Vision Programme Board.



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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 The review group will be gathering information on the six MoU2 workstreams and all six are progressing. The benefit of this work will be the ability to compare how the services are delivered across Grampian and identify examples of good practice that may be transferable across the HSCP's.
- 4.4.8 The PCIP review group is part of a GP Vision sub group that will take forward a plan for public engagement. The progress around this work is being considered so that it dovetails with the detailed PCIP review information as it becomes available. Taking this approach will determine the most meaningful feedback requested and take cognisance of any variance and 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.

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



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PCIP Project delivery group. CTAC (Community Treatment and Care) 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 and a forthcoming date is June 2025.
- GP Visioning Newsletter – Distributed to all GP Practices in Grampian, PCIP delivery groups and Board members.

4.6 PCIP Workstream Updates

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).

Operationally, each workstream presents activity data using capacity and demand as a measure and if relevant the waiting times. This is to enable the monitoring of service delivery and to form part of the planning process going forward. The data is presented at the monthly PCIP Delivery group meeting.

Please see updates for these workstreams below:

4.6.1 CTAC workstream

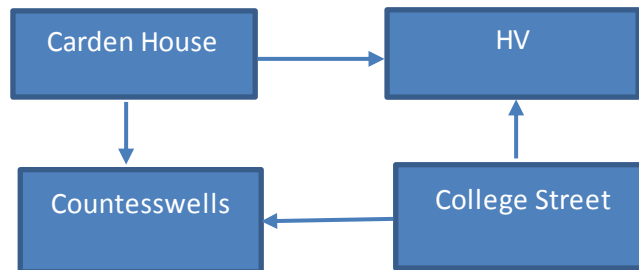
CTAC clinics have achieved a significant milestone and have seen over 100,000 patients. This highlights the growth of the service, now spanning multiple locations across the city, as well as CTAC staff integrated within most practices. The service is delivering the original blue print plan and continues 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 has been completed 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 has concluded lower appointments uptake being identified. As a result of understanding the



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levels of efficiency and utilisation at the hubs CTAC have moved staff to other locations to maximise the capacity. CTAC is part of the new development at Countesswells and have capacity within the new hub which opened in February 2025. The hub will also provide childhood vaccinations, Health Visitor and Speech and Language Therapy support to the population in this area. The CTAC service provided at Carden House has moved to the Aberdeen Community Health and Care Village (HV). These moves took place in tandem to minimise any disruption to patients and GP Practices and with no loss of capacity. The capacity has not increased and is monitored on an on-going basis with activity reports presented at the monthly CTAC project meeting and the wider PCIP Delivery group monthly meeting to enable any changes to be agreed and planned.



The other hubs across ACHSCP are Bridge of Don, Inverurie Road in Bucksburn, Northfield, Airyhall, Kincorth and the Aberdeen City Vaccination and Wellbeing Hub.

Collectively, between the hubs and practice-based teams, CTAC provide approximately 1,000 clinical hours each week and this was outlined in the original CTAC blueprint plan. This translates to 4,000 appointments if 1,000 hours is delivered.

The majority of the practices have CTAC staff embedded within their practice with the exception of three practices, one practice has chosen not to have a CTAC member of staff and uses the hubs and the remaining 2 are small practices and the capacity available in the hubs is a more efficient use of the service.

4.6.3 Waiting times

Due to rising patient demand an increase in waiting times for appointments has been identified and to help address this the service has introduced 10 minute venepuncture appointments at CTAC hubs instead of the original 15 minutes per appointment. The change to 10



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minute appointments excludes trained nurse procedures due to the more complex nature of the procedures they undertake.

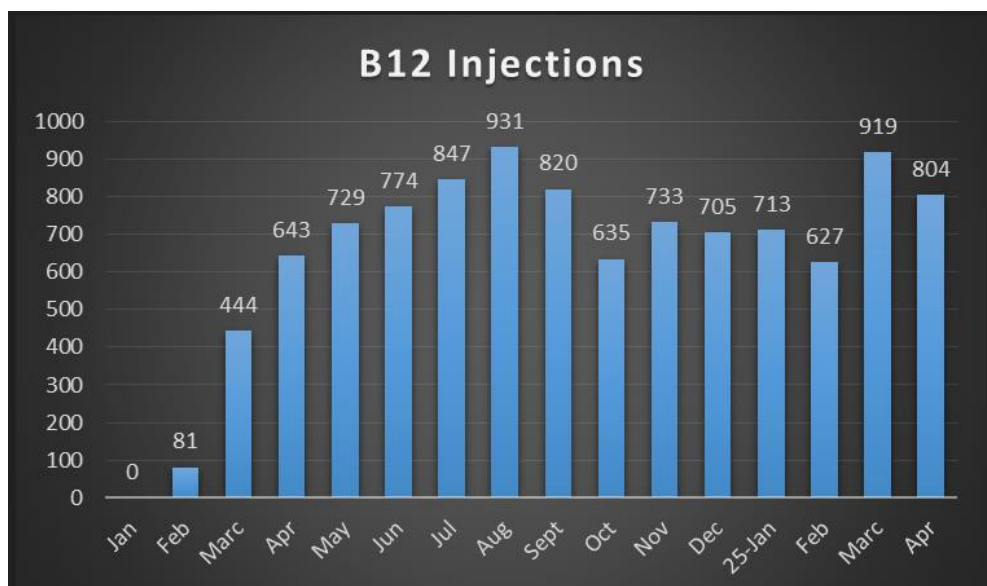
As part of the change, CTAC share wait times information for the clinics with practices on a regular basis to inform and assist in identifying capacity across the ACHSCP.

The availability of venepuncture appointments is currently being reviewed to assist in meeting the increasing demand for the support of patients on a practice chronic disease register. CTAC support the practices with the management of patients in this cohort and demand has increased by up to 4 weeks for some procedures. A number of options will be considered to assist in the improvement of the availability of appointments and assist with patient flow.

4.6.4 Vitamin B12 Injections (Vitamin B12 deficiency anaemia).

The CTAC workstream, as requested by a number of GP practices, has implemented a service to deliver B12 injections to patients and this was 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 10,000 injections to patients from the majority of city practices since implementation in February 2024.

Practices can choose to opt in and also have the option for CTAC staff embedded within the practices to receive B12 administration training. This option allows patients to have their B12 injection within the practice if they choose this option or if the patient would receive the





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best care by visiting the practice. This option is available to all practices with CTAC embedded staff should they choose to proceed.

The trend in the graph represents the demand based activity currently delivered in the Aberdeen City Vaccination and Wellbeing Hub.

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.

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 had faced challenges in terms of recruitment and pharmacist posts are currently going through the recruitment process. However, this has improved and higher levels of applications are now



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being received. The service has also managed a high level of maternity leave that has improved recently with the reduced number of 2.4 WTE staff currently on maternity leave.

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, Bridge of Don and Airyhall bases.
- 4.8.2 The service maintains the delivery of the range of vaccines and two new respiratory syncytial virus (RSV) programmes were introduced 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 out with the vaccination programmes, in particular the delivery of the winter programme. The same arrangement is in place for vaccination staff to cross cover and deliver CTAC procedures following any required training.
- 4.8.3 The Vaccination and Wellbeing Hub facilitates the delivery of 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. The hub also contributes to the delivery of the Community Appointment Days.
- 4.8.4 The service is part of the Countesswells project and has space allocated to deliver childhood vaccinations which commenced in February 2025.

Under the MoU2, the remaining Multi-disciplinary Team services updated 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 have



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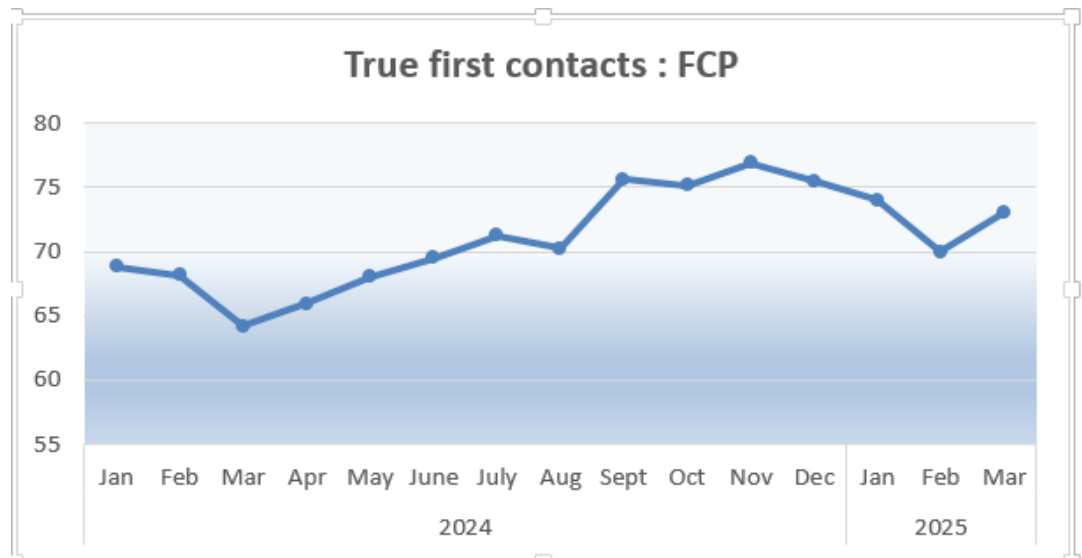
recruited within the level of their budget for the remaining posts which are Band 7 physiotherapists.

Regular reviews of the current delivery model are on-going and enable an equitable allocation across the practices. Following a successful recruitment process in October 2024, for the first time, all available posts have been filled. Regular reviews of the current delivery model continue ensuring equity across the city.

- 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 HSCPs 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 an average of 71% in 2024/25 which has freed up appointments for GP’s, more appropriate use of the service and improved the patient journey. This continues to be the trend with a current figure of 71%. The term First Contact represents how many patients have seen an FCP as their first point of contact for a particular problem. The waiting time to see an FCP averages 2-3 weeks or sooner if the request is urgent and >75% of patients seen are self referrals and not referred by a GP.



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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 results along with the ongoing activity and demand data is forming part of the PCIP Review and the City Visits service consistently delivers an average of 500 home visits per month.

The study looked at the following:

- Direct patient intervention time
- Acute admissions
- Total number of visits achieved



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- Immediate life threatening SAS (Scottish Ambulance Service) response.
- Indirect patients intervention time
- Travel time between visits

4.10.3 City Visits workstream received positive feedback from GP practices as part of the 2024 contract monitoring visits undertaken by the primary care management team.

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 in terms of the management of the contract.

Activity snapshot taken from Q4, 2024/25 report



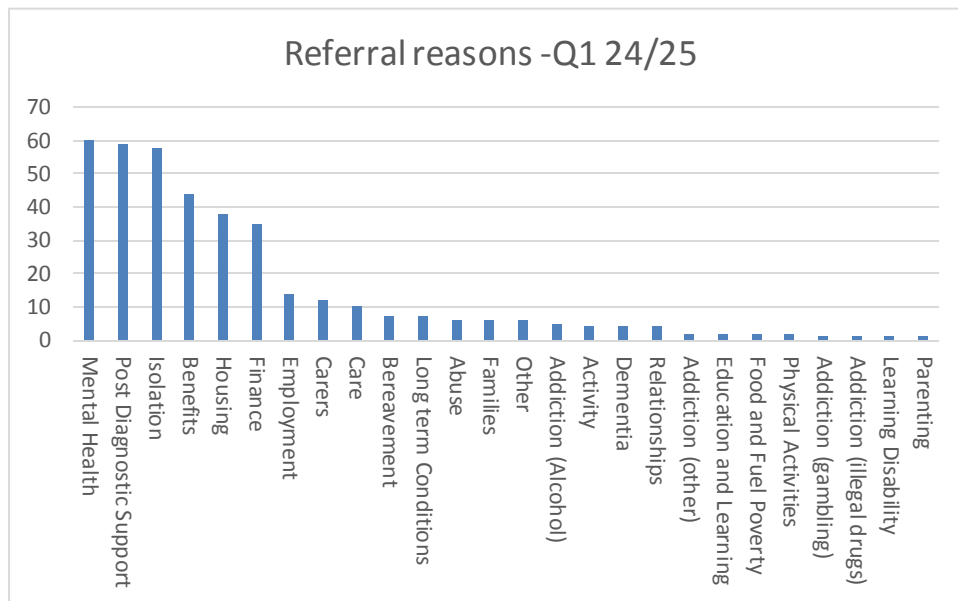
4.11.3 The Link Worker service has engaged with practices that have lower referral rates and looking to gain access to space where none has been available previously. An outcome of the work has enabled the



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Link Workers to gain some access to all practices with the exception of 4 practices that struggle with space and alternative capacity is provided in the HV.

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



5. Implications for 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



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- 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.
- 5.2.2 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 was included in a communication received in March 2025 and under the heading Planning Assumptions for 2024-25.

Funding allocations from the Scottish Government

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

Funding is closely monitored and updates presented at the monthly PCIP Programme Board meetings. A plan is being developed for the 2025/26 financial year on the assumption that the SG funding allocation will remain the same and each individual workstream will have an indicative budget allocation.

Our plan will operate on the assumption that the financial years' allocation of funding will be released in 1 tranche and is for 12 months from 1st April 2025 until 31st March 2026.

- 5.2.3 The SG requires a performance monitoring tracker to be completed bi-annually and this includes workforce and financial updates. The most recently completed (version 8) was submitted on 9 May 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. With increasing pressures on the budget the plan going forward will need to consider the Agenda for Change pay awards and the inflated costs for non-pay items e.g. consumables.

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



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Project Delivery group and the outcomes from the recruitment process and scrutiny.

5.4 Legal

The PCIP seeks to provide the capacity within General Practice to support the implementation of the new GMS Contract. Any commissioning and procurement of services required to implement the plan has and will continue to be progressed in a compliant manner.

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 is due to be reviewed in 2025.

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

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

Financial Risk – Insufficient funding available to deliver the MOU2 and



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SG funding for the financial year, 2024/25 did not have any uplift on the previous year's funding. Confirmation of the funding for the financial year, 2025/26 has not been confirmed as yet. Additional non pay costs is a consideration and also Agenda for Change pay awards.

Workforce Risk – Inability to recruit to essential posts with the required skills, length of time to process any vacancies and budget constraints all for part of the risk to workforce.

6.2 Link to risks on strategic or operational risk register:

As recorded in the strategic risk register, delivery of the PCIP (and subsequently the implementation of the GMS contract) is a mitigating action against the risk identified above.

Category	Description of risk	Mitigations
Finance	<ul style="list-style-type: none"> Insufficient funding available to deliver the MoU 2021-2023 Additional pressures in terms of AfC pay increases and a shortfall in the funding allocation to cover this. 	<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. Planning towards a baselined budget for current financial year, 25/26 to maximise spend. Close monitoring of non-pay elements and rising costs with a process in terms of stock levels and rotation.
Workforce	<ul style="list-style-type: none"> Inability to recruit to posts with the required level of skills and restricting the ability to progress service delivery. Financial constraints in 	<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.



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	terms of budget constraints	<ul style="list-style-type: none"> 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.



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Approach: The project will achieve its objectives through the following steps:

- 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.
- 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 HSPCs.
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.



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- Implement any Short Life Working Groups (SLWGs) to advance specific pieces of work as needed.

Stakeholder Engagement:

- 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.

Meeting Facilitation and Documentation:

- 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.

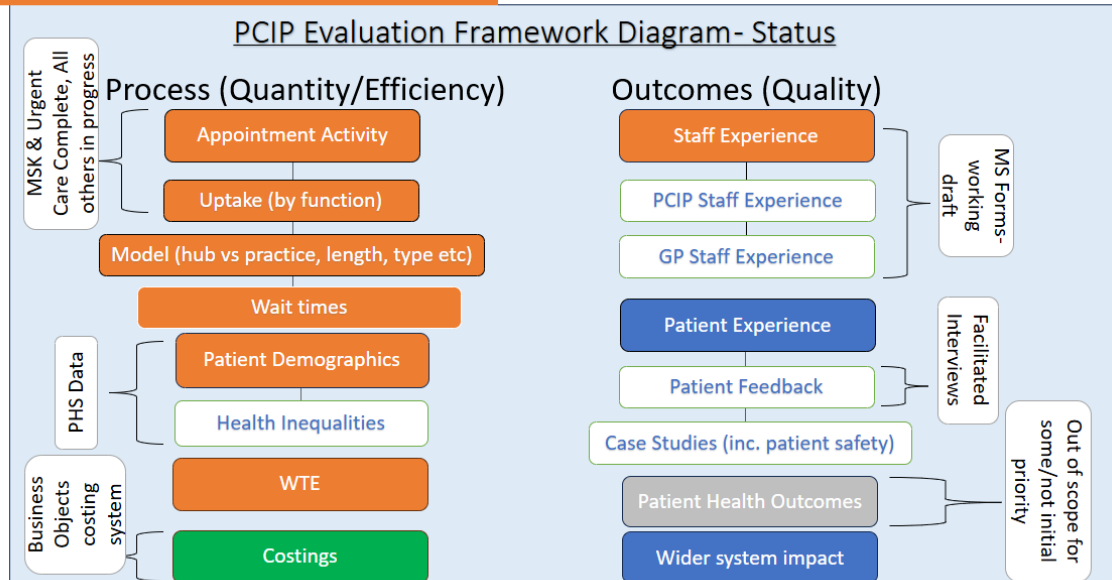
By fulfilling these roles and responsibilities, the project team will effectively oversee the Grampian PCIP review, ensuring smooth progress, stakeholder engagement, risk management, and communication throughout the process.



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Appendix B

Current work in progress – 30/4/25

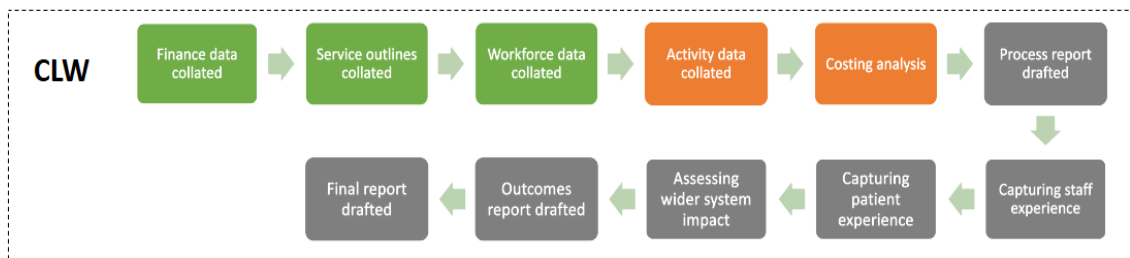
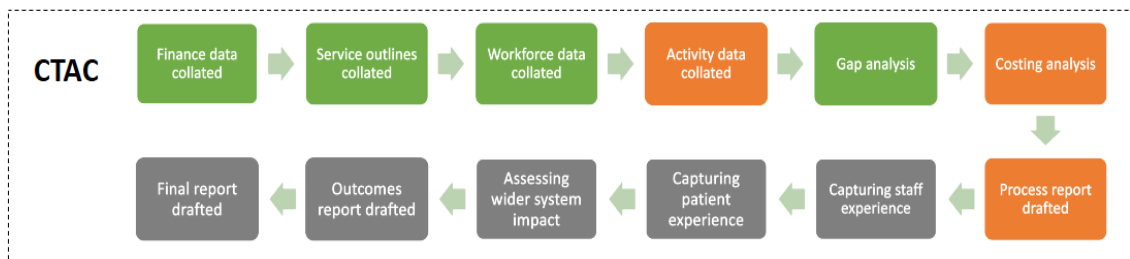
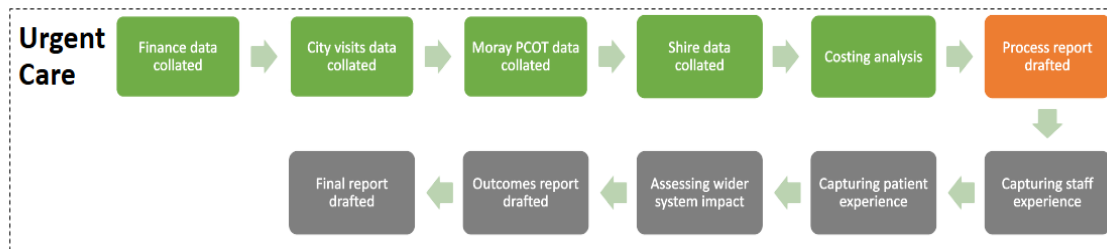
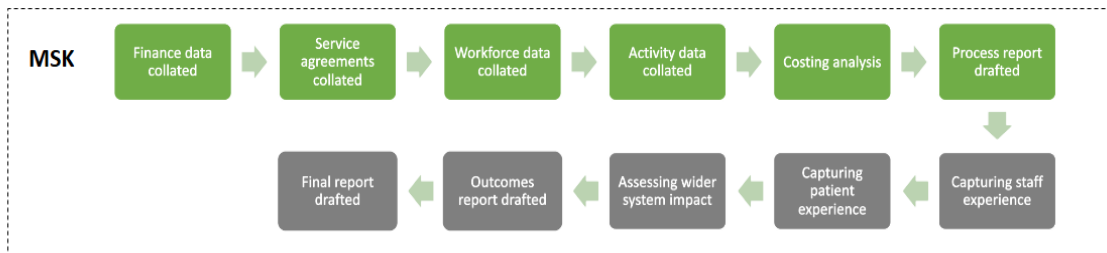




RISK, AUDIT AND PERFORMANCE COMMITTEE

Appendix C

Process and Outcomes Evaluation Progress by Workstream





RISK, AUDIT AND PERFORMANCE COMMITTEE

