Appendix 1

Board Meeting
11.05.26
Open Session
Item 10.1.b.1

Operational Improvement Plan

Performance Reporting for 2025/26

Quarter 4
(January 2026 to March 2026)

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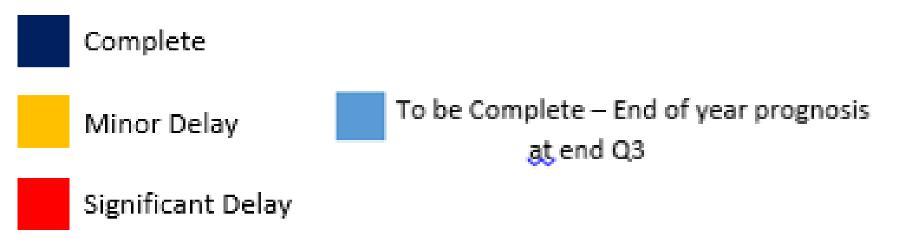
Organisational Performance Summary Quarter 4 (Jan 2026 to Mar 2026)

How we assess our Performance

Performance status reporting of 2025/26 Deliverables Critical Areas:

Status of 2025/26 Deliverables at 31st March 2026



Tier 1: Operational Improvement Plan

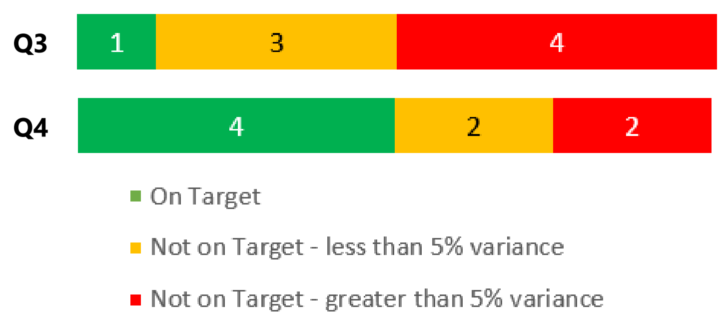
The **Operational Improvement Plan (OIP) Critical Areas** reflect the Scottish Government's national priorities for improving access, efficiency, and sustainability across the health and care system. It sets out 4 Critical Areas (Improving Access to Treatment, Shifting the Balance of Care, Improving Access to Care through Digital and Technological Innovation, and Prevention) encompassing 20 Focus Areas that are being actioned by NHS Grampian, with 29 associated actions.

Critical Area: Improving Access to Treatment

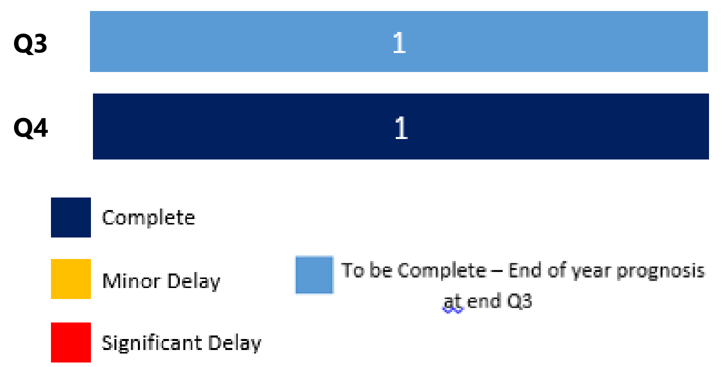
9 performance indicators and deliverables across 4 Focus Areas:

- Increasing Capacity
- Diagnostics – reducing the backlog
- Expand the Rapid Cancer Diagnostic Services
- Clear Child and Adolescent Mental Health Services Backlogs

OIP TOPICS
(Performance Indicators* incl. Psychological Therapies and CAMHS)



OIP TOPICS
(Status of Deliverables by 31st March 2026)

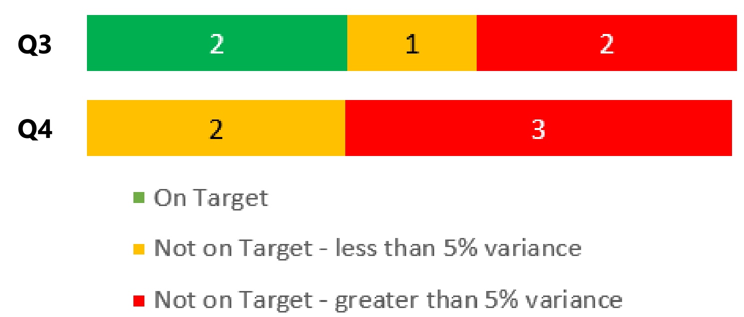


Critical Area: Shifting the balance of care

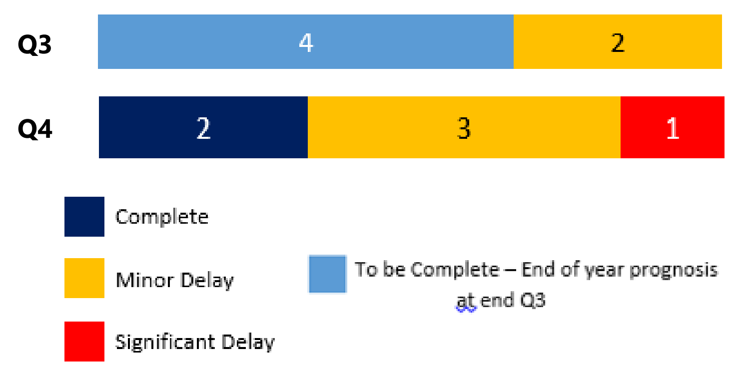
11 performance indicators and deliverables across 8 Focus Areas:

- Reducing the pressure in our hospitals
- Hospital at Home
- Specialist Frailty Services
- Frailty at the front door of the Emergency Department
- Access to GPs and other primary and community care clinicians
- Pharmacy First Service
- Dentistry
- Primary care optometry

OIP TOPICS
(Performance Indicators*)



OIP TOPICS
(Status of Deliverables by 31st March 2026)

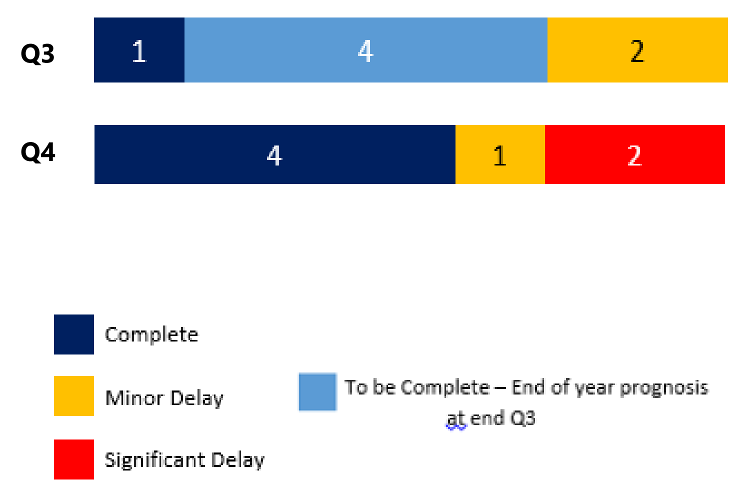


Critical Area: Improving access to health and social care services through digital and technological innovation

7 performance indicators and deliverables across 6 Focus Areas:

- Digital access for your health and social care
- Digital Dermatology Pathway
- National digital type 2 diabetes remission programme
- Genetic testing for recent stroke patients
- Genetic testing for new-born babies with bacterial infections
- An operating theatre scheduling tool

OIP TOPICS
(Status of Deliverables by 31st March 2026)

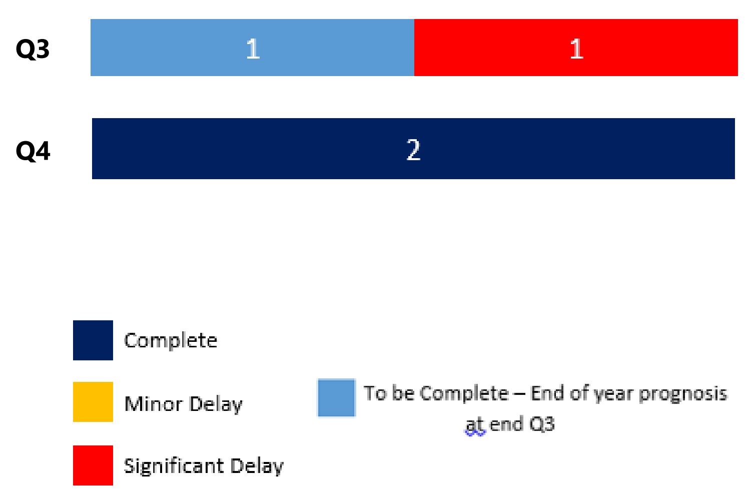


Critical Area: Prevention - working with people to prevent illness and more proactively meet their needs

2 performance indicators and deliverables across 2 Focus Areas:

- Cardiovascular disease (CVD)
- Frailty prevention

OIP TOPICS
(Status of Deliverables by 31st March 2026)



***Performance Indicators (excl. Psychological Therapies and CAMHS) can be found in the Three Change Programmes sections of the Q4 How Are We Doing (HAWD) Report**

Critical Area: Improving access to treatment						
Focus area	**What are we trying to achieve by 31st March 2026**	**Status at 31st March 2026**	**What actions have been carried out, or are planned to enable delivery?**	**Risks to Delivery & Mitigations**	**Exec Lead**	**Notes (hyperlinks to national frameworks)**
Expand the Rapid Cancer Diagnostic Services	**Rapid Cancer Diagnostic Services- (RCDS)**	**Complete**	**1. Current Position** End of March 2026 Q3 prognosis of COMPLETE has been achieved. The DIRECT (Diagnostic Rapid Entry to CT) pathway launched on 16 December 2025 and referrals are being successfully received. **2. Actions in Q4 and Impact So Far** • Data collection is ongoing; it is currently too early to demonstrate measurable impact. Full analysis is scheduled with interim data to 31 March 2026 to be completed in April 2026. • Real-time process measures, to be reviewed after three months, will monitor referral volumes, patient demographics, presenting symptoms, conversion rates (cancer, pre-cancer, non-cancer), and the interval from referral to CT result. • A key aim is to determine a robust referral-to-diagnosis conversion rate to support development of a future Rapid Cancer Diagnostic Service. Current Scottish data shows conversion rates of 7.2–15%. **3. Next Steps** • Full data analysis of impact to be scheduled 6 months post project launch (June 2026). **4. External Support Considerations** • Ongoing engagement with Centre for Sustainable Delivery (CfSD) and use of the published RCDS toolkit. Data analysis will be shared with CfSD, who will provide support and guidance for future pathway development in alignment with the RCDS model.	**Risk:** Lack of appropriate referrals from primary care. **Mitigation:** Referral forms have been updated to reflect the new pathway. Education sessions with primary care have been ongoing through regular communications and webinar sessions scheduled for May/June 2026.	*Geraldine Fraser, Executive Lead for Cancer*	Rapid Cancer Diagnostic Services | The National Centre for Sustainable Delivery

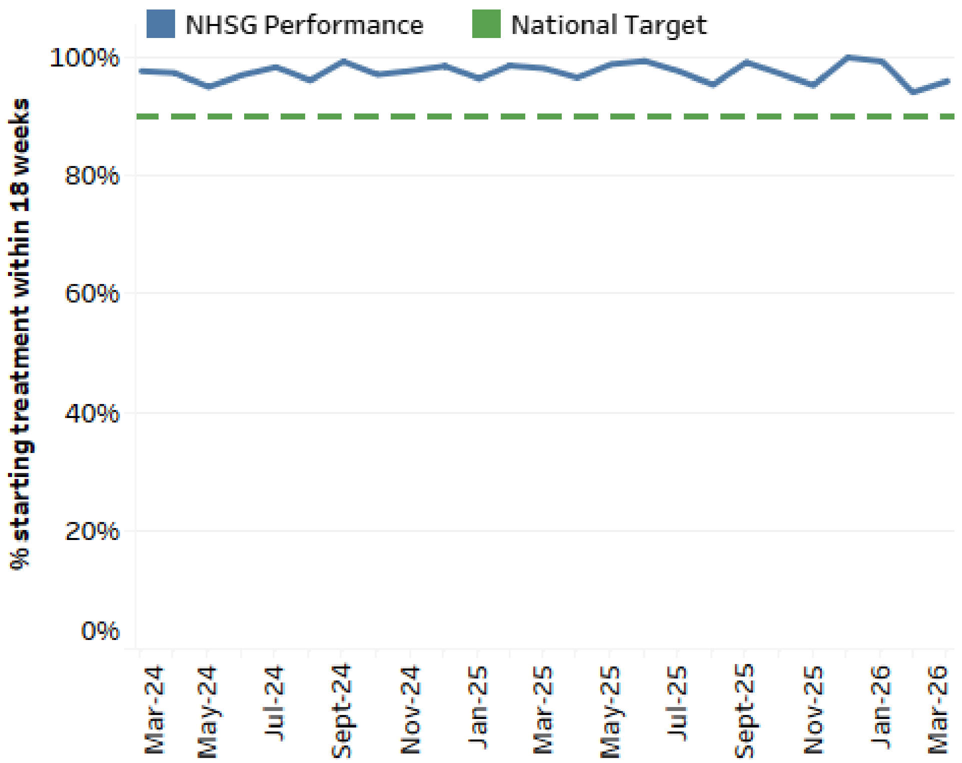
Critical Area: Improving access to treatment						
Focus area	**What are we trying to achieve by 31st March 2026**	**Status at 31st March 2026**	**What actions have been carried out, or are planned to enable delivery?**	**Risks to Delivery & Mitigations**	**Exec Lead**	**Notes (hyperlinks to national frameworks)**
Clear Child and Adolescent Mental Health Services Backlogs	**90% of children and young people should start treatment within 18 weeks of referral to CAMHS**	**Complete**	**1. Current Position** • End of March 2026 status improved to COMPLETE from ANTICIPATED MINOR DELAY. • CAMHS have consistently maintained compliance of the Referral to Treatment Standard, ensuring that over 90% of children and young people have started treatment within 18 weeks of referral. **2. Actions in Q4 and Impact So Far** • Complete internal process mapping to identify key points of impact on flow and consider ways to increase effectiveness, efficiency and patient experience by end of March 2026. This work is still ongoing which will allow us to continue to review and increase effectiveness. • Clinical pathways process map to find and be solution focused for 'bottlenecks' to flow as a key element of 2025 – 2026 service plan. This work is still ongoing and due for completion 31st October 2026. • Potential issues to be identified and resolved – efficiency & efficacy, quality and safety of scheduling clinical appointments, opportunities after non-attendance, transition planning to improve. New templates and support put in place for staff to help them with transitions and closures, in place in March 2026. • 100% referrals compliance was achieved for the first time since February 2023 in December 2025. • The ongoing improvements will directly contribute to this deliverable by increasing service capacity and improving consistency of pathways. This will reduce delays both at start of patient journey and during subsequent pathway waits, support more timely access to care, and enable sustainable delivery of the agreed outcome. • Improvements have supported the consistency of maintaining the 18 week RTT standard; however to clear CAMHS backlogs which is the overarching focus, more improvement is required on the wait to Partnership appointments. **3. Next Steps** • Ensuring we continue to comply with the RTT standard of 18 weeks will be completed by continuing to work closely with Health intelligence colleagues to identify any patients who may breach in real time and investigate, also by continuing ongoing completion of Demand, Capacity, Activity, Queue (DCAQ) modelling to ensuring capacity is aligned where there is an increased demand. This will prevent the compliance from dropping below 90%. • Recruitment to psychological therapy workforce to help fill up gap for reduced working week for AFC staff group to support MHLDS incl. CAMHS. This is currently awaiting organisational approval. Improvements aligned with achieving increased WTE clinical capacity and reduced unplanned absences – estimated by 31st October 2026. **4. External Support Considerations** Monthly Scottish Government and Public Health Scotland reporting is required. Local Clinicians involved with regional / national / SG ND pathway work to influence continuous improvement locally. The enhanced mental health outcomes framework monies being baselined have allowed us to recruit to posts permanently which is supporting progress of this deliverable. Performance Graph on Pg. 6	**Risks:** • Increased demand and clinical acuity/complexity. • Unplanned absences have given a large unallocated case load (circa 250) which have had to be prioritised based on risk, impacting on number of patients waiting. • Risk of duplication between CCH and CAMHS due to delays in National Neurodevelopmental Work. **Mitigations:** • Monies have been given to each board to support Neurodevelopmental work.	*Fiona Mitchelhill, Chief Officer - Aberdeen City HSCP*	

Critical Area: Improving access to treatment						
Focus area	**What are we trying to achieve by 31st March 2026**	**Status at 31st March 2026**	**What actions have been carried out, or are planned to enable delivery?**	**Risks to Delivery & Mitigations**	**Exec Lead**	**Notes (hyperlinks to national frameworks)**
Psychological Therapies	**90% of people should start their treatment within 18 weeks of referral to psychological therapies**	**Minor Delay**	**1. Current Position** • End of March 2026 performance meets Q3 prognosis of MINOR DELAY. • Adult PT performance varied during Q3 and Q4, ranging from 80% compliance with the 18-week RTT standard in Q3 to 73.5% for Q4. Activity levels increased during this period, resulting in a higher proportion of longer-waiting patients being seen. While this reduced overall compliance percentages in the short term, it reflects progress in addressing the addressing long wait times. Digital therapy starts (which are always within 18 weeks) reduced by 14% from Q3 to Q4 which also had an adverse effect on compliance percentage. As longer-waiting patients continue to be seen, compliance is expected to improve during Q1 and Q2 of 2026–2027. **2. Actions in Q4 and Impact So Far** • We have completed work with Scottish Government enhanced support on the pilot and implementation of a new trajectory modelling process and tools for Adult PT services. This work has provided assurance that services are operating at capacity across high-volume services. There is further exploratory work underway to extend this modelling approach to services not included in the original pilot. • Work is underway to use clinic co-ordination to improve efficiency in clinic booking and administration with the expectation that this will increase appointment flexibility for patient choice and contribute to reduce non-attendance. The pilot was due to start in January 2026 with completion anticipated in April 2026. However, progress has been delayed due to administrative resource constraints. We intend to commence pilot as soon as administration resource is available so earliest anticipated completion end of Q2. Commencement is fully dependent on available administration resource. • Proposals to maximise current resource through greater alignment of Adult PT budgets and operational management arrangements across HSCPs have been raised at CET and Chief Officer level. Progress remains dependent on system-wide agreement, with review of a similar ongoing process within the medical workforce an identified first step to identify any learning from resource combining in medical profession within mental health across the 3 HSCPs. • Enhanced Mental Health Outcomes Framework (EMHOF) funding has been baselined, allowing additional recruitment to progress in some areas and supporting maintenance of capacity in other areas. • We continue to collaborate with national partners on the development of the newly formed NHS24 Psychology service, with the aim of identifying future opportunities to increase capacity through digital therapy provision. This work is progressing at national level. • An improvement plan and associated report were completed following a senior team workshop held in December 2025 and shared with staff for wider consultation and engagement. A follow-up senior team workshop to review progress and next steps remains planned for early June 2026. • A paper seeking support for a more flexible and agile adult Psychological Therapies service model across MH&LD and Acute sectors has been revisited. This proposal is not yet supported, as it requires full system-wide consultation and agreement across all HSCPs and Chief Officers. Further engagement is required. • The above actions, together with the further improvement work outlined in the next section, constitute a programme of work for 2026, including Q1 and Q2 of 2026–2027. Work initiated during Q4 will be carried forward. • All actions are aimed at improving efficiency and increasing timely access to Psychology/PTs - improvements will be marginal within current resource. • Performance has been maintained which fits with expectations within current structures and resource.	**Risks:** • Insufficient capacity to manage demand in high volume referral services i.e. AMH/CAMHS. **Mitigations:** • Cross system modelling • Consideration of alternative models of working in secondary care • MDT training and implementation of psychological therapies • Reduced working week bid/peripatetic post development • Permanent recruitment of data cleansing/PT clinic co-ordinator role • Trial of Clinic co-ordination • Elimination of internal referrals • Piloting of capacity, activity and trajectory planning tool • National digital group offer • Digitally supported appointments/reminders • Cross system waiting list clinics • Improved 3rd sector working All of the above mitigations are ongoing and working to ensure performance is being maintained and that we are working to capacity within current resource.	*June Brown, Executive Nurse Director*	

			• Important to note that the PT service exists as a complex system, which means that improvement can be very challenging to implement for even incremental change. **3. Next Steps** • To continue the improvement work outlined in previous quarter with which we can expect to maintain current performance levels. **4. External Support Considerations** • SG enhanced support meeting will no longer be continued, performance will be monitored at wider SG engagement meetings moving forward. • The idea detailed for previous quarter to align Psychology budgets/decision making across MH&LD HCPCs has not been supported to date which will hinder further progress in terms of efficiency, equity and cross system waiting list management. Performance Graph on Pg. 6			

Performance against CAMHS target:

Proportion of children and young people starting their treatment within 18 weeks of referral



National target: 90%

NHSG Target: 90% by 31/03/2026

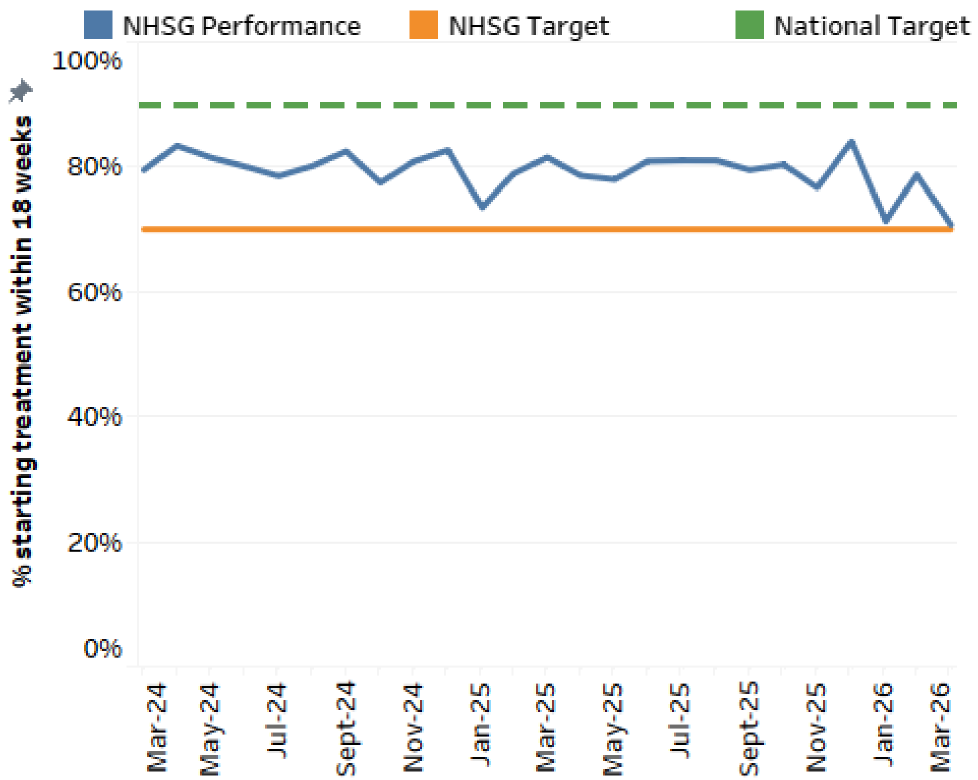
Our target is for 90% of children and young people to start treatment within 18 weeks of referral. Positive performance is where the target is met or exceeded.

With the exception of one quarter, we have consistently achieved this target since the quarter ending December 2020.

For March 2026*, performance of 96.0% was above the 90% target (NHSG and national)

Performance against psychological therapies target:

Proportion of people starting their treatment within 18 weeks of referral



National target: 90%

NHSG Target: 70% by 31/03/2026

Our target is for 70% of patients to start treatment within 18 weeks of referral. Positive performance is where the target is met or exceeded.

We have consistently achieved this target since the quarter ending September 2023.

For March 2026*, performance of 70.7% was above the NHSG target of 70%, but below the national target of 90%

Critical Area: Shifting the Balance of Care						
Focus area	**What are we trying to achieve by 31st March 2026**	**Status at 31st March 2026**	**What actions have been carried out, or are planned to enable delivery?**	**Risks to Delivery & Mitigations**	**Exec Lead**	**Notes (hyperlinks to national frameworks)**
Reducing the pressure in our hospitals	**Embed Getting It Right For Everyone (GIRFE) principles, practice model and toolkit to provide a multi-agency and person-led approach to care planning (including aligning this with existing relevant tools and resources from connected approaches including PPF and Realistic Medicine)**	**Complete**	**1. Current Position** End of March 2026 Q3 prognosis of COMPLETE has been achieved. First stage complete and all actions outlined completed. However, as stated in previous Q3 report, in terms of the overall achievement aim, this will require a long term commitment to work whole system to fully align and embed GIRFE principles in our system. **2. Actions in Q4 and Impact So Far** We have agreed to maintain the Hope Collaborative to share learning and good practice across shared agendas (GIRFE, Realistic Medicine and Putting People First) – **We are progressing with delivering shared learning sessions to develop appropriate inputs and gather views on what staff need to work relationally.** **In Q4, the Hope Collaborative have jointly delivered Development Sessions to AHP leaders across Grampian and to the Grampian Commissioning Academy –these inputs have informed 26/27 plans.** We will finalise conference report and next steps and share back with attendees by 31st Jan 26. **Report completed and shared (link in Notes column)** SG were actively involved in the planning and delivery of the Hope conference and we will maintain contact with the GIRFE lead re our 26 plans. **SG have taken the learning from the Hope Conference to encourage other areas to take a similar approach. GIRFE leads maintain contact with SG through regular national meetings and via the established national peer learning sessions.** We will hold a planning session across Realistic medicine, GIRFE and Putting People First to identify opportunities to join up working in 2026 by 31st March 26. **Planning meeting held, agreed aims for 26/27 and initial actions to make progress. Agreed monthly meetings to be established to oversee progress and further develop the program.** We will identify other aligned agendas and invite to get involved in the Hope Collaborative by 31st March 26. **Newly appointed Transforming Psychological Trauma Implementation Coordinator (TPTIC) has agreed to be part of the Hope Collaborative.** We will ensure GIRFE principles are embedded in practice for new Putting People First posts and activities which are being recruited to now. **Included in induction for new staff and embedded in the PPF approach, and new staff will be involved in the development, evaluation & learning of the Hope Collaborative.** We will continue to evaluate and learn from Community Appointment Days and other GIRFE influenced activities. **CADs delivered have been evaluated and we are finalising an evaluation framework for all PPF projects, which includes the Hope Collaborative.** What improvements have we seen in Q4 as a result? **Strengthened joint working across GIRFE, Realistic Medicine and Putting People First. We have used the Development sessions with teams to gather feedback to inform next steps for the Collaborative.** **How will improvements help towards this deliverable?** **Have improvements met expectations? If not why not?**	**Risks:** • Capacity for leads to attend development sessions given system pressures • Pace and scale of delivery of the Hope Collaborative is dependent on availability of staff to develop this further. **Mitigations:** • To mitigate this risk, we are joining up existing workstreams rather than create additional work where possible.	*Shantini Paranjothy Director of Public Health*	Putting People First Getting it right for everyone (GIRFE) toolkit - gov.scot

			Feedback from sessions delivered have been positive, and have informed next steps. However, we need to develop metrics/evidence to demonstrate changes in staff skills and confidence and system learning re delivering relational care which we will do in 2026/27. **3. Next Steps** **Initial actions are complete but as planned, we have new actions for 26/27.** **In Q1 we will:** - • **Discuss/agree with Medical Director Clinical Board regular Hope slot – meeting to discuss 14th April** • **Develop shared materials (slides/tools/films/stories)** by 30th May • **Agree mechanism for gathering good practice examples/stories** by 30th may • **Refine and develop cross system learning inputs** -5th May session booked – 30th May • **Agree metrics for evidencing staff impact and learning** – included as part of PPF evaluation – 30th May **4. External Support Considerations** • SG regular contact via GIRFE leads. GIRFE leads report on this work via the 3 HSCP reporting structures.			

Critical Area: Shifting the Balance of Care						
Focus area	**What are we trying to achieve by 31st March 2026**	**Status at 31st March 2026**	**What actions have been carried out, or are planned to enable delivery?**	**Risks to Delivery & Mitigations**	**Exec Lead**	**Notes (hyperlinks to national frameworks)**
Specialist Frailty Services	**Prioritise care at home, or as close to home as possible, where clinically appropriate. Interventions that can help to do this include using technology that supports 24/7 remote monitoring, and additional preventative and 'home first' services with national and local partners working with providers and service users to develop alternative approaches based on local need and choice**	**Complete**	**1. Current Position** End of March 2026 Q3 prognosis of COMPLETE has been achieved. Discharge to Assess is currently in place across the City, Shire and Moray. Within the City Discharge to Access (D2A) is maximising the available hours and keen to increase to meet the demand. Aberdeenshire continue to grow and shape their model to support flow from hospital. Frailty at front door is successful in that the team are redirecting around 30% of attendances to more appropriate services such as Hospital at Home and Discharge to Assess. With D2A in place across Grampian, we are hopeful this number will continue to increase. The Frailty team have successfully recruited to another senior clinician allowing for a more capacity to support front door on a more regular basis across Mon - Friday. Hospital at Home (H@H) expansion is underway with current expansion into Westhill and Portlethen. Next steps are to expand beyond that and to consider wider areas across Aberdeenshire. Discussions continue to understand what would be required to support the North of Aberdeenshire and how quickly this could be in place, workforce continues to be a barrier to this and we continue to work with colleagues in GMed and Aberdeenshire to understand further. H@H team were also successful in a bid to trial remote monitoring, a demo has been given to the team and we are looking to get the kit in the next few months to start using and evaluation its effectiveness. This should support expansion and workforce capacity. **2. Actions in Q4 and Impact So Far** In Q4 D2A has delivered 1300 hours of care which has exceeded expectation. At end of February the D2A service had saved 380 acute bed days with very few of those people requiring Long Term Care and reduced care packages. Frailty at Front Door is redirecting around 30% of attendances to more appropriate services such as Hospital at Home and Discharge to Assess. There remains some concerns in relation to coding on Trak form ED therefore it is difficult to see the accurate number of people the frailty team are reviewing. We are working with our data team to see if there is anything we can do to mitigate this and get more accurate numbers as the current data is not a true reflection of what the team are seeing. **3. Next Steps** The H@H team are working closely with Aberdeenshire colleagues to plan further expansion and what that could look like, particularly in North Aberdeenshire. There is still work required on the data collection to ensure we are collecting the right data for monitoring impact and that it is easily accessible for teams. D2A team are looking to consider what the next steps are in expanding their delivery model, ensuring we are evaluating gaps in community service delivery and how we can best meet the needs to of the people in Aberdeen city. H@H expansion requires to be prioritised with the introduction of remote monitoring and the increased capacity this could create. **4. External Support Considerations** Regular weekly reporting of Discharge without Delay (DwD) is done via the Unscheduled Programme Board to the Assurance Board and also to Scottish Government/Centre for Sustainable Delivery. IJBs are receiving service updates on the impact of the work and keen to support where needed.	**Risks & Mitigations:** Inability to recruit staff to the D2A model would hamper expansion, however to date this has been successful. Ensuring quality of care will also require monitoring and could add delays to expansion if there are care concerns. Frailty at the Front door is a Monday to Friday service. Additional funds would need to be sourced to expand the service. Senior decision makers are key to this work. The team are currently doing what they can to support at weekends but there is limited senior clinicians on at weekends. Inability to recruit to H@H posts could delay the expansion of pathways across Aberdeenshire, however the use of remote monitoring should support capacity. It will be key to understand and evaluate this to get a better understanding.	*Fiona Mitchelhill, Chief Officer - Aberdeen City HSCP*	

Critical Area: Shifting the Balance of Care						
Focus area	**What are we trying to achieve by 31st March 2026**	**Status at 31st March 2026**	**What actions have been carried out, or are planned to enable delivery?**	**Risks to Delivery & Mitigations**	**Exec Lead**	**Notes (hyperlinks to national frameworks)**
Access to GPs & other Primary & Community Care Clinicians	**Contribute to development of a new national quality framework and work to increase capacity and support recruitment and retention of GP workforce**	**Minor Delay**	**1. Current Position** • Final position has matched Q3 prognosis of MINOR DELAY. **2. Actions in Q4 and Impact So Far** • NHSG involved in national discussions regarding both quality framework and implementation of the £15m offer to GP practices. Both these items continue to be developed into FY26/27 • Initial workshop held with stakeholders to identify opportunities and form and function of a new NHS Grampian Primary Care Board. A second workshop took place and identified further work required to explore fundamental principles a Primary Care Board should address. These are in the process of being worked up via a Short Life Working Group (SLWG) and recommendation to Chief Officers. • Grampian GP Vision Program Board in process of being wound down and constituent work to either become business as usual or subsumed into Primary Care Board. It is expected that the Primary Care Board will evolve over time from the existing Primary Care Integrated Management Team (PCIMT), with meetings recommencing June 10th 2026/27. **3. Next Steps** • Primary care board dates highlighted as part of response 2 above • Scottish Government held Quality Improvement Workshop 18/11/25 with further planned (dates to be confirmed) • Discussions on funding and roadmap for the £15m GP offer are still to be finalised **4. External Support Considerations** • Several Elements of the £15m offer still require negotiation with SGPC	**Risks:** • Delay in implementation of quality improvement program • Delay in roadmap of £15m offer roadmap **Mitigations:** • For both above NHSG are around these conversations and pressing for progress along with Scottish Government colleagues	*HSCP Chief Officers*	

Critical Area: Shifting the Balance of Care						
Focus area	**What are we trying to achieve by 31st March 2026**	**Status at 31st March 2026**	**What actions have been carried out, or are planned to enable delivery?**	**Risks to Delivery & Mitigations**	**Exec Lead**	**Notes (hyperlinks to national frameworks)**
Pharmacy First Service	**Expand Pharmacy First Service, enabling community pharmacists to treat a greater number of clinical conditions and prevent the need for a GP visit, working with national team to scope which conditions**	**Minor Delay**	**1. Current Position** End of year prognosis of COMPLETE has not been achieved, current status is MINOR DELAY. This was due to the Scottish Government timescales for issuing – we have processes in place as required for the introduction of the national services. As per NHS Scotland operational improvement plan the two conditions which have been agreed with Community Pharmacy Scotland are: • Inflammatory Skin Conditions – Patient Group Directions (PGD) for hydrocortisone cream/ointment (for those not eligible to access treatment under standard PFS). • Oral candidiasis – PGD for nystatin These were originally intended to be issued by Scottish Government at the end of 2025. NHS Circular PCA(P)(2026) 04 - Additional Pharmaceutical Services NHS Pharmacy First Scotland - New Common Clinical Condition (Skin Inflammation) published 10th March 2026. • Specimen Patient Group Direction for Hydrocortisone received 28th January 2026, approved and issued (11/3/26) for initiation of national service from end of March 2026 • NHS Circular PCA(P)(2026) 04 - Additional Pharmaceutical Services NHS Pharmacy First Scotland - New Common Clinical Condition (Skin Inflammation) published 10th March 2026. • Specimen Patient Group Direction for nystatin received 11th March 2026, approved and issued (3/4/26) for initiation of national service at the end of May 2026 • Revised assessment forms provided by Scottish Government 24th March 2026, documents revised and issued. Status on track for national service implementation. **2. Actions in Q4 and Impact So Far** • Hydrocortisone PGD processed through the North of Scotland (NoS) system and released to community pharmacies in Grampian 11th March 2026 for sign up and implementation ahead of the Scottish Government deadline of March 31st • Nystatin PGD in process in the NoS PGD approval system and released 3rd April 2026 for sign up and implementation ahead of the SG deadline of end May. • Required actions completed for launch of national services **3. Next Steps** • Awaiting receipt of the formal launch circular from SG for nystatin national service. **4. External Support Considerations** • Delay has been externally driven by SG release of PGDs, local processes continue to respond in a timely fashion and deliver to SG deadlines Training for Pharmacy First is the responsibility of the individual pharmacist and is usually delivered through a NES module. No visibility on timeline at this stage.	**Risks & Mitigations:** • None	*Hugh Bishop, Medical Director*	Pharmacy First Background: NHS Pharmacy First Scotland: information for patients - gov.scot and NHS Pharmacy First Scotland (PFS) | National Services Scotland Approved List of medicines available on Pharmacy First: NHS Pharmacy First Scotland: Approved List of Products National Statistics on utilisation: NHS Pharmacy First Scotland 6 May 2025 - NHS Pharmacy First Scotland - Publications - Public Health Scotland Scottish Government circular re Pharmacy First: Primary and Community Care Directorate

Critical Area: Shifting the Balance of Care						
Focus area	**What are we trying to achieve by 31st March 2026**	**Status at 31st March 2026**	**What actions have been carried out, or are planned to enable delivery?**	**Risks to Delivery & Mitigations**	**Exec Lead**	**Notes (hyperlinks to national frameworks)**
Dentistry	**Existing financial incentives and eligibility will be refreshed and targeted following completion of work with the Board Chief Executives' Dental Services Reference Group by the end of December 2025. This will bring benefit and greater sustainability to communities in accessing NHS dental care.**	**Significant Delay**	**1. Current Position** • Position has declined from Anticipated MINOR DELAY to SIGNIFICANT DELAY. • There is still no firm date for confirmation of arrangements. This action is being undertaken by Scottish Government (SG) not individual NHS Boards. **2. Actions in Q4 and Impact So Far** • These actions all sit nationally, and NHS Grampian's direct involvement will follow once this is completed. Boards anticipate further actions in the next financial year 2026/2027. **3. Next Steps** • Awaiting further direction from Scottish Government. No time scales have been given. **4. External Support Considerations** • The actions are being driven by the Scottish Government. NHS Grampian is not involved at these stages.	**Risks:** • Acceptance by representative body may delay. Currently sitting with the policy team at Scottish Government. **Mitigations:** • SG engaging with stakeholders. • These actions all sit nationally, and NHS Grampian's direct involvement will follow once this is completed. No timetable given by SG at present.	*Shantini Paranjothy Director of Public Health*	

Critical Area: Shifting the Balance of Care						
Focus area	**What are we trying to achieve by 31st March 2026**	**Status at 31st March 2026**	**What actions have been carried out, or are planned to enable delivery?**	**Risks to Delivery & Mitigations**	**Exec Lead**	**Notes (hyperlinks to national frameworks)**
Primary Care Optometry	**Community Glaucoma – Develop a sustainable process within secondary care to identify and discharge patients suitable for the CGS** **Ensure primary care colleagues have access to all information required**	**Minor Delay**	**1. Current Position** • Current position declined from COMPLETE to MINOR DELAY. Due to delays in the digital process required we did not meet Scottish Government target to discharge 110 patients to community glaucoma service by end March 2026, however we have implemented a sustainable process within secondary care to identify and discharge patients and have ensured primary care colleagues have access to all information required. The CGS pathway went live within Grampian as of w/b 23 March 2026 with initial patient letters issued. We are working with National colleagues to agree 2026/27 targets. • Community capacity is for approximately 500 patients therefore without expansion of community service for 2026/27 we will be unable to meet the target of capacity for 1251. **2. Actions in Q4 and Impact So Far** • Support obtained from national medical devices unit to transfer patient information from Hospital Eyes Service (HES) to OpenEyes. Focused on patients identified as suitable for CGS with further work required to transfer across all Glaucoma patients. • Facilitation of OpenEyes training by NHS Education for Scotland (NES) for HES admin and NES Glaucoma Award Training (NESGAT) trained Optometrists (Optoms). • OpenEyes access established for HES admin and NESGAT trained Optoms. • Monitoring key data points: ➢ 487 Patients have been identified as suitable for CGS. These patients have been identified following review of: ▪ current VP3 waiting list (VP3 are patients reviewed every 12 months and over) ▪ patients previously on the Accredited Glaucoma Optometry pathway. ▪ Patients identified as suitable during routine daily clinics ➢ 75 Patients have been contacted advising to register for CGS. ➢ 10 Patients have registered for CGS.	**Risks & Mitigations:** • There is a risk that the Patient Administration System (PAS) integration between OpenEyes and TrakCare is not re-established resulting in patient demographics not being updated. To mitigate this the National MDU (Medical Devices Unit) MDU are supporting demographic updates every 3 weeks. We are working with local digital colleagues and NES colleagues to identify and take forward outstanding actions to implement PAS integration. An update is anticipated by 28 May. • There is a risk the required No. of community optometrists do not apply for cohort 5 NESGAT training which could result in failure to meet Scottish Government targets for 2026 and 2027 and lead to increased pressure on secondary care services. To mitigate this we have engaged with community optometrists to promote cohort 5 and have fortnightly meetings established with community optometrist lead.	*Geraldine Fraser, Chief Officer - Acute*	

			➢ NESGAT trained Optom capacity confirmed as 688 patients • 1 community Optom has registered for NESGAT training cohort 5. • Initiated exploration of utilising 1 community Optom within NHS Tayside for geographically suitable patients. **3. Next Steps** • Ongoing review of VP3 patient waiting list. • Identification of number of applications submitted for NESGAT training following closing submission date of 31st December 2025. • Review Information Governance documents to ensure transfer of patient information by January 2026. • Expand community service (albeit not specifically stated as a requirement to meet the task by 2026 but if not in place will lead to significant pathway backlog held by secondary care on behalf of primary care). This is dependent on optometrist uptake of NESGAT training **4. External Support Considerations** Engagement with monthly National Delivery Board to highlight progress, risks and issues.			

Critical Area: Improving access to health and social care services through digital and technological innovation

Focus area	What are we trying to achieve by 31st March 2026	Status at 31st March 2026	What actions have been carried out, or are planned to enable delivery?	Risks to Delivery & Mitigations	Exec Lead	Notes (hyperlinks to national frameworks)
Digital access for your health and social care	**Participate in the plan for roll-out of 'Digital Front Door' (DfD) service beyond the early adopter board**	**Complete**	**1. Current Position** • End of March 2026 prognosis achieved. NHS Grampian in position to support national target of Whole Population Availability (WPA) from 15th April. This went ahead as planned but due to election communication rules this was not publicised. This will be done in June at time of expansion to include app in addition to web access **2. Actions in Q4 and Impact So Far** • Ongoing participation/contribution to DfD Programme Board and East sub-national digital group meetings with delivery of accompanying asks from both • Local Project Board established with representation from GPs, Orkney & Shetland • Readiness assessment paper produced for Chief Executive Team ➢ Readiness assessment highlighted project management resource as a constraint. The proposed solution, based on current rather than future need, was subsequently approved following discussion with Interim Director of Improvement ➢ Resource not yet in place to mitigate this constraint due to capacity to undertake necessary HR processes **3. Next Steps** • WPA on track for delivery • Project management resource urgently needs progressed in April to prepare for roll-out of future functionality • Meetings with suppliers and national teams regarding digital communications and appointment booking to occur April 2026 • Chief Executives to review and approve Terms of Participation in April **4. External Support Considerations** • The availability of funding and/or resources to support future roll-out stages has been escalated through both Programme Board and sub-national channels to SG • This has neither helped or hindered as questions remain unanswered at present	**Risks & Mitigations:** • Further resource/capacity may be required (not just in Digital) once requirements necessary to support future functionality are known. • Availability of funding for project management and local implementation resource from national budgets still to be determined and allocated. • Digital Head of Programmes (DfD project lead) in discussions with National Team regarding this.	*Stuart Humphreys, Director of Marketing & Corporate Communications*	

Critical Area: Improving access to health and social care services through digital and technological innovation						
Focus area	**What are we trying to achieve by 31st March 2026**	**Status at 31st March 2026**	**What actions have been carried out, or are planned to enable delivery?**	**Risks to Delivery & Mitigations**	**Exec Lead**	**Notes (hyperlinks to national frameworks)**
Digital access for your health and social care	**Digital Dermatology Pathway**	**Significant Delay**	**Current Position** • End of March 2026 final position deteriorated from MINOR DELAY to SIGNIFICANT DELAY • Percentage of GP practices utilising the app has risen from 10% in April 2025 to 53% in March 2026. Throughout April to February the number of GP practices utilising the app has steadily risen however March 2026 is the first month, since launch, where no new practices have utilised the app. App use is discretionary at GP choice. • Status deteriorated to SIGNIFICANT DELAY based on the following: o Percentage of GP referrals via Scottish Care Information (SCI) including an attachment indicates a gradual upward trend with month-to-month fluctuation between 55% and 64%. Throughout Dec – Feb this has remained at 64%. This is short of the Government Target of 90% by end of September 2025. o Local Medical Committees (LMC) have issued communications to GP practices advising that they may wish to defer registering for consultant connect until appropriate funding and support has been formally agreed. This has been highlighted to CfSD colleagues. No other Boards currently offer funding for use of the app, and risks exist around funding for referrals. **2. Actions in Q4 and Impact So Far** • GP Survey issued to practices: o Distributed to 68 practices across NHSG via GP bulletin and individual practice e-mails. o 33 responses received from roles involved in referral making process (GP, ANP, Nurse Practitioner, Admin staff) o Feedback indicated majority of responders: ▪ endeavour to include an image in all referrals to dermatology ▪ Are aware of the benefits of using consultant connect ▪ Are competent in using the app ▪ Would recommend using the app ▪ Find the app easy to upload a photo o Issues identified were focused on Wi-Fi issues, IT support, Training and capacity • Feedback on national comms pack provided to national colleagues highlighting suggested amendments to wording to ensure suitable for local utilisation. **3. Next Steps** • Next working group scheduled to take place on 30th April where discussions are planned to focus on the following actions and associated time-lines: o Take forward actions in response to issues identified as part of the GP survey. o Local webinar to be considered forming content around feedback from the survey. o Consideration of LMC position and any actions required. **4. External Support Considerations** • Regular meetings in place with Accelerated National Innovations Adoption (ANIA) colleagues to share and obtain learning from other boards; SRO attends National meetings. No SG involvement.	**Risks & Mitigations:** • There is a risk that GPs do not utilise the app that provides appropriate information governance process, to support referrals resulting in longer patient waits and significant project over-run. To mitigate this we will utilise feedback from the GP questionnaire to inform webinar content with local colleagues. • There is a risk that GP utilisation is impacted by LMC communications to GP practices advising that they may wish to defer registration for consultant connect until appropriate funding and support has been formally agreed. This has been highlighted to CfSD colleagues.	*Geraldine Fraser, Chief Officer - Acute*	

Critical Area: Improving access to health and social care services through digital and technological innovation						
Focus area	**What are we trying to achieve by 31st March 2026**	**Status at 31st March 2026**	**What actions have been carried out, or are planned to enable delivery?**	**Risks to Delivery & Mitigations**	**Exec Lead**	**Notes (hyperlinks to national frameworks)**
Digital access for your health and social care	**Validation processes for waiting lists**	**Complete**	**Current Position** • This Priority was completed during Q2 and is now absorbed into Business as Usual processes.		*Geraldine Fraser, Chief Officer - Acute*	

Critical Area: Improving access to health and social care services through digital and technological innovation						
Focus area	**What are we trying to achieve by 31st March 2026**	**Status at 31st March 2026**	**What actions have been carried out, or are planned to enable delivery?**	**Risks to Delivery & Mitigations**	**Exec Lead**	**Notes (hyperlinks to national frameworks)**
National digital type 2 diabetes remission programme	**Support roll out of new national digital intensive weight management programme for people newly diagnosed with type 2 diabetes**	**Significant Delay**	**1. Current Position** • End of March 2026 final position deteriorated from COMPLETE to SIGNIFICANT DELAY • The National programme went live to receiving referrals Scotland wide on 16th February with 5 Health Boards live and open for referrals and 4 more anticipated imminently. Start date for Grampian referrals to commence has not yet been agreed due to ongoing concerns raised by NHSG Information Governance (IG) with regards Counterweight and International data access. Resolution of these matters is required prior to IG approval being granted. **2. Actions in Q4 and Impact So Far** • Senior Responsible Officer attending monthly Programme Delivery Board meetings on behalf NHSG; 18th Dec, 22nd Jan and 19th Feb. Where attendance restricted due to unforeseen/planned leave (18th March), minutes circulated to relevant colleagues for oversight. • Local NHSG governance in place with oversight provided by quarterly Adult Weight Management/Diabetes Prevention Steering Group (formerly Healthier Futures Diabetes Steering Group) whereby item is held on running agenda, progress report provided at last meeting held 18th March, next meeting scheduled 23rd June. • Primary Care engagement ongoing via local GP Sub Committee. Invitation sent to comment on development of draft communications and to discuss concerns raised regarding GP expectations around medications management and monitoring with the AWM team. • Ongoing collaborative meetings held with NHSG Multi-Disciplinary Team and Accelerated National Innovations Adoption Implementation Team, as follows: 15th Jan, 16th Feb, 27th Feb, 16th March, and 30th March. Next meeting scheduled 13th April 2026. • Additional local meetings held: 16th Jan, 20th Jan and 27th Jan to agree pathways and necessary communications to ensure Primary Care colleagues are well informed of the two referral pathways. • Draft local and National communications revised, shared with GP Sub for approval and ready to go live on IG approval. • Public Health and Clinician representation at ANIA Remission Clinical Advisory Group meeting held 25th Feb. • SCI-Gateway referral processes established, tested and ready to go live to receive NHSG Primary Care referrals on IG approval. 1. Ongoing direct meetings/communications between NHSG Information Governance and ANIA Teams to address concerns around DPIA with a view to achieving local sign off in April, no specific date issued. Director of Public Health and Acute Medical Director copied into communication sent from Information Governance dated 24th March detailing concerns raised and recommended actions. Update received from ANIA Project Manager 1st April indicating additional information now received from Counterweight and is under review by NHSG IG Team. 2. NHS Scotland specific area live on Counterweight website and accessible on go live 3. Awaiting NHSG IG approval, no specific date is available at this time. **3. Next Steps** • On IG approval (no confirmation of date received from IG to date), Grampian wide referrals will be sent directly from Primary Care via SCI-Gateway National referral pathway. • Communications will be shared widely with primary care colleagues to raise awareness of the remission pathway. • Programme reporting will be presented on a monthly basis by the ANIA Team to the programme delivery board, reported data will be one month in arrears. Data to include: referrals by total and month, eligibility, Health Board, ethnicity, % and number completers achieving remission (12 months+) and achieving clinically significant weight loss (presented by SIMD and ethnicity). This will inform more targeted efforts to provide additional support to specific GP practices where referral numbers are low. • Equity of access of referrals for inclusion groups will be discussed directly between the National ANIA Team and Primary Care, and monitored via ongoing data collection on TURAS.	**Risks:** • Ongoing delays in gaining NHSG Information Governance approval of National Data Protection Impact Assessment is impacting on when referrals to the programme can start in Grampian. **Mitigations:** • Communications are ongoing between NHSG Information Governance, Counterweight and ANIA Teams to resolve issues as a matter of priority to enable approvals to be granted and referrals to commence in Grampian. **How will we get back on track?** • Approximately 5 patients waiting to access the programme immediately. • Delivery of wide spread local and National communications are planned aiming to promote the programme throughout Primary Care Grampian wide on gaining IG approval. • Two National online information sessions planned, inclusive of representation from local clinicians, dates to be rescheduled for delivery in April due to delay in IG approvals.	*Shantini Paranjothy Director of Public Health*	A Healthier Future – Framework for the Prevention, Early Detection and Early Intervention of type 2 diabetes. Prevention and remission of type 2 diabetes. Standards for the delivery of tier 2 and tier 3 weight management services for adults in Scotland.

			4. External Support Considerations • As described in sections 1-3. • The National ANIA Team continue to organise and provide regular communications with local Adult Weight Management, Public health, IG and eHealth Teams, and GP Sub Committee to ensure supported and rapid resolution of ongoing issues.			

Critical Area: Improving access to health and social care services through digital and technological innovation						
Focus area	**What are we trying to achieve by 31st March 2026**	**Are we on target?**	**What actions have been carried out, or are planned to enable delivery?**	**Risks to Delivery & Mitigations**	**Exec Lead**	**Notes (hyperlinks to national frameworks)**
Genetic testing for recent stroke patients	**Participate in roll out of pathway for new stroke patients to receive a lab-based genetic test to inform what drug they are given to reduce the risk of a secondary stroke**	**Minor Delay**	**1. Current Position** • End of March 2026 progress has changed from WILL BE COMPLETE to MINOR DELAY. • Phased roll out has not progressed beyond Dr Gray's Hospital (DGH) that went online October 2025 due to requirement of funding of £20,514 per annum for 0.5 WTE band 4 admin to process test results. Tis has now been addressed. • Business case with V&S Programme for consideration as the investment of £102,570 over five years will enable savings of £349K direct to NHS Grampian and £673k in social care to be realised. **2. Actions in Q4 and Impact So Far** • Service model agreed with Medical Secretary Team, pending identification of funding. • Continued service provision in DGH with an average of a third of patients being prescribed an alternative treatment as a result of this test. • Tayside laboratory now has sufficient capacity to accommodate roll out to ARI. **3. Next Steps** • Identify funding via V&S Programme within Q1 2026/27. • Review of pathway and governance paperwork such as Data Protection Impact Assessment (DPIA) once agreement of results management is secured within Q1 2026/27. • Instruction to start the recruitment process has commenced in May 2026 with an ask to secure bank staffing. • Secure roll out date for ARI and commence, date to be finalised within Q1 2026/27. • Ongoing support from the Centre for Sustainable Delivery (CfSD) Accelerated National Innovation Adoption Team. Funding for first year provided by Scottish Government. • The CfSD is facilitating meetings, sharing learning from other boards and linking to regional lab.	**Risks & Mitigations:** • Lack of resource to undertake the administration of test results, as it was not considered required at national project planning level despite being raised by health boards as a need. • This is mitigated by the Management Team working across departments to achieve consensus and implement viable solution.	*Geraldine Fraser, Chief Officer - Acute*	

Critical Area: Improving access to health and social care services through digital and technological innovation						
Focus area	**What are we trying to achieve by 31st March 2026**	**Are we on target?**	**What actions have been carried out, or are planned to enable delivery?**	**Risks to Delivery & Mitigations**	**Exec Lead**	**Notes (hyperlinks to national frameworks)**
Genetic testing for new-born babies with bacterial infections	**Participate in roll out of pathway for new-born babies to receive a genetic test via a point-of-care device to inform what drug they are given to manage an infection**	**Complete**	**1. Current Position** • Q3 prognosis has been achieved with all programme scheduled actions for first year complete, and ready for launch as planned in early 2026/27. • On schedule to launch in early Q1 in Aberdeen Maternity Hospital (AMH). **2. Actions in Q4 and Impact So Far** • Point of Care test machines and test kits purchased for AMH. • Training undertaken in performing the test and quality assurance process as of March 2026. • SOPs drafted for testing, and quality assurance as of March 2026. **3. Next Steps** • Initiate registration with external quality assessment scheme within Q1 2026/27. • Continue communications with CfSD around negotiation of data extraction process and funding for hardware to undertake this within Q1 2026/27. • Finalise SOPs and undertake comms with staff in AMH within Q1 2026/27. **4. External Support Considerations** • Ongoing support from the Centre for Sustainable Delivery (CfSD) Accelerated National Innovation Adoption Team. Funding for first year provided by Scottish Government. • The CfSD is facilitating meetings, sharing learning from other boards and linking to regional lab.	• There is a risk of malalignment in coordinating the National project timeframe requirements and local priorities however this is mitigated with regular meetings and communication plan with key stakeholders. • These Point of Care test machines (and many others throughout NHS G) are out of scope for laboratory team to support quality assurance processes, therefore relies on staff less familiar with the QA processes and not in line with usual ISO laboratory regulations, that provide assurance of quality. Training and support provided to staff undertaking this task to mitigate the risk of not meeting usual standards.	*Geraldine Fraser, Chief Officer - Acute*	

Critical Area: Improving access to health and social care services through digital and technological innovation						
Focus area	**What are we trying to achieve by 31st March 2026**	**Status at 31st March 2026**	**What actions have been carried out, or are planned to enable delivery?**	**Risks to Delivery & Mitigations**	**Exec Lead**	**Notes (hyperlinks to national frameworks)**
Improving access to health and social care services through digital and technological innovation	**An Operating Theatre Scheduling Tool – deployed in two specialities**	**Complete**	**1. Current Position** • Current position improved from MINOR DELAY to COMPLETE. We did not expect sufficient Information Governance capacity to sign off the DPIA in time for deployment at the time of the Q3 update. This was however achieved at the last minute and therefore • Capacity gaps in Information Governance capacity delayed the commencement date, but this was resolved during Q4 with the Infix product going technically live in the last days of Q4. • We will now move to tweak the live instance and start to use it within the two specialities **2. Actions in Q4 and Impact So Far** The actions in Q4 were focussed on getting the system live and usable. The live system went into operation in the last days of Q4 but was not used for real in Q4. So there has been no impact so far. The specific actions taken during Q4 were staff training and familiarisation, system configuration design, technical live feed integration and DPIA signoff. **3. Next Steps** Within Q1 2026/27 we will focus on tweaking the live system and moving into real world usage within the two test specialties. We anticipate the test and evaluation during Q1, no detailed timeline currently set. **4. External Support Considerations** We continue to liaise with the national implementation group. We have implemented a minimally viable product as the national specification could not accommodate the ESCatS system. We will utilise the real world testing to determine if additional development is required against this minimally viable solution to be useful in use with ESCatS.	**Risks:** • The capacity deficit within Information Governance service is a known risk with options being addressed via Chief Executive Team **Mitigations:** • The inability of Infix to support ESCatS has been partially mitigated via the minimally viable solution that we have deployed. This has involved making compromises and we will assess during Q1 2026/27 the degree to which degrades the desired outcomes in practice. If this is significant we can request development work though this would require us to identify funding.	*Geraldine Fraser, Chief Officer Acute*	

<table>
<tr><th colspan="7">Critical Area: Prevention - working with people to prevent illness and more proactively meet their needs</th></tr>
<tr><th>Focus area</th><th>What are we trying to achieve by 31st March 2026</th><th>Status at 31st March 2026</th><th>What actions have been carried out, or are planned to enable delivery?</th><th>Risks to Delivery & Mitigations</th><th>Exec Lead</th><th>Notes (hyperlinks to national frameworks)</th></tr>
<tr><td>Cardiovascular disease (CVD)</td><td>Support rollout of a General Practice enhanced service for CVD risk factors (including high blood pressure, high cholesterol, high blood sugar, obesity and smoking). This enhanced service is part of a wider national CVD risk factor suite of improvements.</td><td>Complete</td><td>1. Current Position
End of March position improved from ANTICIPATED SIGNIFICANT DELAY to COMPLETE.
Directed Enhanced Services (DES) claims have continued to increase with 76.5% of threshold (5,835 out of 7,629) submitted up until 3 April. This is a significant uptick from the 40% reported in Q3. In addition, Scottish Government has extended the claim deadline till the end of April so the total uptake figure for this first year of funding is expected to increase further.
The delayed increase in uptake might be due to practices requiring time to embed the CVD risk factor programme into their routine.
2. Actions in Q4 and Impact So Far
Engaged Chest, Heart and Stroke Scotland (CHSS) to promote and deliver health checks at Fraserburgh Wellbeing Community Appointment Day (CAD) on 6 February. Initially engaged to directly support local GP with delivering the DES at the event, GP ultimately confirmed they would not deliver/require support to deliver DES checks on the day. CHSS supported 7 members of the public who attended the CAD with health checks.
Analysis of GP survey results completed and presented internally – sharing of results with General Practice postponed until second round of funding and design of DES confirmed.
Further meeting held with Healthpoint and Primary Care colleagues on 17 March to define approach for pilot referral scheme.
Engaged with planning of Kincardine & Mearns CVD & Frailty CAD planned for June – one of the main aims of the CAD is to determine whether this is an effective approach for delivering the DES.
3. Next Steps
Share learnings from survey by 30th April with a focus on best practice in the context of no major changes being made in the design of the DES.
Initiate the Healthpoint pilot referral scheme for lifestyle consultations by 29 May to provide additional capacity to General Practice and provide patients with holistic wellbeing support.
Explore opportunities to embed raising awareness of CVD risk factors into services such as Waiting Well, Healthpoint calls.
Survey remote BP monitoring methods and coverage to identify opportunities to strengthen hypertension screening, a key risk factor for CVD prevention. Survey and analysis to be completed by 30 June.
Complete the Cardiovascular HNA by July/August, with targeted engagement of key stakeholders to validate findings, identify system priorities and inform a data led whole system approach to CVD prevention.
4. External Support Considerations
We will be sharing the learnings from the survey (feedback on capacity issues, lack of engagement, system/payments issues etc.) with SG to give insight from Grampian ahead of them commissioning a national piece of work to analyse the results and impact of the DES to date.
This feedback can support shaping further DES offering.</td><td>Risks:
Capacity in Primary Care to deliver the DES remains a key risk.
Mitigations:
Now that a further year of funding has been confirmed we will implement pilot referral scheme for volunteer General Practices for those eligible patients requiring lifestyle consultations and support to Healthpoint/CHSS, thereby freeing up capacity and enabling GPs to focus on clinical risk management and support.
We will continue to explore 3rd sector community-based risk factor screening opportunities e.g. at workplaces, sports events, retails centres to reach those not presenting at healthcare.</td><td>Shantini Paranjothy Director of Public Health</td><td></td></tr>
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Critical Area: Prevention - working with people to prevent illness and more proactively meet their needs						
Focus area	**What are we trying to achieve by 31st March 2026**	**Status at 31st March 2026**	**What actions have been carried out, or are planned to enable delivery?**	**Risks to Delivery & Mitigations**	**Exec Lead**	**Notes (hyperlinks to national frameworks)**
Frailty Prevention	**Support rollout of a Frailty Enhanced Service to General Practices, enabling each practice to identify a Frailty Lead. This lead will help drive improvements in frailty care through training, data optimisation, and cross-sector collaboration.**	**Complete**	**1. Current Position** • No change to previous reported position – incorrectly reported as Significant Delay in Q3 • 86% of practices are signed up **2. Actions in Q4 and Impact So Far** • Practices were encouraged to sign-up to the Directed Enhanced Service (DES). Numbers signed up remain the same with deadline set as 28th February 2026. Public Health have offered practices additional support. **3. Next Steps** • Practices were required to complete a MS Form highlighting progress towards meeting the DES criteria by 28/02/26. At time of reporting 35 Grampian practices have completed this requirement (around 60%). • Work is ongoing to follow up form submission from the remainder via the GP Bulletin and individual HSCP follow up as this is a condition for practice payment. • Confirmation awaited as to whether the DES will continue to be funded for 26/27, through funding from Scottish Government. Early indications are that it may be, but no timeline has been defined for this decision. **4. External Support Considerations** • Support required from Primary Care for further inclusion.	• Public Health are offering support to practices to meet the terms of this DES.	*Judith Proctor, Chief Officer - Moray HSCP*	