NHS Grampian

Meeting:	NHS Grampian Board
Meeting date:	13 August 2026
Item Number:	14
Title	GP Vision Programme Board Closure and Transition to Business as Usual
Responsible Executive:	Leigh Jolly, Chief Officer Aberdeenshire IJB Fiona Mitchelhill, Chief Officer Aberdeen City IJB Judith Proctor, Chief Officer, Moray IJB
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1 Purpose and recommendations this is presented to the Board for:

- Endorsement

Recommendation(s)

The Board is asked to:

- Endorse the formal closure of the GP Vision Programme Board as a discrete governance structure and notes that ongoing priority areas, delivery arrangements, learning and evidence generated through the programme will continue through established business-as-usual governance and operational routes.
- Support escalation of Programme Board closure to the Scottish Government.

This report relates to:

- NHS Board/Integration Joint Board Direction

This aligns to the following NHS Scotland quality ambition(s):

- Safe
- Effective
- Person Centred

The subject matter of this report is relevant to the mitigation of the following strategic risks (further information is provided in the Risk section below):

- Inability to meet population demand for Planned Care
- Significant delays in the delivery of Unscheduled Care
- Inability to effectively maintain and invest in NHS Grampian's infrastructure
- Deviation from recognised service standards of practice and delivery
- Inability to achieve the aspirations set out in Plan for the Future due to financial resource constraints and inefficiencies
- Inability to reduce demand through citizen engagement
- Insufficient change and innovation to create a system which can meet demand and deliver on our strategic intent
- Cybersecurity Incident
- Deteriorating Workforce Engagement
- Worsening health in Grampian particularly in those who experience multiple disadvantages

2 Report summary

2.1 Situation

The GP Vision Programme Board is closing as a discrete governance structure, with ongoing priority areas and workstreams transitioning into established business-as-usual arrangements. The Programme Board was established as a time-limited programme response to significant pressures on General Practice in Grampian. It has delivered a substantial body of work, evidence and learning within existing resources and without additional recurrent funding. The Board is now being asked to support a controlled transition from programme governance into embedded delivery and oversight arrangements.

The GP Vision Programme sits within the wider strategic context of Health and Social Care Partnerships and NHS Grampian's primary care priorities. The programme has generated a significant evidence base, including learning on workforce sustainability, data and digital capability, primary care delivery models, premises, contract models, and engagement with practices and communities. This provides a stronger platform for future primary care planning and decision-making.

Closing the programme as a discrete governance entity reflects that the original programme purpose has been fulfilled and that the next phase is best delivered through existing governance structures. It also recognises ongoing system capacity constraints, the need to avoid parallel governance arrangements, and the importance of embedding improvement within operational delivery routes so that momentum is sustained rather than lost.

The Board is asked to endorse the formal closure of the GP Vision Programme Board and to note that:

- the GP Vision Programme Board will close as a discrete governance structure;
- ongoing delivery of agreed priorities will continue through established business-as-usual governance and operational arrangements, including the relevant HSCP, primary care and programme structures identified in this paper;
- Learning, outputs and evidence generated through the GP Vision Programme are being actively incorporated into existing workstreams, governance groups and operational structures. This includes learning relating to stakeholder engagement, primary care sustainability, workforce, digital development, premises and service redesign. Responsibility for taking forward these lessons now sits within the governance structures receiving the transitioned workstreams, providing assurance that learning will continue to influence future decision-making and service planning.
- clear communication and ongoing oversight through existing governance structures will support stakeholder confidence and provide continuing assurance that momentum is being maintained following programme closure.

2.2 Background

In summer 2023, GP Vision workshops were established, with financial support from the Scottish Government Primary Care Division, to address the question: how do we deliver sustainable, safe and effective patient care in General Practice in Grampian, given the economic, demographic, geographical and contractual constraints?

The workshops were established in response to the challenges facing GP practices, which were affecting sustainability and limiting the ability to deliver the full 2018 GMS Contract and the Memorandum of Understanding (MoU), particularly in relation to:

- Recruitment challenges across all disciplines, with headcount increasing slightly but full-time equivalent capacity reducing; this is felt particularly acutely in Grampian.
- Increasing consultation rates, alongside workforce pressures across disciplines.
- An ageing population, with increasing morbidity and complexity.
- Increasing practice list sizes alongside a reduction in GP headcount.
- Practices handing back contracts or being unable to provide the full range of services.

GP Vision Development

A co-production approach was taken, which included:

- Cross system workshops (including 10% of patient representatives)
- Patient engagement
- School focus groups

- MP and MSP briefing

The outputs from the engagement activity described above enabled the creation of a central vision statement, supported by 10 key objectives that captured the changes required to move towards a more sustainable General Practice sector in Grampian.

The vision is *'A sustainable General Practice across Grampian which enables people in their communities to stay well through the prevention and treatment of ill health'*

The GP Vision was agreed by all three Integration Joint Boards in March 2024. Following this, the GP Vision Programme Board was established to provide governance and oversight of implementation of a programme plan against the 10 identified objectives, using existing resources to deliver the programme.

Programme Phasing and Evolving Priorities

The GP Vision Programme set out 10 strategic objectives to guide the transformation of General Practice. To focus effort and align with available capacity, five of these objectives were prioritised and resourced from within existing HSCP structures. This formed Phase 1 of the programme and these priorities were developed into dedicated workstreams:

Five priorities were identified:

- Data
- Digital
- PCIP Review
- Premises
- Models of Contract

These workstreams were selected based on their potential to deliver foundational change and enable future transformation. Each was supported through internal resource reallocation, with progress monitored via the GP Vision Programme Board.

Subsequently, five additional objectives were identified for Phase 2, reflecting broader ambitions for population health and sustainability:

- Pathways
- Keeping the Population Well
- Continuity of Care
- Mental Health and Wellbeing
- Recruitment and Retention

Of these, only the Recruitment and Retention workstream has been resourced and is actively progressing. The remaining Phase 2 workstreams have been deferred due to current capacity limitations. Deferred status does not mean that these areas have been abandoned or deprioritised. Rather, they remain strategically important and will continue to inform wider NHS Grampian and HSCP planning, prioritisation and service development. Progression of these areas will be considered through normal governance and planning processes as system capacity, resource and organisational priorities evolve.

While the Keeping the Population Well workstream is not currently progressing as a standalone GP Vision workstream, its strategic intent remains highly relevant and is being carried forward through wider NHS Grampian and Health and Social Care Partnership work on prevention, population health improvement and reducing inequalities. In particular, the programme's learning and ambitions will help inform the ongoing development of NHS Grampian's population health agenda and consideration of the national Population Health Framework, ensuring that this objective continues to influence future planning, prioritisation and service development rather than being discontinued.

2.3 Assessment

Reflect and Refresh – May 2025

To reassess priorities and ensure alignment with current system pressures, a Reflect and Refresh workshop was held. This process brought together stakeholders to review each workstream from Phases 1 and 2, and to determine which areas should be prioritised moving forward. The workshop provided a space for stakeholders to reflect progress, surface challenges, and agree on the next steps.

The outcome of this strategic review highlighted that Keeping the Population Well and Continuity of Care are now considered to have the greatest potential impact on the long-term sustainability of general practice.

At the Reflect and Refresh workshop, it was agreed that several short-life working groups relating to the top five priorities would transition to business as usual, making best use of current governance structures and reducing duplication.

It is therefore assessed that the GP Vision Programme Board should close as a discrete governance structure and that all workstreams should transition to established governance routes. Ongoing oversight, including those marked as future priorities, will be monitored through existing HSCP, NHS Grampian and primary care governance arrangements, including HSCP Senior Leadership Teams, PCIP delivery structures, the Primary Care Premises Group, GP Leads,

PCIMT and the Grampian Primary Care Forum. These arrangements will provide continuing assurance on delivery, prioritisation and emerging risks while avoiding duplication through parallel programme governance.

Detailed workstream information and supporting documentation developed through the programme will be retained within existing governance structures and remain available to support future planning and assurance activities.

Delivery of agreed priorities continues through business-as-usual arrangements. Learning, outputs and evidence generated through the GP Vision Programme are being absorbed into existing workstreams, governance groups and operational structures. Please see the table below.

Plan on a Page

Ongoing – Workstream is progressing with dedicated resource
Ongoing BAU – Workstream has transitioned to Business as usual
Ongoing Resource Limited - Work is progressing but constrained by staffing or funding
Future Priority – Workstream is strategically paused due to lack of resource

Workstream	Current Status	Local Linkages	National Linkages	Reporting
Data	**Ongoing**	Public Health Team	List Team	Move to BAU within HSCP's
PCIP Review	**Ongoing**	HSCP PCIP Delivery Groups	Scottish Government – Pathfinder Projects	Move to HSCP PCIP Groups
Digital	**Ongoing**	PCIMT	National IT	Move to PCIMT
Models of Contract	**Ongoing**	Enhanced Services Group		Move to GP Leads
Premises	**Ongoing BAU**	Primary Care Premises Group / Asset Management Group	National Code of Practice for GP Premises SCIM Guidelines	BAU - Via Grampian Primary Care Premises Group
Recruitment & Retention	**Ongoing**	NHS Grampian Workforce Plan	Scottish Government / NES / RCGP	Move to BAU within HSCP's
Pathways	**Future Priority**	Public Health		BAU within HSCP's / NHSG
Keeping the Population Well	**Future Priority**	Public Health		BAU within HSCP's / NHSG
Continuity of Care	**Future Priority**	HSCP Local Delivery		BAU within HSCP's
Mental Health & Wellbeing	**Future Priority**	Public Health HSCP Local Delivery		BAU within HSCP's
Communications and Engagement	**Ongoing**	PPG's NHSG Public Involvement Team	Healthcare Improvement Scotland	Move to Local HSCP delivery

Lessons learned

What worked

Clear governance, defined scope and early engagement with clinicians, HSCPs and partners supported progress and shared ownership across several workstreams. Pan Grampian collaboration enabled shared learning and strengthened relationships, while tightly focused objectives helped maintain momentum within limited capacity. Flexible and inclusive engagement approaches improved relevance and impact.

What we would do differently
Earlier agreement on data standards, access and reporting frameworks would have reduced delays and strengthened evaluation activity.
Clearer early prioritisation, linked to available capacity and funding, would have supported more effective sequencing of work and reduced delivery risk

Detailed programme outputs, evidence and supporting materials have been reviewed as part of the programme closure process. Key learning has been incorporated into existing primary care planning, workforce, premises, digital and delivery arrangements. Consequently, this report focuses on strategic outcomes, future governance and assurance rather than providing detailed operational information.

Overall Position

The GP Vision Programme Board has fulfilled its purpose and should now be formally closed as a discrete governance structure. A clear transition to business as usual, supported by transparent communication and explicit ownership of learning within existing structures, will protect the value of the work delivered and support continued improvement across General Practice in Grampian.

Engagement with General Practice leaders, clinicians, HSCPs and partner organisations throughout the life of the programme has demonstrated continued support for the vision and the principles underpinning it. Feedback from the Reflect and Refresh process recognised that future progress is best achieved through embedding priorities within existing governance and delivery arrangements rather than maintaining a separate programme structure. Closure of the Programme Board therefore represents a transition in governance rather than an end to the ambitions, relationships or learning established through the programme.

2.3.1 Quality / Patient Care

The GP Vision Programme has generated a significant body of evidence and learning, including the PCIP Review, patient and staff engagement activity, and digital and data insights. As the programme board closes as a governance structure, this learning will continue to inform service planning and improvement through existing business as usual arrangements.

Embedding delivery within established governance and operational structures supports continuity of care and helps ensure that improvement activity remains aligned with local priorities across Health and Social Care Partnerships. Clear communication of programme closure and transition supports confidence among GP practices and partners, which is important for maintaining service quality.

Some ambitions within the original GP Vision, including Pathways, Keeping the Population Well, Continuity of Care and Mental Health and Wellbeing, remain strategically important and can continue to be progressed through business-as-usual arrangements as capacity allows.

2.3.2 Workforce

The closure of the GP Vision Programme Board as a governance structure supports more sustainable use of workforce capacity by removing parallel governance and reporting requirements and avoiding unnecessary duplication within an already pressurised system.

Transitioning activity into business-as-usual arrangements enables more realistic prioritisation of improvement activity within available resources and supports staff wellbeing by recognising and responding to current capacity constraints.

Wider workforce challenges affecting primary care, including recruitment, retention and workload pressures, remain unchanged. However, the additional financial support being made available to GP practices by the Scottish Government should have a positive effect, and HSCP teams will support implementation of the additional funding streams.

Clear communication about programme board closure and continuation of agreed priorities through existing arrangements is essential to maintain staff engagement and avoid perceptions of loss of momentum. No direct impact on staff roles, terms and conditions or employment arrangements arises from the programme board closure.

2.3.3 Financial

The GP Vision Programme has been delivered within existing resources, with no additional capital or revenue funding. The closure of the programme board does not create any savings or new financial pressures.

There are no capital implications associated with programme board closure. Delivery of agreed priorities will continue to be managed within existing resources and governance arrangements.

Closing the programme board removes the ongoing administrative and coordination costs associated with running a discrete programme board and supports efficient use of resources. The evidence generated through the programme, including the PCIP Review and data insights, supports more informed prioritisation and decision-making, contributing indirectly to financial sustainability.

2.3.4 Risk Assessment / Management

Strategic Risk (NHSG)	Relevance to GP Vision Board Closure	Mitigation

There is a risk that NHS Grampian's plans are not clear or not well communicated, resulting in staff becoming demoralised and external stakeholders losing confidence.	The GP Vision Programme has been a high-profile, time-limited programme. Without clear articulation of its closure and transition arrangements, there is a risk of confusion among GP practices, HSCPs and partners about whether activity is stopping or deprioritised.	This paper explicitly states that: • The GP Vision Programme Board is closing as a discrete governance structure, and • Delivery of agreed priorities continues through business-as-usual arrangements within existing workstreams. By clearly setting out the rationale for closure, what happens next, and where responsibility now sits, this paper supports clarity of intent and direction, directly mitigating the risk of misunderstanding and loss of confidence.
Ongoing system pressures and reactive working reduce the organisation's ability to focus on strategic planning and delivery, risking the sustainability of critical services	Continuing a discrete programme without additional capacity would increase pressure on already stretched teams and risk diluting focus on operational delivery.	Closing the GP Vision Programme Board enables: • Rationalisation of governance and reporting arrangements,

		• Removal of parallel programme structures, and • A shift to delivery through established operational workstreams. This supports a more sustainable operating model and reduces the burden of programme overhead in a pressured system. Additional Scottish Government funding for GP practices in 2026 should have a positive impact on sustainability.
If strategic priorities are not clearly aligned with delivery mechanisms, plans may fail to deliver intended outcomes, impacting confidence and effectiveness.	The GP Vision Programme generated substantial evidence and learning. There is a risk that, without a controlled programme close, this learning becomes fragmented or under-utilised.	This paper confirms that outputs and evidence from the GP Vision Programme (including PCIP Review findings, digital and data insights, and engagement learning) are being absorbed into existing planning and delivery structures, supporting coherent and evidence-led decision-making at system level.
Sustained operational and workforce pressures risk impacting organisational resilience, staff wellbeing and delivery capability	Maintaining a Programme Board reliant on existing resource risks exacerbating workforce pressure and fatigue.	Programme Board closure acknowledges capacity constraints explicitly and avoids creating unrealistic expectations of delivery. Transitioning delivery into business as usual supports prioritisation within available capacity and contributes to a more realistic and sustainable workload for teams.

Poor communication or lack of visibility of direction risks loss of stakeholder confidence	GP practices and partners have engaged with the GP Vision Programme over several years. Abrupt or unclear closure could undermine trust.	This paper provides transparency on: • Why the Programme Board is ending, • What has been achieved, • How learning will be used going forward, and • The role (and limits) of the Primary Care Forum. This supports ongoing constructive engagement with stakeholders.

2.3.5 Equality and Diversity, including health inequalities

No separate impact assessment has been completed for the closure of the Programme Board itself, as the significant change relates to governance arrangements rather than the cessation of service delivery. However, the underlying workstreams and priorities continue through business-as-usual structures, where equality, access and health inequalities considerations remain relevant. The evidence generated through the GP Vision Programme, including engagement with practices and communities, continues to support more informed planning for equitable and sustainable primary care across Grampian.

2.3.6 Other impacts

None identified.

2.3.7 Communication, involvement, engagement and consultation

The Board has carried out its duties to involve and engage external stakeholders where appropriate:

The GP Vision Programme has been developed through extensive engagement across NHS Grampian, the three HSCPs, General Practice leaders, clinicians, patient representatives and wider partners. This has included the original cross-system workshops that shaped the vision, subsequent workstream activity, patient and public engagement, and the Reflect and Refresh workshop in May 2025.

The proposed closure of the Programme Board reflects this ongoing dialogue and the

shared view that delivery is now best taken forward through existing governance and operational routes rather than a separate programme board structure. Stakeholder engagement, communication and co-design remain critical to successful delivery and will continue through established HSCP, NHS Grampian and primary care engagement mechanisms.

2.3.8 Route to the Meeting

This report has been informed through the development and oversight arrangements of the GP Vision Programme Board and through the Reflect and Refresh workshop held in May 2025. It has also been shaped by the work of the individual programme workstreams and the governance groups identified for transition to business as usual. The paper now comes to the Board to support formal closure of the Programme Board as a discrete governance structure and to provide assurance on the arrangements for ongoing delivery and oversight.

2.4 Recommendation(s)

The Board is asked to:

- Endorse the formal closure of the GP Vision Programme Board as a discrete governance structure and notes that ongoing priority areas, delivery arrangements, learning and evidence generated through the programme will continue through established business-as-usual governance and operational routes.
- Support escalation of Programme Board closure to the Scottish Government.

3 Appendix/List of appendices

- N/A