Healthcare Improvement Scotland

# Primary Care Phased Investment Programme: Final report

## Appendix 3: Expert Group flash reports

Healthcare Improvement Scotland

Flash report

# PCPIP: Expert group meetings 2025

Meeting 1
2 October 2025

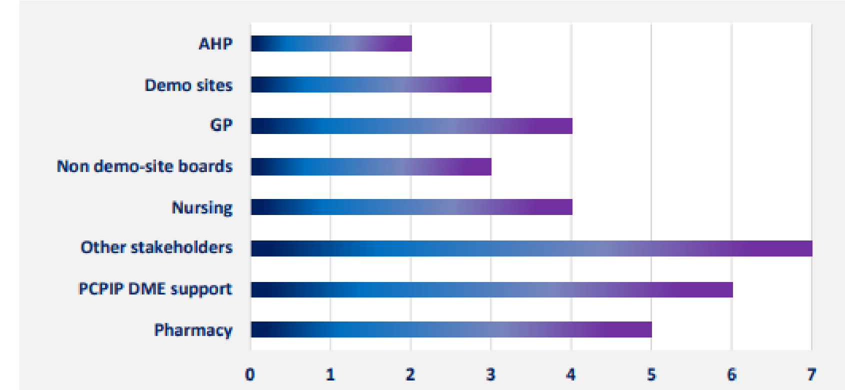

## Summary

The Primary Care Phased Investment Programme (PCPIP) has established an expert group including clinical and non-clinical experts with a strong background in primary care. This group is meeting during October 2025 to review the data collected, to discuss contextualisation and interpretation of this data, and to advise on possible recommendations from this programme.

The first expert group discussions focused on:

- What learning can we take from the QI approach embedded in the programme?
- What are the key conditions for change in primary care?
- What are the enablers to support MDT working in primary care?


## Expert group members




## Data – key themes

An overview of qualitative data and quality improvement data was shared with the group to highlight data collected for PCPIP. Key themes are highlighted in this report and will be further considered as the programme identifies learning and recommendations.

### Learning from the QI approach in the programme

**Value and understanding QI**

- There is variation in understanding and skills for QI.
- QI should be relevant to local teams.
- There is a need to define how and when QI has greatest impact.
- Ensure that support is offered to understand, adapt, and use QI at a local level.

**Relational approaches to improvement**

Improvement efforts should include all key stakeholders. Including:

- patients
- MDT members
- GP practice staff
- cluster staff
- HSCP/NHS board staff, and
- national board support.

**QI data**

- There are significant challenges in identifying and accessing QI data in primary care.
- Manual data collection is burdensome.
- Data quality is variable – particularly around clinical coding.
- Teams benefit from support to collect and interpret data for improvement.

**QI tools and resources**

- Teams benefit from support to use QI tools.
- There can be tension between clinical responsibilities and QI approaches – support is needed to embed QI into clinical roles.

**Culture for improvement**

- Leadership needs to be supportive of QI approaches.
- There is variation in enthusiasm for QI across territorial health boards.
- There is a need to ensure all have responsibility and support for improvement.

Healthcare Improvement Scotland

# Flash report: PCPIP expert group – meeting 1 continued

## Key conditions for change in primary care

### Vision for change
- A shared vision should be developed collaboratively with all key stakeholders – clearly describing the need for change and the impact of change from a patient perspective.
- Data should be used to inform and guide the vision.

### Processes for change
- The use of a structured approach to support change is beneficial.
- Data is needed throughout the process for change.
- External support and allocated time is helpful to manage change in primary care.

### Culture for change
- The current primary care system is characterised by variation in working practices and different cultures.
- There is evidence of some resistance to change when the need to change does not clearly match individual practice context.
- Change requires leadership that is skilled in understanding and managing the change process.
- A collaborative and relational approach to change is key within primary care.

### Planning for change
- There should be time allocated to plan and prepare for change, taking into account readiness for change.
- Time is needed to plan for data required to understand and monitor changes.
- The role of patients should be recognised in the planning for change.
- Individual practice context should be understood and differences acknowledged.

### Infrastructure to support change
- The current infrastructure and resources are viewed as a barrier to change.
- There is significant variation in practice ways of working, processes, and governance.
- There is a need for balance between the use of standardised approaches and flexibility to individual practice context.
- Workforce planning and access to digital resources is key.

## Key enablers to support MDT working in primary care

### Integration of MDT in primary care settings
- It is key to acknowledge the difference in operational approaches between territorial health boards and GP practices.
- Need to provide structured training and development to move into primary care roles, and create opportunities for shared learning and peer support.
- Need to create opportunities for sharing best practice and understanding patient needs.

### Roles and responsibilities
- There are key differences in professional roles working in different areas of healthcare and staff should be supported when moving from secondary care to primary care.
- Time to build relationships, develop trust, and establish clear communication in teams is key.

### Ways of working
- There are examples of systems and ways of working that support MDT in primary care, such as team huddles.
- There are current structural and operational barriers to ways of working in MDTs.
- Data is needed to understand and monitor how MDTs are working in practice.

## Next steps

The next expert group meeting is on **Thursday 9 October 2025** where we will discuss:

- What are the key attributes and benefits of a sustainable and effective model of MDT support in primary care?
- Which MDT services should be prioritised for further development?

NHS SCOTLAND



Full report

Healthcare Improvement Scotland

Flash report

# PCPIP: Expert group meetings 2025

Meeting 2
9 October 2025

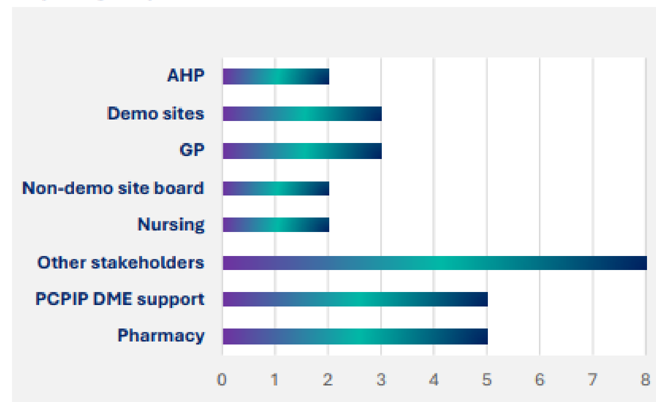
## Summary

The Primary Care Phased Investment Programme (PCPIP) has established an expert group including clinical and non-clinical experts with a strong background in primary care. This group is meeting during October 2025 to review the data collected, to discuss contextualisation and interpretation of this data, and to advise on possible recommendations from this programme.

The second expert group discussions focused on:

- What are the key attributes and benefits of an effective and sustainable model of multidisciplinary team (MDT) support?
- What areas of MDT services should be prioritised for further development?

## Expert group members




## Data

An overview of the qualitative, quality improvement, week of care and citizen's panel data was shared with the group to highlight data collected for PCPIP. Economic analysis of week of care data and cost consequence analysis is ongoing and will be reported to the expert group for further discussion. Key themes were identified.

## Attributes and benefits of a sustainable and effective model of MDT support?

### Attributes

MDT support should:

- take into account local population needs
- be outcome focused
- have clear purpose/definition of MDT working
- be informed and monitored by data
- be designed in collaboration
- have flexibility to take into account individual context with strong systems, processes and infrastructure, and
- ensure patient understanding of MDT.

### Benefits

Patients:

- Wide range of skills and experience through MDT
- Right person, right place
- Improved access increased capacity

## MDT services to be prioritised for further development

### Decisions on priorities for further development should:

- take into account workforce planning and career pathways
- be informed by data to understand local population needs and local practice context, and
- be focused on outcomes including ongoing monitoring and longer-term outcomes.

### Wider system considerations

- processes
- monitoring
- data throughout system
- IT infrastructure

### Descriptions of MDT should include:

- outcomes not tasks
- clarity of roles and responsibilities
- staff wellbeing, and
- professional development and job satisfaction.

### Professional groups discussed:

- admin team
- general practice nurse (GPN)/advanced nurse practitioner (ANP)
- pharmacotherapy
- wider MDT roles (musculoskeletal (MSK), Mental Health, community link worker).

## Next steps

The next expert group meeting is on **Thursday 23 October 2025** where we will discuss:

- What is required to support monitoring and evaluation of the impact of MDT working?
- What is required to ensure MDT working supports the reduction of health inequalities?

NHS SCOTLAND



Full report

Healthcare Improvement Scotland

# Flash report

# PCPIP: Expert group meetings 2025

Meeting 3
23 October 2025


## Summary

The Primary Care Phased Investment Programme (PCPIP) has established an expert group including clinical and non-clinical experts with a strong background in primary care. This group is meeting during October 2025 to review the data analysed and discuss contextualisation and interpretation within a primary care context.

The third expert group discussions focused on:

- What is required to ensure MDT working supports the reduction of health inequalities?
- What is additionally required to support monitoring and evaluation of the impact of MDT working, including set of national measures?


## What is required to ensure MDT working supports the reduction of health inequalities?

**Purpose**
- Shared definition and agreement of the role of primary care and role of general practice in reducing health inequalities.

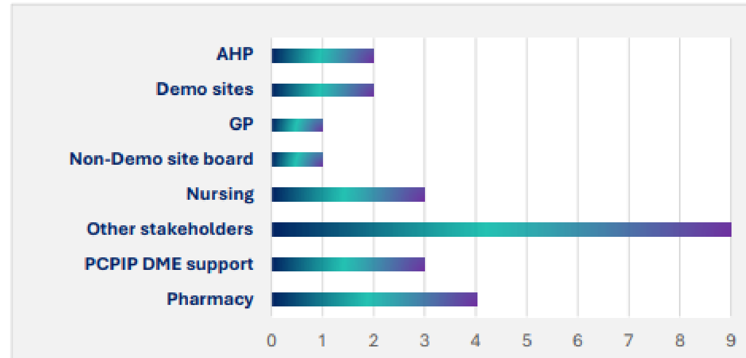
**System and resources**
- Service design with a focus on addressing healthcare inequalities
- Fairer allocation of resources based on health equity
- Service designed with and informed by patient experiences

**Data**
- Consistent and accurate data to understand inequalities
- Improved data infrastructure

**Knowledge and understanding**
- Staff knowledge and understanding of inequalities
- Patient knowledge and understanding of MDT support

**Local need**
- Understanding of the local population
- Understanding of patient experiences within local systems

## Expert group members




## Future monitoring and evaluation of MDT impact

**Framework and governance**
- Clarity in purpose of data collection and use of data
- Clarity in governance and reporting

**Future monitoring and evaluation should consider:**
- Outcome focused data
- Consistent and accurate data collection
- Measures to understand impact for patients, workforce, and system
- Local and national resources and support
- Infrastructure for sharing data
- Training and tools for staff
- Leadership
- Time required

## Data

An overview of the following data was discussed:
- National data
- QI data
- Qualitative data
- Week of care data
- Citizen's panel data

## Next steps

One further meeting with the expert group will be arranged to review economic data. The final PCPIP report will be published in January 2026.

**Thank you** to all expert group members for your valuable contributions.

NHS SCOTLAND

**Published | June 2026**

This document is licensed under the Creative Commons Attribution-Noncommercial-NoDerivatives 4.0 International Licence. This allows for the copy and redistribution of this document as long as Healthcare Improvement Scotland is fully acknowledged and given credit. The material must not be remixed, transformed or built upon in any way. To view a copy of this licence, visit https://creativecommons.org/licenses/by-nc-nd/4.0/

**www.healthcareimprovementscotland.org**

You can read and download this document from our website.
We are happy to consider requests for other languages or formats.
Please contact our Equality and Diversity Advisor on 0141 225 6999 or email his.contactpublicinvolvement@nhs.scot.

**Healthcare Improvement Scotland**

Edinburgh Office
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

0131 623 4300

Glasgow Office
Delta House
50 West Nile Street
Glasgow
G1 2NP

0141 225 6999

**www.healthcareimprovementscotland.scot**