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Cc: [REDACTED] (NHS Healthcare Improvement Scotland) <[REDACTED]@nhs.scot>; [REDACTED] (NHS Healthcare Improvement Scotland) <[REDACTED]@nhs.scot>; [REDACTED] (NHS Healthcare Improvement Scotland) <[REDACTED]@nhs.scot>

Subject: RE: GP WiC commission update

Importance: High

Hi [REDACTED]

Given the scale of the commission, [REDACTED] has asked for the updated paper to be turned into a formal board approval paper. He's going to check in with [REDACTED] but he'd like to circulate it ahead of the board development day next week on the 22nd.

Appreciate this is a very tight turnaround time but expect it's just formatting changes that are required. Thank you.

[REDACTED]

From: [REDACTED] (NHS Healthcare Improvement Scotland) <[REDACTED]@nhs.scot>

Sent: 16 April 2026 13:44

To: [REDACTED] (NHS Healthcare Improvement Scotland) <[REDACTED]@nhs.scot>; [REDACTED] (NHS Healthcare Improvement Scotland) <[REDACTED]@nhs.scot>; [REDACTED] (NHS Healthcare Improvement Scotland) <[REDACTED]@nhs.scot>; [REDACTED] (NHS Healthcare Improvement Scotland) <[REDACTED]@nhs.scot>; [REDACTED] (NHS Healthcare Improvement Scotland) <[REDACTED]@nhs.scot>; [REDACTED] <[REDACTED]@nhs.scot>

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Subject: RE: GP WiC commission update

Hi [REDACTED]

Thanks very much, and yes good meeting with SG colleagues on Tuesday. Great to see the letter come in so quickly.

Keen to join the f2f meeting to contribute to the scope and responsibilities discussion – certainly someone from Evidence will be at this meeting. Please can you keep us posted / discuss further developments on likely day/time?

For the Adastra demonstration, it's important that [REDACTED] and/or [REDACTED] is at that meeting.

MoU-wise, I have a preference to instead focus on our commissioning/ET paper and the deliverables set out in that paper. That said, I recognise that further work is required to agree/coordinate specific activities. For example, as we develop our evaluation framework we'll have to be much clearer about what we're collecting, who is collecting it, reporting etc. Perhaps one for discussion at the internal follow-up? Also, is the updated (and now agreed) commissioning proposal going back to ET even for awareness?

Thanks again

■

From: ■ (NHS Healthcare Improvement Scotland)
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Sent: 15 April 2026 08:49
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Subject: GP WiC commission update

Hi

■ met with SG yesterday to discuss the proposal. There are further discussions to be had around the evaluation and clarity on what PHS can provide in terms of data versus what may be manual collection, which is most likely to be improvement and implementation data. SG will send us a funding letter/letter of comfort up to £1.07m over 2 years and we should receive that this week to allow for recruitment to commence.

We have agreed to come together f2f in the Gyle in a couple of weeks, likely 30 April or 7 May to work through in detail the scope and responsibilities between HIS/PHS/SG and should be able to agree the governance structure once Parliament resumes following the pre-election period. Advice has been sent to Ministers by the policy team.

Following this, I wonder if we enter in to some form of MOU in relation to this work given the risks of scope creep and the likely continued interest in such a significant investment.

■ mentioned briefly the suggestion that Ministers may want as many as 30 sites and of course we have costed support based on the currently proposed 16 so it will be important

to have this clearly recorded.

SG are going to try to set up an ADastra demonstration so that we can see what data is going to be collected and we will try and do this either before the proposed session as above or on that day.

I will arrange a follow up internally for us to discuss next steps around mobilising the various element of the work.

Thanks

[REDACTED]

[REDACTED]

| Primary Care | Community Care and Dementia | Improving Access | Shifting the Balance of Care

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[Book time to meet with me](#)



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