

**FOCUSED ON
SCOTLAND'S
REAL PRIORITIES**

Scottish
Conservative
& Unionist 

MODERN, EFFICIENT, LOCAL

A new contract between
Scotland's NHS and the public

February 2024



CONTENTS

Foreword	3
Summary	5
Introduction	6
The Challenges Facing Our Healthcare System.....	7
Our Plan to Deliver a Modern, Efficient, Local NHS	9
Investing in the Right Capacity	11
Making Every Penny Count	16
A Personal Contract for a Healthier Scotland and a More Sustainable NHS	22
Conclusion.....	26



FOREWORD



Our NHS is an incredible national asset, yet it faces growing challenges. Despite the efforts of hardworking staff, the patient treatment backlog has reached a record high of over 800,000 – one in seven people across Scotland – while performance is at its lowest ever level against waiting time standards.

Something must give. There is a growing list of medical professionals and experts who are calling for a fundamental overhaul of how we deliver healthcare in this country. They can see that the current system is unsustainable and are calling for a national conversation on the future of Scotland's NHS. They say that a failure to deliver necessary change will see our children and grandchildren unable to access the same standard of healthcare to which we are entitled.

The Scottish Conservatives understand the need for urgent reform yet recognise that it must be balanced against the core principle of the NHS – that it must be free for everyone at the point of use. That is why we have published this paper, as our contribution to this vital national conversation.

We believe that the challenge facing our NHS can be framed in the simplest terms as one of capacity and demand. We must do more to improve the efficiency of our health service to treat more patients by modernising our service through better digitalisation and access to medical records. We can also reduce costs by catching diseases at an earlier stage through reversing years of SNP centralisation and delivering a more local, accessible, NHS.

However, increasing capacity will only go so far.

Ultimately, we need to reduce demand to take the strain off our health service and its staff. Free universal healthcare will become increasingly unrealistic if we remain one of Europe's unhealthiest nations. That means all of us taking greater personal responsibility for looking after our own health, as part of a new personal contract with the NHS.

This paper is just a starting point, and we look forward to continuing to engage with the medical profession as we look to build a modern, efficient, local NHS.

A handwritten signature in black ink, appearing to read 'Douglas Ross'.

Douglas Ross MP MSP

Leader of the Scottish Conservative and Unionist Party

FOREWORD



I've worked in Scotland's NHS since 2015 - first as an orthopaedics registrar, operating on patients, before moving to primary care as a GP. Our health service is staffed by wonderful, highly committed people who go the extra mile for their patients but, as I've experienced at first hand, they are let down by one health secretary after another, not to mention layers of management and bureaucracy with conflicting priorities.

Despite the best efforts of my colleagues, we have witnessed a decade-long continuous decline in standards. It is heart-breaking, day after day, to not be able to give patients the care and attention they deserve - and stories of deteriorating conditions are numerous as a result of lengthening waiting times or the shutting of local services.

Drawing on my own experience, and having spoken at length with healthcare professionals, academics, technologists, economists, and patient groups, I've thought long and hard about a vision, with strategic concrete actions, that will not only restore our beloved NHS to good health, but also ensure that our NHS can support Scotland's people to stay well.

The future must be one where our healthcare system stands as a beacon of excellence, transcending the challenges that have hindered its potential. We must not allow political or administrative inertia to stand in the way – as is happening today.

I believe that our healthcare landscape, though strained, can undergo a remarkable transformation. This is possible. Of course, this won't be achieved by tinkering around the edges of a broken system and trumpeting announcements – which has been the SNP's approach for the past 16 years.

We must embrace innovation, much of which is already here in Scotland, and we must reform. Along with you, the Scottish people, we need to redefine the narrative of what the NHS does and how it delivers, and ensure outdated practices yield to a wave of progressive change – while holding true to our fundamental principles.

In this vision digital technology becomes a catalyst for empowerment. Patients take command of their medical journey with unprecedented access to records and live treatment updates. We will also take key diagnostics and screening, like imaging, out into our communities – urban, rural, remote.

Simultaneously, we will champion a healthcare workforce that thrives in a supported environment that considers their work and family life, with conditions that are fortified by initiatives designed to retain staff. If we truly look after our staff, local services will flourish, offering a network of care that extends far beyond traditional boundaries.

Picture a landscape where you have timely access to the specialist you need and where today's record waiting times dwindle - a testament to a healthcare system rejuvenated by embracing a modern, efficient, local NHS.

However, this vision extends beyond changes to the way our health service functions. It hinges on a shared commitment to personal responsibility. As individuals, adopting healthier lifestyles becomes not just a choice, but a collective ethos, as this alleviates the strains on our NHS while tackling the early onset of chronic disease.

This is our clarion call for change, a call to embrace a visionary path toward a healthcare future where efficiency, compassion, and community lie at its core.

A handwritten signature in blue ink, appearing to read 'Sandesh Gulhane'.

Dr Sandesh Gulhane MSP
Shadow Cabinet Secretary for Health and Social Care
Scottish Conservative and Unionist Party

SUMMARY

UNDER OUR PLAN, THE NHS WILL DELIVER FOR YOU:



A 24/7 digital health service through a 'My NHS Scotland' App. This would allow patients to book appointments and see live waiting times at hospitals. It would also give health advice and allow for the easier transferring of medical data across the healthcare sector, including by giving patients easier access to their own records.



1,000 additional GPs and a new national guarantee. We would invest 12% of the NHS budget into GP clinics to open new facilities, recruit more staff and make more appointments available, particularly in rural areas. We would also introduce mandatory online booking systems and a national standard guaranteeing patients an appointment within a week.



Reduced waiting times. We would standardise best practice to increase the number of procedures that the NHS can undertake in a day, such as through twinning theatres, introducing Super Saturdays, and off-peak scanning. We would also introduce new maximum waiting times for all major NHS metrics to ensure that, even in times of crisis, patients are still seen within a reliable timescale.



Better conditions for healthcare staff and a proper workforce plan. We would put staff retention at the heart of our approach to the NHS by allowing staff flexibility in their working lives where requested and achievable, and supporting staff properly throughout their shift.

IF YOU DELIVER THIS FOR THE NHS:



A new personal contract with the NHS. We would take action to tackle the big public health killers that cost our health service, such as with a new law to tackle smoking and vaping, and a public awareness campaign focused on making healthier choices. If the public take the necessary action, then we can deliver a more sustainable NHS.

INTRODUCTION

Scotland's National Health Service is our most precious public service, delivered by the efforts of hardworking staff. It offers healthcare free at the point of use for every single person, regardless of income, across our country. At its core it defines national service, and we all rely on the NHS throughout our lives.

However, beyond this lofty mission statement we have a system that is creaking at the seams and in danger of being unable to deliver on its aspirations. From lengthening waiting times for treatment, to an inability to properly implement safe staffing legislation, both patients and staff are feeling increasingly let down by the way our health service is currently being led. This is despite record budget settlements being made available, and the amount of money spent on healthcare increasing as a fraction of the Scottish Government's overall budget.

While Covid has had a damaging impact on the NHS, the SNP have used it as an excuse for more than a decade and a half of mismanagement. There are many longstanding issues, such as workforce planning and delayed discharge, that are having a direct impact on our health service's ability to remobilise and rebuild following the pandemic.

We should not be content with simply managing the decline of our NHS. We can deliver a more efficient, modern, local health service that properly supports staff and is able to better meet patient demand now and in the future.

That is why the Scottish Conservatives have published our vision for Scotland's NHS. Our plan sets out how we will increase capacity through greater digitalisation and using existing resources to maximum effect. However, more importantly, it sets out a long-term vision to reduce demand across our NHS by empowering patients and building a healthier population overall. As the think tank Reform Scotland has said, we need to shift our perspective on delivering healthcare from what is too often a national illness service towards a truly National Health Service.

Our NHS needs real leadership to tackle the big challenges in treatment and public health if it is to continue to deliver quality healthcare to every Scot when they need it. The only way we can achieve this is by delivering a modern, efficient, and local service that is supported by every single individual through personal responsibility.



THE CHALLENGES FACING OUR HEALTHCARE SYSTEM

Our National Health Service is becoming increasingly unsustainable.

Healthcare spending is already the largest single area of devolved expenditure, with spending increasing from 30.6% of the Scottish Government's budget in 2003/04 to 32.1% in 2023/24.ⁱ The Scottish Fiscal Commission recently forecast that health spending will increase its share of the Scottish Government's budget from 35% in 2027/28 to 50% in 2072/73.ⁱⁱ

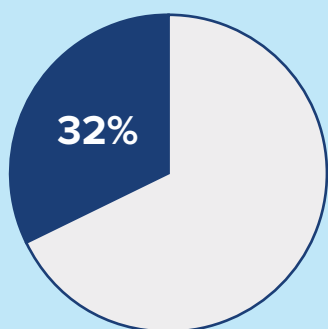
This growth in spending demand has been driven by an ageing population, an increase in chronic conditions, and the increasing cost of technology. As Scotland's population continues to age, those pressures will continue to grow. Furthermore, there will be less people of working age to support the NHS, either directly through working in healthcare, or indirectly through taxation.

From September 2007 to June 2023, the NHS workforce has increased from 131,095 to 156,216 – an increase of nearly a fifth, while the overall number of economically inactive Scots has actually decreased over the same period.ⁱⁱⁱ There are also 134,640 working in the social care sector.^{iv} Healthcare is therefore becoming an increasing share of Scotland's workforce and public spending.

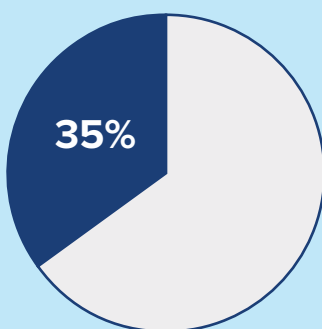
Despite these considerable increases in staffing and resourcing, standards in our NHS have continued to deteriorate. A&E performance reached a record low last year of just 66.1% being seen within the four-hour standard, with 8.1% of patients waiting over half a day in A&E to be seen.^v In the worst performing NHS Health Board of 2023, the performance was 41.4% and 20.2% respectively.^{vi} The number of patients waiting more than half a day at A&E has increased tenfold from December 2017 to December 2022.^{vii}

It is not just in A&E that patients are having to wait longer. Cancer waiting times are close to their worst ever levels, with 28% of patients having to wait longer than the target time.^{viii} Waits for adolescent mental health services have increased as the proportion of patients waiting less than 18 weeks fell from 78.6% in September 2021 to 75.6% in September 2023.^{ix} Even blue light responses are being affected, with average 'yellow' (the lowest priority calls) ambulance response times increasing from 29 minutes in November 2021 to 36 minutes in November 2023.

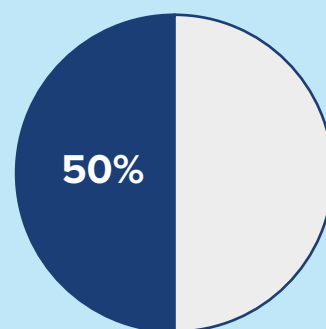
This deterioration of services is affecting operations and surgery, **with one in seven Scots on an NHS waiting list**, amounting to almost 830,000 people.^x Patients have been found waiting 2,130 days for plastic/reconstructive



2023-24



2027-28



2072-73

Scottish health spending is becoming increasingly unsustainable

The Scottish Executive, Draft Budget 2004-05, 28 May 2018, p.3; SG, Scottish Budget: 2023-24, 15 December 2022, p.18; SPiCe request, 25 October 2023, Available on Request; SFC, Fiscal Sustainability Report, March 2023, p.5



surgery, 1,582 days for restorative dentistry, and 1,460 days for orthopaedic surgery – which can only be described as a national scandal.^{xi}

To avoid these unacceptable waits, an increasing number of Scots are turning to private healthcare. 11,000 Scots used private healthcare in 2019, and by 2023, this had almost doubled to 19,000.^{xii} We are in real danger of creating a two-tiered healthcare system, where those who can pay are increasingly turning to private healthcare to access treatment in a reasonable timescale as the NHS continues to deteriorate.

Yet beyond the headline projections of resource demands, staff across our health service are suffering from burnout, and our health service is becoming a less attractive career for new entrants. In 2022, 17,528 NHS members of staff were signed off with anxiety, stress, depression, or another mental illness, which exemplifies the scale of burnout within the health service.

Scotland's population is also becoming less healthy, further increasing these stresses. **Life expectancy in Scotland is the lowest of any nation or region in the UK and is lower than it was ten years ago.**^{xiii} Furthermore, healthy life expectancy (HLE) has declined since 2009-11, with HLE sitting at 61.1 for women and 60.4 for men as of 2019-21, and two thirds of adults are overweight, which is marginally higher in 2008.^{xiv}

All these challenges have led to a constant downward deterioration of services that has been accelerated, rather than caused, by the Covid-19 pandemic. This situation has been further exasperated by inadequate investment in the right areas. For example, delayed discharge cost our hospitals £142 million in 2019/20.^{xv} Taken together £600 million of waste occurs in our NHS every year.^{xvi} Audit Scotland have also estimated that there is a £1 billion backlog in maintenance capital costs alone, before necessary investments are made to modernise the service.^{xvii}

All of this has led to a decline in patient satisfaction. The 2022 British Social Attitudes survey found that only 33% of Scots were satisfied with how the NHS operates. Despite the efforts of hardworking staff, while public support for our NHS remains as strong as it ever has been, patient confidence in the service it provides continues to fall.^{xviii}

THE LACK OF POLITICAL LEADERSHIP

Since 2007, the SNP Government have failed to match spending increases on healthcare in Scotland with those seen in other UK nations. This has meant that **under the SNP, Scotland's NHS has been relatively underfunded compared to the rest of the UK**, with healthcare Barnett Consequentials transferred to other areas of spending. From 2006/7 to 2020/21 the gap between relative healthcare funding has decreased from 117% to 101%, while total public spending per head has remained relatively constant at around a fifth higher in Scotland than in the UK as a whole.^{xix}

Political decisions have also resulted in the misuse of scant resources. The implementation of the National Care Service is expected to cost £2.2 billion.^{xx} The creation of an electronic social care record has not even been costed.^{xxi} Furthermore, SNP MSP Michelle Thomson said in a meeting of the Finance Committee she had 'no confidence whatsoever' in the level of detail found in the NCS financial memorandum.^{xxii}

Ultimately though, what has undermined our NHS the most is a lack of long-term practical decision making. Humza Yousaf's NHS recovery plan was an election gimmick that set out near-arbitrary targets for the NHS to ramp up non-Covid activity. Audit Scotland even said that he had failed to "undertake detailed and robust modelling to inform" the strategy, and this meant that NHS Boards were not involved in its development.^{xxiii}

However, the recovery plan remains the central strategy for our NHS in the post-pandemic period. Activity and treatment are planned to increase in a system that is already struggling with capacity and worsening performance rates.

Our NHS is therefore stuck in a bind. It needs increasing resources and effort just to manage decline. Yet managing decline is not considered an acceptable outcome for either government, the public, or healthcare staff. We must therefore significantly shift the focus in our healthcare strategy away from treatment outcomes and towards demand if we are to improve patient outcomes and NHS sustainability.

OUR PLAN TO DELIVER A MODERN, EFFICIENT, LOCAL NHS



NHS funding has increased at a higher rate than most other areas of public spending. However, patient numbers have also increased, as have the complexity and cost of treating their conditions. As such, standards continue to worsen. If nothing changes then healthcare staff will continue to be overworked and overstretched, and the service available to Scottish patients will continue to deteriorate.

The challenge of delivering publicly funded healthcare can be firstly assessed against two simple metrics: the capacity of the system, and the demands that are placed on that system. If increases in the capacity of the system do not outpace increases in demand, then service performance will decline. If demand falls or increases at a slower rate, then service performance will improve.

Secondly, the deterioration of untreated patient health should also be considered when setting a strategic plan for our NHS. If illness is caught at a far earlier stage, then the costs of treatment are significantly lower. It is also the case that long waits have an increased risk of complication. A patient that is immobile due to broken bones

may put on weight due to an inability to exercise, suffer because of the side effects of painkillers, or develop mental ill health because of their condition and the long wait.

This means that the cost of treating a patient can increase the longer they are left on an NHS waiting list. For example, obesity costs the NHS £600 million a year, much of which could be prevented if patients were getting timely access to care.^{xxiv} As such there are benefits to the prompt treatment of patients that can reduce demand on the system.

Given this, greater funding, while necessary, actually constitutes just one part of the puzzle of how to deliver a sustainable NHS. As the Scottish Fiscal Commission's forecast makes clear, there is not enough public money available to simply throw cash at the problems facing our NHS. We need to look beyond annual budgets to tackle the deep-rooted health problems both in our healthcare system and across the wider Scottish population.



Yearly cost of obesity to the NHS

Obesity Action Scotland, Obesity in Scotland: Prevalence, Causes and Impact, p.4 February 2023

The plan we present in the following pages is a whole system consideration of how to tackle the many problems facing our NHS, in order to build a service that is financially sustainable, delivers better working conditions for staff and outcomes for patients. To do that, we will look both at how we can credibly **increase capacity across our health service and reduce demand among the Scottish population for healthcare.**

In looking at capacity, we are faced with the twin difficulties, at least initially, of finite resources and staffing. Our approach therefore is built around a strategy of delivering a ‘modern, efficient, local’ service. This would bring healthcare closer to patients, especially in rural areas, improve and update processes to make better use of existing equipment and improve digital infrastructure, to increase capacity across the system, to care for and quickly treat more patients.

However, **this paper also sets out the need for a new contract between the public and our health service.** We all have a responsibility to reduce demand in our health service, so that it is available for those who need it most. As such, the core of our approach is a clear focus on prevention before treatment, and an acknowledgement of our personal role, as was the case during the pandemic, to protect the NHS. We owe it to our hardworking healthcare staff not to shy away from these challenges, while recognising that we must bring the public with us and be realistic about the actions they will and will not accept.

We believe that the plan set out in this paper can deliver a sustainable health service, ensuring that future generations will have access to better treatment when they need it most. We pledge that our plan, with public support, will cut waiting times, eliminate backlogs, and improve conditions for staff working in our NHS.

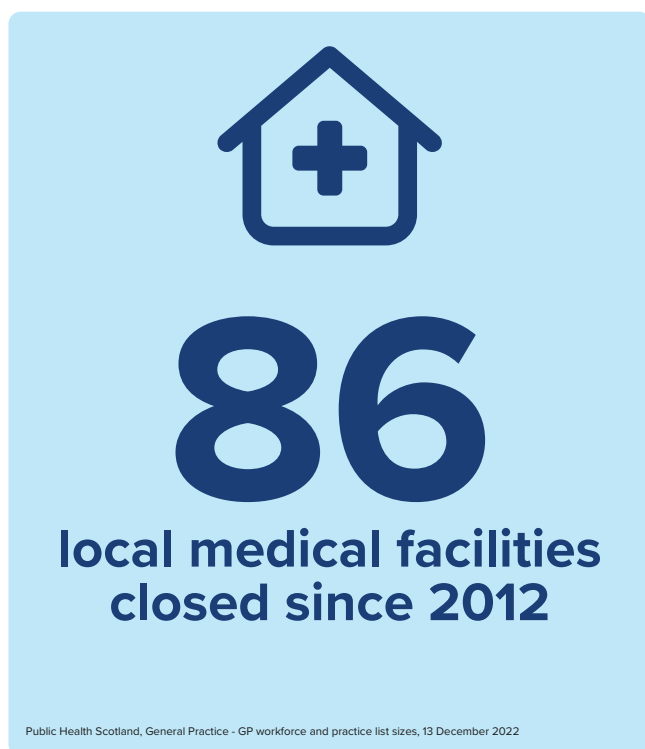


INVESTING IN THE RIGHT CAPACITY

Expanding capacity in our NHS is essential to make our health service more sustainable. This requires us to build a service that is more local and has the expertise in the right places to treat ill health promptly, instead of lengthening waits resulting in a deterioration of patient conditions. It also means taking the necessary action now to clear patient backlogs to free up capacity for the treatment of new patients.

COMMUNITY CARE

Most NHS funding goes towards delivering healthcare in a hospital setting. In 2021/22 spending on hospitals constituted 54.4% of all spending in the NHS – a figure that has remained effectively constant over the last five years.^{xxv} For rural NHS Health Boards, this statistic stood at 50%.^{xxvi}



However, beyond hospital funding, there is clear evidence of a shift in spending from family health, such as GPs, dentists, and opticians, to home treatment services. Over the same five-year period spending on the former has fallen from 21.8% to 19.1%, while the latter has increased from 19.8% to 23.4%.^{xxvii} Given the scale of the overall NHS budget, these represent shifts in funding worth hundreds of millions of pounds.

This de-prioritisation of the traditional access point for the NHS for non-emergency patients has led to a reduction in services across the country. Since 2012, 86 local medical facilities have been shut as part of an increasing trend towards centralisation.^{xxviii} This has been even more pronounced in rural areas, with 13 practices shutting down, a reduction of 7%.^{xxix}

This all puts greater pressure on hospitals, and especially A&E departments, as they now become the new first port of call for patients attempting to access treatment. It is no surprise that, as previously mentioned, the reduction in GP appointments has resulted in a decrease in A&E performance.

The Scottish Conservatives have long argued the need for additional GP funding. That is why **we believe that 12% of total NHS spending should go towards GP services.** This would not only see the increased provision of local health services, but would also save the NHS money by reducing A&E attendees, overall hospital demand, and the need for costly temporary capacity in the long run.

Increased funding would allow for increased staffing and services. The SNP Government is off track to meet its target to increase GP numbers by 800 by 2027 and we believe that even this target is not ambitious enough.^{xxx} Greater funding for GP services will also help to improve GP and staff recruitment and retention. **By increasing investment, we would recruit 1,000 additional GPs as soon as possible** and grow GP staff numbers comparably.

Increased investment in GP services should also be matched with a focus on making appointments as accessible as possible for everyone. We would review GP practices to ensure that there are no blank spots across the country. We would also make it mandatory for all practices to offer online booking and virtual appointments to ensure that GP time is maximised and that patients can access advice and treatment as easily as possible. This would not replace traditional means of scheduling appointments by phone for those who require it.

Greater efficiency, staffing and funding would allow us to introduce **a national standard for GP appointments, with the aim of ensuring that no patient has to wait more than a week to be seen.** It would also allow for increased patient choice around accessing services to fit in with their lifestyle. In addition, it would increase services and access to healthcare in rural areas. This would give more Scots the confidence to go to a GP clinic, rather than hospital, for non-emergency treatment.

Delivering community care does not just extend to GP clinics, it is also essential that patients have access to the widest possible spread of healthcare services within a reasonable distance as is practically possible. The downgrading of maternity services in Caithness and Elgin has had a detrimental impact on expectant mothers in the North of Scotland.^{xxxix} Furthermore, the decision to close care homes in Cromarty, Portree and Grantown puts further pressure on the social care sector in the region.^{xxxix} These are just a couple of examples where centralisation has undermined our health service for patients.

Increasing centralisation adds to patient distress as they are forced to travel for miles for routine treatments. While it is not practical for all services to be offered at a local level, there needs to be a balance between specialism and accessibility. We believe that the government has got this balance wrong, particularly in rural areas. That is why **we would place a ban on local healthcare service closures, while reviewing services that we can reopen to reverse years of centralisation.**

Long Covid has affected 175,000 people across Scotland.^{xxxix} Since June 2021, the SNP Government has failed to deliver a dedicated network of long Covid treatment, such as those being available in other parts of the UK. However, despite £10 million of funding being made available this has still not happened.^{xxxix} We would invest to set up a network of treatment centres, which would ensure that this condition is treated with the dedicated support it deserves.

EMERGENCY RESPONSE

However, improvements to community care alone will not completely remove the stress from hospitals. The most severe cases will still, rightly, go to hospitals first for emergency care. Since 2017/18, the number of incidents dealt with by the

Scottish Ambulance Service (SAS) has increased from 764,201 to 829,475 in 2021/22.^{xxxv} This has not just increased 'Purple' (the category for the patients most in need) ambulance response times from 5 minutes 45 seconds in 2017/18, to 7 minutes 24 seconds in 2021/22, but this has also put pressure on hospital capacity, since staff there have to take over the care of patients brought in by ambulance crews. Last year, patients were waiting out of hospitals for hours on end, with one patient stuck in an ambulance for 1,013 minutes.^{xxxvi} Not only does this mean that patients are unable to be treated in a hospital, but it also means ambulance crew time is spent sitting outside of a hospital instead of responding to emergency calls.



In the medium term ending delayed discharge should substantially free up hospital bed capacity. However, in the short term it may be necessary for hospitals to ensure that there is always bed capacity available for patients brought to hospital by ambulance. This could take the form of scaling up temporary capacity, especially over the winter, to avoid a situation whereby ambulances are used to house patients, and therefore not only cause considerable distress to the patients but also prevent the ambulance crew from helping patients.

The fall in standards in overstretched A&E departments, despite the hard work of staff, has also resulted in an increase in patient waiting times. One in three patients now wait more than the target time of four hours to be seen,

as opposed to one in twenty in 2015, while the number of 12-hour waits has increased 63-fold over the same period.^{xxxvii}

While we would all like the NHS to reach its target times, and the methods identified in this document will help it do so in the medium term, this is not a realistic approach in the short term. Actions must be taken now to halt the increases in waiting times across the board before action can be taken to permanently reduce them.

Therefore, we believe that **new maximum waiting times should be introduced to tackle the worst waits**. These maximum waiting times would be set out in law as part of a new legal patient guarantee. This would encourage the NHS to all but eliminate 12-hour waits ahead of improvements against the original target, restoring confidence in A&E for patients, while also creating a solid foundation upon which to deliver future improvements.

OPERATIONS AND TREATMENT

One in seven Scots, almost 830,000 patients, are on an NHS waiting list. This is a statistic that should shame the SNP Government. Since the end of 2021, the number of Scots on NHS waiting lists has increased by 28%.^{xxxviii} As such, this is a situation that is getting worse not better, despite the focus on NHS remobilisation following the pandemic.

Not only does this long backlog cause patients severe distress, and potentially lead to a deterioration in the patient's condition, but it also leads to a situation whereby the NHS is having to work harder just to stand still. Eliminating this backlog should be the national mission for our health service because, until it is accomplished, it is taking up capacity that could be being used to treat new patients, thereby adding more people to the backlog. It is therefore not only beneficial to patients currently on the waiting list that this backlog is cleared, but also to the health service as a whole.

Given the immediacy of this problem, **we need to use existing resources at maximum capacity to make progress on the patient backlog**. As we set out in our winter recovery paper "A Real Winter Recovery Plan for our NHS" last year, one way of doing this is by dedicating operating theatres to a single procedure over a set day, to reduce the transition time between patients through moving theatre equipment. This will allow medical professionals to work as fast as they are able. This idea was used at Guy's and St Thomas's Trust in London to complete eight radical prostatectomy operations in under ten hours, a record number in one hospital in a single day.

A similar proposal would be to twin theatres, which would mean similar operations going on at the same time within different operating theatres. This would allow surgical teams to undertake multiple operations, instead of preparing equipment and anaesthetising the patient, which can sometimes take longer than the operation itself.

To avoid patients enduring a deteriorating condition we would also introduce off-peak scanning to diagnose those patients facing long waits. This would see facilities being made available in evenings and at weekends for patient scans. Not only would this increase capacity,



but it would also work around patients who find it difficult to get time away from work or other responsibilities. To do this, we will draw from recent advances across the UK. The Northumbria Specialist Emergency Care Hospital, for example, provides 24-hour scanning, diagnosis, and treatment through the NHS Foundation Trust. Similar services could easily be established in Scotland to relieve the burden on our overstretched NHS.

Cancer is Scotland's biggest killer. Over 35,000 people are diagnosed with cancer in Scotland each year. This means that more than four people are diagnosed with the condition every hour.^{xxxix} Cancer Research UK has shown the number of cases is projected to rise by one fifth to over 42,000 cases per year in 2040. Furthermore, cancer-related deaths in Scotland are 74% higher in Scotland's most deprived communities than the least deprived.^{xi} This situation has worsened under the SNP's watch. Cancer waiting times are out of control and the SNP's "Cancer Strategy for Scotland 2023–2033" is nothing but a vague plan to deal with a problem that they have presided over.^{xii} To tackle waiting lists, we would speed up the delivery of Early Cancer Diagnostic Centres and prioritise boosting the diagnostic workforce. We would also publish a more realistic cancer strategy, including a national cancer genomic testing pilot.

Our NHS also faces seasonal variations, with significantly more pressure on A&E, GP surgeries, and for operations over the winter that affect performance and lead to backlogs. Our NHS must be more easily adapted to scale up capacity during times of high seasonal demand.

During the pandemic, testing facilities were set up in non-NHS buildings and in mobile facilities. In many cases these centres were drive-through. This additional capacity should be revived for similar, simple procedures, such as ECGs and blood tests. They could also be used in areas of high deprivation to target, through early diagnosis, some of Scotland's biggest killers, such as lung cancer and heart disease. It would also have the additional benefit of taking patients away from GPs and hospitals, and allow rural or remote communities to access testing closer to home.

Many operations also are unable to go ahead because of patient weight or another condition.

This has led to a focus on prehab – that is interventions to ensure that a patient is as healthy as they can be going into an operation – either through eating healthier or through exercise. We believe that this should be enhanced with patients being provided with medical guidance on weight and health considerations that will be a factor in the decision to operate. This would allow patients to ensure, in so far as possible, that they are as healthy as they can be ahead of a procedure.

We also seek to improve patient communications in advance of an operation to ensure that they understand what is expected of them for surgery to go ahead. This will ensure that prehab goals can be clearly communicated to patients, particularly those who have adjustments or for whom English is not their first language, to ensure that operations can go ahead as planned and do not have to be cancelled at the last-minute due to patients not adhering to their prehab plan.

PARITY BETWEEN MENTAL AND PHYSICAL HEALTH

Since the Covid pandemic, the demand for mental health services has accelerated. In January - March 2020, 8,959 children and young people were referred to Child and Adolescent Mental Health Services (CAMHS), by April-June 2023, this had increased to 40,003.^{xliii} This puts considerable pressure on services across Scotland, with waiting times increasing from 78.6% of young patients waiting less than 18 weeks in September 2021, to 73.8% in June 2023. As such, the SNP Government have failed to meet their adult waiting target or their child waiting time target.^{xliii} That means thousands of vulnerable adults and children are being failed every year.

Poor mental health can have profound impacts on an individual's physical health; we cannot ignore one to deal with the other. We need to fund good mental health services across our country. That is why we would deliver on the government's target to **increase mental health spending to 10% of the frontline NHS budget.**

Such an approach would enable us to better fund community mental health services through expanding programmes such as cognitive behavioural therapy, social prescribing, exercise referral schemes and peer support. This would

ensure that we would be able to offer more timely support to people with mild to moderate health problems through community triage centres. We would also improve our use of data to ensure the right services and healthcare workforce expertise are available in the right places. We would implement better support through national programmes for those with serious mental health issues, such as developing a strategy to reduce and prevent self-harm. We would also use Scotland's national environment to facilitate mental health recovery, as recommended by recent University of Stirling research.^{xliv}

PROPERLY ADDRESSING WOMEN'S HEALTH

Women make up more than half of the Scottish population and our NHS must better respond to their needs. The British Medical Association (BMA) has said that more needs to be done to address women's health inequality.^{xlv}

We need to significantly reduce diagnosis and waiting times for conditions affecting women including endometriosis, which currently has a diagnosis waiting time of 8.5 years in Scotland, along with polycystic ovary syndrome.^{xlvi} Waiting times for gynaecology services are also at an unacceptable level. In the Highlands, for example, some women can often face trips of around 210 miles to get access to services in Inverness.^{xlvii} The situation is worse for women who are suffering from surgical complications. Women

who have suffered with debilitating pain because of mesh surgery have been repeatedly let down by the Scottish Government, with one woman having to wait for 82 weeks for an urgent referral. This unacceptable and it would be one of our top priorities to tackle these disastrous waiting times.

Maternity services in Scotland are not in an acceptable condition, with stagnant staffing levels having a serious impact on the ability of the healthcare sector to deliver a high-quality service. Although the number of midwifery graduates has increased in Scotland, this is not keeping pace with the number of midwives leaving the profession. These staffing shortages, coupled with the rising trend of mothers having children later in life, and increased instances of poor diets, is having a severe impact on the sector.^{xlviii} To combat this we would overhaul maternity services to ensure that mothers can give birth near home, and revisit plans to reduce the number of hospitals providing specialist care to babies from eight to three. We would also end the postcode lottery for perinatal services.

Greater attention needs to be paid towards women's mental health, with the BMA recently stating that a lot more needs to be done.^{xlix} We would refresh the women's health plan to include mental health and conditions such as dementia, with women being more at risk of developing dementia and Alzheimer's disease.^l We would also evaluate the impact of the Women's Health Champion, including the hours allocated to the post.



MAKING EVERY PENNY COUNT

In a health service with finite resources, we need to spend every penny wisely to maximise the NHS's capacity to treat patients and support staff. That means building a modern and efficient system that is making the best use of current technology to increase time spent with patients and cut down on administrative costs. It also means ensuring that top level management is held to account for their mistakes and that proper workforce planning is put in place to reduce agency spending.

MORE SUSTAINABLE HEALTH BOARDS

Of the 14 regional NHS Boards, three are currently at stage 3 of the support and intervention framework due to issues of financial management (Ayrshire and Arran, Borders and Tayside); two are at stage 3 due to their performance in delivering mental health services (Highland and Tayside); and one is at stage 4 due to its governance, leadership and culture (Forth Valley).ⁱ This means that almost half of NHS Scotland Boards are struggling to cope and are in need of external assistance.

The Scottish Government define stage 3 as “Significant variation from plan, risks materialising, Scottish Government commissioned tailored support package is required”, and stage 4 as “Significant risks to delivery and tailored support is not producing the required improvements. Senior level external support required”.ⁱⁱ

However, despite the recognition of the need for external support, this has not been provided to help Boards overcome their difficulties. NHS Tayside, and NHS Greater Glasgow and Clyde, were both in special measures for two and a half years, whilst NHS Forth Valley has been at stage 4 of the escalation process for a year now.ⁱⁱⁱ This is especially the case where the issue relates to budgetary problems – something that is clearly within the SNP Government's gift to resolve.

Incredibly, in many cases, the management that got the Board into these problems remains in place when it is clear that new leadership is required. For example, Jane Grant has been chief

executive of NHS Greater Glasgow and Clyde since 2017, despite overseeing the health Board's escalation to stage four in 2019.^{iv} There is a lack of accountability with failing management kept in place or moved to slightly different roles within the NHS.



The Scottish Conservatives would ensure that NHS Board managers face the consequences for their actions. **We would ensure that it is much easier for NHS management to be sanctioned and, in extreme cases, sacked.** We would also regulate healthcare management professionals to ensure that they are accountable for the decisions that they take both for staff and patients. This will ensure managers face sanctions for poor performance, bullying, or bad decision making in the same way doctors, nurses and other allied healthcare professionals do currently.

It is also the case that the formula for allocating healthcare funding should be subject to regular review. The NRAC Resource Allocation Formula was conceived from 2005 to 2007 and its underpinning variables have remained constant throughout, despite changes in healthcare needs and in its delivery. Any review should look at funding in the round and take account of national and territorial allocations and their proposed impact on healthcare outcomes.

In addition, there are 14 territorial health Boards covering a population of just five and a half million. In England, for example the average health Board covers 1.5 million people, in Wales it is 0.8 million, whereas in Scotland it is 0.4 million.^{lv} This contributes to a larger bureaucracy and larger numbers of higher paid management staff. That is why we would reduce the number of territorial Boards to save money that can be reinvested into the frontline. In drawing new boundaries, we will ensure that there are sufficient protections for rural areas.

BETTER PROCUREMENT

Collectively, the NHS spends £1.4 billion on procuring services, including medication and treatment.^{lvi} Given the large scale of this spending, and the spiralling costs of drugs, it is important that the NHS is able to purchase the best value services and keep costs low, so that as much resources as possible can be spent on the frontline. More needs to be done to encourage collective purchasing across the UK, and to use the size of the UK health market to keep costs down.

Technological innovation is essential for the future of the NHS in Scotland. However, in contrast to our neighbours in England, the Scottish health service has not kept pace with the latest procurement practices and is the slowest part of the UK to adopt new medical technologies. Adopting new technologies is essential to delivering a modern, efficient and local NHS, and we welcome the recommendations of Professor Dame Anna Dominiczak, the Chief Health Scientist for Scotland, and agree that the adoption of new technology is essential to delivering future medical innovation in Scotland.^{lvii}

A BETTER WORKFORCE PLAN

Any plan to build capacity in our NHS must have our healthcare workforce at its heart. It is the largest single item of expenditure, with 37.3% of all NHS spending going towards it.^{lviii}

Even just small variations in pay can have huge consequences for the affordability of the service going forward. The total cost of the most recent pay award was £568 million.^{lix} The public sector pay awards negotiated by the SNP Government have led to in year budget cuts across

government services with £72 million in cuts from the health portfolio.^{lx}

180,954 staff work for our NHS, or 6.7% of the working population, making them the largest workforce in Scotland.^{lxi} Those staff will face the same challenges that are impacting Scotland as a whole – an aging population with increasingly complex health needs. As such, vacancies have reached record highs, with no sign that they will fall anytime soon. 1 in 12 nursing posts, 1 in 20 midwifery posts and 1 in 14 doctor posts are currently unfilled.^{lxii}

This leads to the widespread use of agency staff across our health service. Agency staff do 17,462 shifts per week at an average cost of £624 per shift.^{lxiii} The total cost of agency staff to our NHS is £567 million per year.

Record numbers of staff are feeling let down and wanting to leave. The number of registered nurses leaving the NHS in Scotland increased to 4,238 in the year to March 2022, which the Royal College of Nursing said was the highest number of registered nurse leavers in one year in a decade. Furthermore, in care homes for older people, 64% of services had nursing vacancies in December 2021 compared with 48% the previous year at a time when pressure on the system has never been higher.^{lxiv} In 2022, a Royal College of Nursing Scotland survey suggested that 60% of nurses are considering leaving or are actively planning to leave their current role.^{lxv} Clearly our hard-working nurses deserve better.

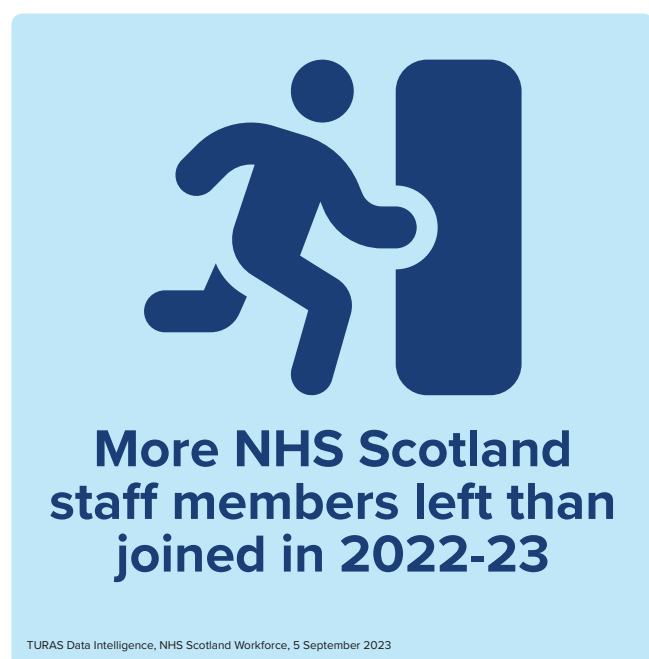
The current workforce plan offers empty targets for the present, and no strategy for the NHS of the future. We need to ensure our NHS staff are incentivised to work for the health service, by providing them with nutritious meals, access to rest areas on shift, and more flexible rotas, which give them adequate time to recover.

Instead, our NHS continues to rely heavily on temporary staff, recent data shows more people left rather than joined the service.^{lxvi} Staff continue to be inadequately supported, with safe staffing not due to be introduced in full until this year, five years after it was promised.^{lxvii} More needs to be done to make the NHS an attractive place to work both for new and existing staff. We need to ensure that the NHS has the staff it needs now and in the future.



Improving staff retention is the first challenge faced by those who wish to build an NHS workforce of the future. Increased pay is only a necessary baseline – it does not improve the working conditions faced by staff in their daily roles. We believe that the safe staffing legislation voted for unanimously by the Scottish Parliament in 2019 should be introduced without delay.

Action also needs to be taken to combat staff exhaustion and burn out. Rotas design should also be improved to allow for adequate recovery time and minimised transitions between day and night shifts through prioritising forward rotating shift patterns. Staff should be given their rotas with at least six-weeks notice.



Specific support services also need to be more readily available. **The Workforce Specialist Service needs to be rolled out fully across the NHS and delivered in Scotland as a Scottish service.** As an interim measure, NHS staff in Scotland should have any prescription charges paid for if they have to access services in England.

The NHS also needs to be better at incorporating demands for more flexible shift patterns to retain staff. A staff member working part time is preferable to them leaving the NHS and abandoning working in healthcare altogether. This is especially the case for staff coming back from maternity leave. Ensuring that working patterns have some flexibility is essential for retaining staff in the long-term, especially when personal

circumstances change. Lack of flexibility is likely a key reason why staff turnover has increased over the years, with 14,090 NHS staff members leaving in 2022/23, compared to just 13,947 joining, the first time more staff have left than joined since records began.^{lxviii}

Taken together these measures would go a long way towards combatting staff burnout and ensuring that our workforce feels supported. However, we also need to recruit the NHS staff of the future. That firstly means ensuring that the NHS is seen as an attractive career pathway and ensuring that there are enough training opportunities. For example, it was an incredibly short-sighted decision by Nicola Sturgeon to cut nurse training places in 2012.^{lxix} Community link workers have also warned that cuts to their staff numbers will have a knock-on effect on our already strained GP services.^{lxx}

While overall training places at Scottish universities have been increasing in recent years, the artificial cap on places for Scottish domiciled students is having an impact on the ability of Scots to study medicine. The government should introduce a system of Scottish preference on medicine, dentistry, nursing, and midwifery courses, whereby a high percentage of places are left to students currently living in Scotland.

Scotland, unlike other parts of the UK, has no distinctive bursary scheme for medical students. In England, students are able to access at least £1,000 of non-means tested funding and up to £3,191 of means tested funding if from a household on low income.^{lxxi} To tackle vacancies in rural areas we would introduce a bursary scheme for students willing to work their placements in those parts of the country where there is most demand for healthcare staff. This would help to support with living costs, while also building experience across the system with delivering rural healthcare.

We also need to break down the barriers that exist between sections of the healthcare system. Most pharmacists need a medical prescription to be able to give out even the most mundane of medicines. Pharmacist prescribers are pharmacists who have the same authority as a nurse prescriber in being able to prescribe medicines as agreed by the doctor and patient as part of their clinical management plan.

However, only 53% of pharmacists in Scotland have done this course.^{lxxii} The NHS should be taking measures to encourage all pharmacists to become qualified prescribers, and work with the sector to ensure that it becomes the recognised industry standard. Getting more pharmacists to become qualified prescribers would help to alleviate our already stretched GP practices, reduce the number of patients who present themselves to surgeries with ailments that can easily be treated by pharmacists, and would allow the pharmacy to become a key point of contact within a modern, efficient, and local health service.

Taken together these measures would enable us to grow the NHS workforce beyond the targets set by the SNP Government, while tackling burnout and waste through agency spend.

AN NHS FIT FOR THE FUTURE

Any serious plan to improve our NHS must focus on modernising the service. Our NHS still relies on archaic systems and faces a £1 billion backlog in capital expenditure.^{lxxiii} There is little point in having medical staff trained in the latest techniques but working in buildings that have not been properly modernised in decades. Raigmore Hospital, for example, provides essential medical services for Inverness and the Highlands and yet the age of the hospital means that some of the essential services that it provides are no longer sustainable.^{lxxiv}

Half of construction plans reviewed by NHS Scotland Assure were found to have serious problems.^{lxxv} While we welcome the increased oversight now, there are clearly major issues with project design and the delivery of new building infrastructure across NHS Boards which needs to be addressed.

That is why we would create a Central Building Division within NHS Scotland Assure to ensure that best practice is followed throughout the delivery of building and upgrade projects. The Boards themselves would remain responsible for the financing and decision making on projects but would then hand over responsibility to NHS Scotland Assure to manage the delivery of the project itself.

Our NHS also does not make the best use of digital resources. Many appointments are still booked over the phone instead of through an

online system. This is despite the widespread adoption of Public Health Scotland's Covid App, which provides a template for the rollout of a similar system of wider interaction within the NHS.

Modernising our NHS and making more effective use of digital tools would also allow our NHS to make best use of staff time and capacity. Speeding up the rollout of Electronic Repeat Prescriptions, for example, would save hundreds of thousands of GP hours and over one million appointments.

We would invest in a single My NHS Scotland app for patients to book appointments and check local waiting times. This would massively reduce administrative bureaucracy within the NHS, while also giving patients more choice about how they engage with and book healthcare services. Patients who want to phone to arrange appointments would still be able to do so, but we would envision a substantial reduction in calling over time.

However, call handling itself also needs to be improved, especially to the non-emergency services within the NHS. Last year, 505,243 calls to NHS 24 were abandoned before the caller was able to speak to an operator, with the average wait time being 21 minutes 56 seconds.^{lxxvi} As such we would revamp NHS 24's triaging system to allow more serious patients to be fast tracked to a caller as soon as possible. This would mirror the triage system in A&E.



One of the most obvious causes of inefficiency in the NHS is the inability to transfer a patient's medical record freely across the healthcare system. Patients themselves cannot easily access their own medical record, while across the NHS patient records are not stored on one system. Therefore, through our My NHS Scotland App, **we would give patients and healthcare staff access to medical records all in one place.** This would allow for medical data to be shared more easily

not just internally within the NHS but across the wider health and social care sector with patient consent.

In addition, our NHS should embrace innovation and introduce the latest medical equipment wherever possible. This includes diagnostics and monitoring – including wearables at-home, using AI to screen X-Rays, CT and MRI scans to speed up diagnosis and robotics in surgery. We must also ensure our software systems are able to talk to each other across the NHS – as this will support better service delivery.

Scotland has the potential to be a world leader in developing, testing and proving medical technology, one of the most attractive countries in the world for clinical trials – bringing new treatments to our patients. We will create the conditions for innovation where universities, industry and government are in lockstep and reduce the procurement barriers that hold our health service back. We will also support home-grown, home-funded health start-ups and university spin-outs – as well as ensure that Scotland is a magnet for incoming medical expertise.

These changes would save the NHS money, cut waiting times and reduce bureaucracy, while making it easier for patients to access services.

SOCIAL CARE

Our social care system has been gutted, as the SNP Government has underfunded local councils responsible for their management. This is a false economy as it has instead seen patients held back in hospitals due to delayed discharge. Furthermore, an inadequate social care system can also see patients more likely to end up in hospital early.

One consequence of this is delayed discharge which costs our NHS both 661,705 bed days and £142 million every year.^{lxxvii} In 2015, the SNP Government promised that they would “eliminate” delays in moving patients out of hospitals.^{lxxviii} Tackling delayed discharge by building additional capacity in our social care system will therefore have significant benefits in freeing up capacity in our NHS.

Not only does delayed discharge lead to increased costs for our NHS but it also

jeopardises patient safety, such as through risks of hospital infection. In 2022, 432 patients on delayed discharge lists died during their wait.^{lxxix}

The SNP’s solution has been to press forward with their National Care Service, a bureaucratic overhaul, that would cost at least £2.2 billion, according to their latest forecast.^{lxxx} Even if our social care system was performing well, this would be a power grab on the responsibilities of local councils. Right now, with a healthcare system that is deteriorating and underfunded at the frontline, this can only be described as insanity and has rightly received near universal condemnation.

The Scottish Conservatives would immediately halt plans for a National Care Service and instead reinvest allocated funds to frontline local government social care. We would ensure social care funding is spent directly on delivering quality care – not on civil servants. By putting UK health consequential back into local services, we want to make sure that money is spent directly on care and does not end up going toward administration, office workers, and civil servants. Instead, our ‘Local Care Service’ would empower local communities and guarantee that everyone can receive care close to home.^{lxxxi}



DENTISTRY

Oral health can tell us a lot about our overall general health. Regular monitoring identifies and deals with problems early, such as oral cancers, bacterial or fungal infections that can cause sepsis. Gum disease is also linked to a higher risk of heart disease and dementia.

However, dentistry is becoming harder to access with waiting times increasing. A 2023 British Dental Association survey of General Dental Practitioners across Scotland showed nearly 60% had reduced the amount of NHS work they undertook since lockdown. And four in five said they plan to reduce their NHS commitment further in the year ahead. All the while, patient numbers are increasing.

There is now a lack of dental nurses and a lack of dentists, and running costs are soaring.

Which means many practises are unsustainable and will fold. We will prioritise a root and branch reform of the Statement of Dental Remuneration so dentistry is financially viable, based on delivering holistic, modern, best practice services - and on prevention, holistic oral health care,

rather than a fee-per-item and ‘drill and fill’ culture. This will ensure that dentists and dental staff are valued and supported to deliver holistic oral health care.

UK-WIDE DATA

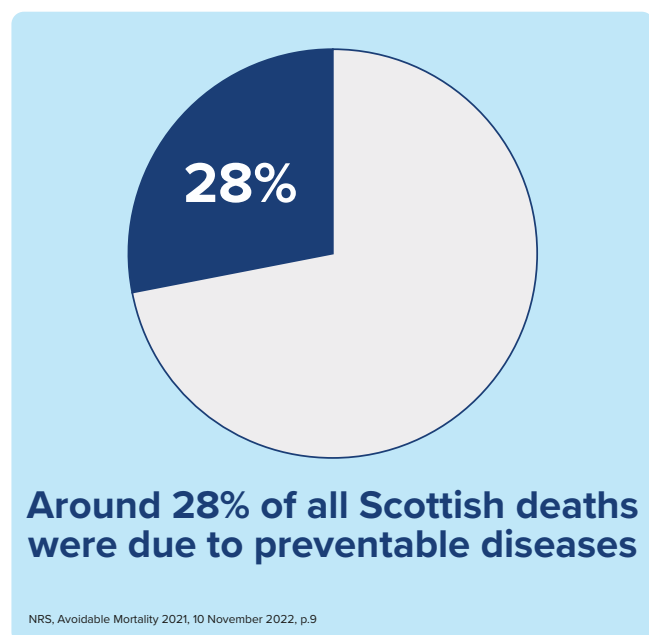
Comparisons between the four nations of the UK on healthcare outcomes has become increasingly difficult, as each national health service has different targets and collects data differently. This is further confused by the Scottish Government, who have been rebuked by both the UK Statistics Authority and the Office for Statistics Regulation for providing inaccurate data on NHS waiting times.^{lxxxii}

We would set up UK-wide standards set by the ONS for the publication of NHS data, so that performance across the whole country, both between nations and regions could be accurately made. In doing so, we could adopt practices and procedures from other nations which work well, with robust data to back up their success. Furthermore, we would work with the relevant bodies to ensure that all data provided to the public is factual, accurate and up to date.



A PERSONAL CONTRACT FOR A HEALTHIER SCOTLAND AND A MORE SUSTAINABLE NHS

Up to now, we have spoken about increasing capacity within our NHS. While it is important to get value and efficiency into our healthcare services, there are not enough sufficient resources in our economy to continue to fund our health service in the way in which we would wish, without having an even more severe impact on other areas of public spending.



That is why we need to recognise the important role that we all have in ensuring the sustainability of the NHS. The Scottish population is among the unhealthiest in Europe, which puts additional burdens on the NHS, regardless of how well it is maximising its capacity. If we live more healthy lifestyles, then we will be less reliant on our health service, resulting in lower attendances and easing demand on our health service.

PERSONAL RESPONSIBILITY

Reducing demand is the most effective way in which we can combat rising healthcare costs, to ensure that our NHS is sustainable and there when we need it most. Given that we will all access the NHS at some point in our lives, the best personal contribution that we can all make is to look after ourselves, so that the system is not unnecessarily overwhelmed.

This is not an incredible revelation, but since 2014, healthy life expectancy, the average number of years that a person would expect to live in good health, has been falling down towards the 60-year mark.^{lxxxiii} This is despite the trend in the rest of the UK where levels are maintained at a consistently higher-level of living, with almost an additional two years in good health.^{lxxxiv}

Within our nation the data is even more stark, with **those living in the most deprived areas in Scotland expected to spend 25 years less in good health than those in the least deprived areas – with good health for men living in the most deprived areas on average being less than 45 years.**^{lxxxv} There is also a clear regional disparity with men in North Lanarkshire having just 54.3 years in good health against the 76.4 years enjoyed by women in Orkney.^{lxxxvi}

On the other side, whilst life expectancy for those with lower healthy lifestyles is predictably also lower, the difference is not as stark, with a gap of 13.3 years between the most and least deprived men, and 9.8 years for women.^{lxxxvii} This means that the most deprived Scots are going to be living in ill health for twice as long as their less deprived counterparts. As such, they are more likely to need to access the NHS for a longer period.

There is clearly a need for Scots to live healthier lifestyles in order to be able to live for longer in a better condition. This of course has many benefits, but for the purposes of this paper, the main benefit is that it means a reduction in demand for our NHS. If people are living healthier lives, then they are less likely to need access to healthcare, and when they do are likely to have less complicated medical needs. If even the healthy life expectancy of the most deprived Scots was increased by five years, this would see across the country 5.5 million fewer years spent in poor health. Around 28% of all deaths were due to preventable diseases, including 5,085 preventable cancer deaths and 4,478 avoidable deaths from circulatory diseases.^{lxxxviii}

During the height of the coronavirus pandemic, considerable effort was made to communicate the necessity of actions to protect public health. This led to high vaccination uptake, with 90.3% of people over 12 getting the first vaccine and 85.8% getting their second dose, and high compliance with the Covid regulations.^{lxxxix} If those same compliancy rates could be achieved for healthy eating, currently 22%, regular exercise 69%, or healthy levels of alcohol intake 77%, to name just a few, this would have an immeasurable impact on public health and in reducing NHS demand.^{xc}

To reduce demand in the NHS, we would set out a new personal contract between the Scottish public and our health service – emphasising the role we all have in looking after the NHS. As part of this we would invest in a ‘Covid style’ public communications campaign focused on encouraging Scots to make healthier choices. This should strongly highlight that it is never too late to take action to improve your own health.

Eating healthy nutritious food has long been proven to lead to a greater quality of life. To enhance this, we would encourage the exclusive serving of healthy local food in schools and canteens. Our ‘Scotland’s Food Future’ policy would not only lead to food security for the nation, but also ensure that we use our own healthier domestic produce rather than imports. That is why we would set a 60/60 local procurement target. This plan would see local authorities urged to obtain 60% of their food from within 60 miles.

If we all live healthier lives, then we will not just live better for longer, but we will also crucially take pressure off our health service. Changing our focus from treatment to prevention is an essential part of making our health service more sustainable.

FUNDING PREVENTION

For every £1 we spend on our NHS, we spend just 2p on public health.^{xcii} As we have stated earlier, investing in prevention has substantial benefits for reducing patient demand and cost. Therefore, over time we need to greatly increase spending on public health interventions if we are to make prevention the overall strategy of our approach towards healthcare.

That means agencies such as Public Health Scotland, SportScotland, and Food Standards

Scotland having more funding available to carry out direct interventions to benefit Scottish public health. This could take the form of reducing the cost for taking part in sport or making healthier foods more affordable.



The cost-of-living crisis has revealed the struggles that deprived communities face when it comes to providing healthy nutritious food. Citizens Advice Scotland has warned that one-in-six people are seeking food insecurity advice.^{xciii} Furthermore, the cuts our local authorities have faced in recent years thanks to the Scottish Government has resulted in the closure of community larders. To address this problem we would ensure that local authorities are given a fair funding settlement that would allow them support community larders, but we would also look into targeted arrangements that can provide healthier food to deprived communities which, in turn, can lead to a higher quality of life.

TACKLING THE BIG PUBLIC HEALTH CHALLENGES

We know that Scotland has substantial problems that have contributed to it having a lower average life expectancy and an unhealthier population than the rest of the country. These vices have remained huge public health challenges that have resisted numerous attempts to tackle them. We do not believe that there are any silver bullet solutions to any of these big killers. However, we need to go much further in the actions that we are taking.

SMOKING AND VAPING

8,260 Scots die because of smoking related causes every year.^{xciii} While smoking rates have decreased – it is still the case that 11% of Scottish women and 12% of Scottish men – 1 in 9 – are smokers.^{xciv} There is also still considerable rates of underage smoking with 4.3% of Scottish S4 pupils being regular smokers.^{xcv}

Smoking continues to have a massive impact on Scotland's health. 18% of Scots are affected by passive smoking, with 2% of children being affected in their own home.^{xcvi} ASH Scotland have estimated that the total cost of smoking to our NHS is up to £780 million every year.^{xcvii}



It is clear that more needs to be done to tackle this vice. That is why we welcome the Prime Minister's plan to prevent anyone born from 2009 onwards from legally being able to buy cigarettes in England. We believe that the SNP Government should take forward this same approach to phase out smoking here in Scotland.

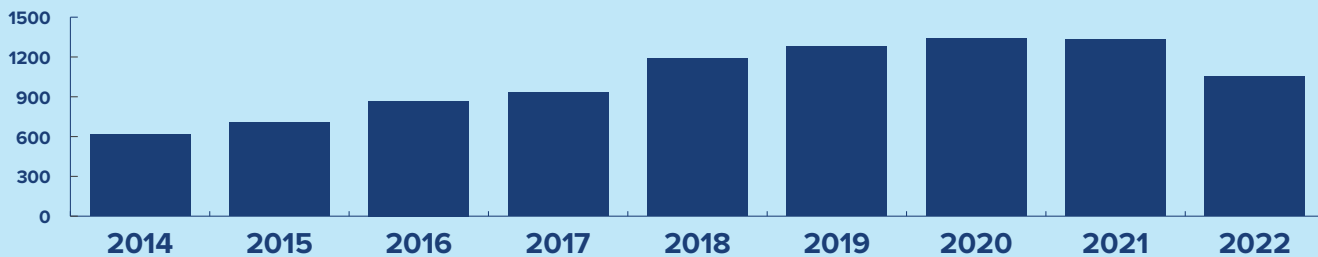
However, while smoking rates are decreasing, the number of people vaping continues to rise. Adult vaping has nearly doubled in two years from 7.3% in 2020 to 13.2% in 2022, while one in ten S4 pupils are regular vapers, with over a third of the same pupils having vaped at least once.^{xcviii} The Society of Chief Officers of Trading Standards in Scotland have said that one in five vape shops sell to under 18s.^{xcix}

While health evidence on the impact of vaping is inconclusive, and it can be used as an effective means to quit smoking, the rapid increase in the number of users, particularly those who are underage, should be a cause for concern. The marketing of vapes in brightly coloured packaging at young people, and the environmental impact of vape smoke, and disposable vapes should also be considered.

It also currently the case that the legislation that applies to smoking does not apply to vaping. This means that vaping is not restricted in enclosed public spaces as smoking is under the Smoking, Health and Social Care Act 2005.^c Its advertising is also not restricted as is the case with smoking and the Health (Tobacco, Nicotine etc. and Care) Act 2016.^{ci}

We would therefore introduce a Vaping Restrictions Bill, to update the law on the use of vapes and bring it into line with what exists for smoking. **This would ban the use vapes in public places and ensure that vapes are sold behind the counter in shops.** In addition, we would increase fines on both the sale of tobacco and vape products to under 18s and make the sale of nicotine free vape products to under 18s illegal. We would also work with the UK Government on their plans to take action on the packaging and marketing of vapes and on a ban on disposable vapes.

Taken together these actions will ensure that we end one of Scotland's biggest killers – while cracking down on the sale of vapes to children and young people.



Drug deaths in Scotland have risen significantly since 2014

NRS, Drug-related Deaths in Scotland in 2022, 22 August 2023

DRUGS AND ALCOHOL

Drug and alcohol deaths have soared under this SNP Government. Nicola Sturgeon admitted that her government took its “eye off the ball” and this led to the deaths of thousands of vulnerable people. From 2014, when she came into power, to 2022, drug deaths increased from 614 to 1,051, while alcohol deaths increased from 1,036 to 1,276.^{cii} Reducing funding for recovery services must be one of the most shameful decisions taken in her premiership.

The SNP Government have, under pressure, taken forward a National Mission which includes reinvesting in recovery services. While this is to be welcomed, this is a piecemeal measure rather than a transformative shift in how we manage and help people struggling with alcohol and drug addiction.

They are also taking forward a pilot for a drug consumption room. While we have said that we would not oppose the introduction of this facility, for the sake of keeping all options to tackle this crisis on the table, we have severe reservations about it having a positive impact.

We need to change how we tackle drug and alcohol addiction to get back to our central aim, which should be helping people to overcome their addiction. That is why we have worked with leading drug charities and experts to develop a Right to Recovery Bill. This Bill is currently being drafted and will be brought before the Scottish Parliament in due course.

By ensuring that everyone has access to the recovery treatment they need to overcome their addiction, we can save lives and end the scandal of Scotland having the highest drug death rate in Europe.

OBESITY

Obesity can lead to serious health consequences and can contribute to cardiovascular diseases, musculoskeletal disorders, like osteoarthritis, Type 2 diabetes, and can cause some cancers. Obesity rates in Scotland are higher compared to the rest of the UK with 2 in 3 adults being overweight, and more than 22% of children are at risk of obesity.^{ciii} This worsening trend has placed additional strain on our already struggling NHS and the pattern is more prevalent in certain parts of Scotland. In East Ayrshire, for example, it has been estimated that around 75% of the population are overweight. Similar patterns also exist in Dumfries and Galloway, and in the Highlands.^{civ} Work by the charity Nesta has also claimed that the obesity crisis is costing Scotland more than £5 billion a year.^{cv}

Obesity can be tackled in different ways. A good and nutritious diet, as discussed earlier, along with a healthy amount of exercise is the best start to deal with obesity. This situation has not been helped by the cost-of-living crisis, which had resulted in more people eating less healthily. The Scottish Government’s approach to this has not been adequate. Despite the provisions outlined within the Good Food Nation Act, not enough effort has been taken to tackle obesity and encourage healthy diets.^{cvi} This problem has become more pronounced among our older population in recent years.

Trained surgical expertise already exists in the Scottish NHS to deal with patient referrals for surgical treatment, and to review patient referrals and eligibility. We would therefore increase the case load and numbers of patients receiving bariatric surgery.

CONCLUSION

Our NHS is an incredible service and the staff who work in it do a tremendous job. However, it needs clear, sustained leadership in the coming years if it is to continue to deliver a universal right to free healthcare for future generations. We cannot accept continually declining standards as the new normal or that ever-increasing resources are needed to at best simply stand still. Staff are leaving our NHS in increasing numbers. **We need to tackle the big challenges in our health service now before that system deteriorates further.**

That is why we have published our vision for a new contract between the Scottish public and our NHS. This would deliver a more effective service with the capacity to deliver the treatment standards we expect and deserve from our health service. However, improving standards would be underpinned by putting a much greater emphasis on the need for us all to live healthier lives in order to reduce the burden and strain that we are putting the NHS under.

However, we do not pretend to have all the answers. The publication of this document is in many ways a foundation and framing to allow for a more detailed discussion. While this has been informed by our discussions with professionals and experts to date, we welcome further submissions and engagement to refine our policy platform on delivering healthcare going forward.

Staff and patients deserve political leadership in our NHS that is able and determined to go beyond simply managing decline to fix the longstanding challenges in delivering healthcare in Scotland. The Scottish Conservatives are determined to deliver the modern, efficient, local health service that is fit for today and for the future.



ENDNOTES

- i. The Scottish Executive, Draft Budget 2004-05, 28 May 2018, p. 3, [The Scottish Executive: Draft Budget 2004-05 \(webarchive.org.uk\)](#); SG, Scottish Budget: 2023-24, 15 December 2022, p. 18 [Scottish Budget: 2023-24 \(www.gov.scot\)](#); SPiCe request, 25 October 2023, Available on Request.
- ii. SFC, Fiscal Sustainability Report, March 2023, p. 5: <https://www.fiscalcommission.scot/publications/fiscal-sustainability-report-march-2023/>
- iii. TURAS Data Intelligence, Overall Trends Table, 3 December 2019, [Data Tables | Turas Data Intelligence \(nhs.scot\)](#); TURAS Data Intelligence, NHS Scotland Workforce, 5 September 2023, [05 September 2023 Workforce | Turas Data Intelligence \(nhs.scot\)](#); Regional Employment Patterns in Scotland, 22 May 2018, p. 3, [Supporting documents - Regional employment patterns in Scotland: statistics from the Annual Population Survey 2017 - gov.scot \(www.gov.scot\)](#); SG, Scotland's Labour Market Trends, 12 September 2023, p.2, p.14, [Labour Market Trends: September 2023 - gov.scot \(www.gov.scot\)](#)
- iv. SG, National Care Service - adult social care workforce: evidence, 21 June 2022, p.1, [The Adult Social Care Workforce in Scotland \(www.gov.scot\)](#)
- v. Scottish Daily Express, 4 February 2024, <https://www.scottishdailyexpress.co.uk/news/politics/humza-yousafs-nhs-recovery-plan-32040152>; Public Health Scotland, 5 February 2023, <https://publichealthscotland.scot/our-areas-of-work/acute-and-emergency-services/urgent-and-unscheduled-care/accident-and-emergency/#section-2-2>
- vi. Public Health Scotland, A&E activity, 28 November 2023, [A&E activity - Data and intelligence - Public Health Scotland](#)
- vii. Public Health Scotland, A&E activity, 3 October 2023, [A&E activity - Data and intelligence - Public Health Scotland](#)
- viii. Public Health Scotland, 19 December 2023, <https://publichealthscotland.scot/publications/cancer-waiting-times/cancer-waiting-times-1-july-to-30-september-2023/>
- ix. Public Health Scotland, 5 December 2023, [Child and Adolescent Mental Health Services \(CAMHS\) waiting times - Quarter ending September 2023 - Child and Adolescent Mental Health Services \(CAMHS\) waiting times - Publications - Public Health Scotland](#); CAMHS Waiting Times, 15 March 2022, [Child and Adolescent Mental Health Services \(CAMHS\) waiting times - Quarter ending 31 December 2021 - Child and Adolescent Mental Health Services \(CAMHS\) waiting times - Publications - Public Health Scotland](#)
- x. NHS waiting times - stage of treatment, 28 November 2023, <https://publichealthscotland.scot/publications/nhs-waiting-times-stage-of-treatment/stage-of-treatment-waiting-times-inpatients-day-cases-and-new-outpatients-quarter-ending-30-september-2023/>; NHS waiting times – diagnostics, 28 November 2023, <https://publichealthscotland.scot/publications/nhs-waiting-times-diagnostics/diagnostic-waiting-times-waits-for-key-diagnostic-tests-28-november-2023/>
- xi. Scottish Daily Express, 29 October 2023, [Some patients are waiting more than six years for NHS treatment in Scotland - Scottish Daily Express](#)
- xii. Private Healthcare Information Network, market update: May 2023, 24 May 2023, [PHIN - PHIN Private market update: May 2023](#)
- xiii. National Records of Scotland, Life Expectancy in Scotland 2020-2022, 26 September 2023, [Life Expectancy in Scotland 2020-2022 Provisional Figures, Report \(nrscotland.gov.uk\)](#)
- xiv. National Records of Scotland, Healthy Life Expectancy 2019-2021, p.3, 14 December 2022, [Healthy Life Expectancy 2019-2021 \(nrscotland.gov.uk\)](#) ; SG, The Scottish Health Survey 2021 - volume 1: main report, p.81, 8 November 2022, [Supporting documents - The Scottish Health Survey 2021 - volume 1: main report - gov.scot \(www.gov.scot\)](#)
- xv. Public Health Scotland, Delayed discharges in NHS Scotland annual, 16 November 2021, [Delayed discharges in NHSScotland annual - Annual summary of occupied bed days and census figures – data to March 2021 \(planned revision\) - Delayed discharges in NHSScotland annual - Publications - Public Health Scotland](#)
- xvi. Scottish Conservative Research, 26 July 2023, Available on Request [Cite main source for research]
- xvii. Audit Scotland, NHS in Scotland 2022, February 2023, p.12, [NHS in Scotland 2022 \(audit-scotland.gov.uk\)](#)
- xviii. The King's Fund & Nuffield Trust, Public Satisfaction with the NHS and Social care in 2021, 30 March 2022, p.9, [BSA Survey Report 2nd pp_0.pdf \(kingsfund.org.uk\)](#)
- xix. Our Scottish Future, Scottish and English Spending Compared, 15 December 2022, p.5, [Scottish and English Spending Compared \(ourscottishfuture.org\)](#); House of Commons Library, Public spending by country and region, 21 December 2022, p.4, [Public spending by country and region - House of Commons Library \(parliament.uk\)](#); House of Commons Library, Public spending by country and region, 21



- December 2022, [Public spending by country and region - House of Commons Library \(parliament.uk\)](#)
- xx. SP, National Care Service (Scotland) Bill Financial Memorandum: <https://www.parliament.scot/-/media/files/legislation/bills/s6-bills/national-care-service-scotland-bill/introduced/financial-memorandum-accessible.pdf>
- xxi. Fraser of Allander Institute, Social Care Reform in Scotland: context, costs and questions, p.13, August 2022, [FAI-Social-Care-Reform-in-Scotland-1.pdf \(fraserofallander.org\)](#)
- xxii. Scottish Parliament, Official Report, p. 14, 25 October 2022, [Official Report \(parliament.scot\)](#)
- xxiii. Audit Scotland, NHS in Scotland 2022, February 2023, p.27, <https://www.audit-scotland.gov.uk/publications/nhs-in-scotland-2022>
- xxiv. Obesity Action Scotland, Obesity in Scotland: Prevalence, Causes and Impact, p.4 February 2023, [obesity_prevalence_causes_impact_202122_data_f.pdf \(obesityactionscotland.org\)](#)
- xxv. Public Health Scotland, Scottish health service costs, 21 February 2023, [Scottish health service costs - High-level costs summary 2021 to 2022 - Scottish health service costs - Publications - Public Health Scotland](#)
- xxvi. Public Health Scotland, Scottish health service costs, 21 February 2023, [Scottish health service costs - High-level costs summary 2021 to 2022 - Scottish health service costs - Publications - Public Health Scotland](#)
- xxvii. Public Health Scotland, Scottish health service costs, 21 February 2023, [Scottish health service costs - High-level costs summary 2021 to 2022 - Scottish health service costs - Publications - Public Health Scotland](#); Public Health Scotland, Costs, Accessed 26 October 2023, [Finance | Costs | Health Topics | ISD Scotland](#)
- xxviii. Public Health Scotland, General Practice - GP workforce and practice list sizes, 13 December 2022, [General Practice - GP Workforce and practice list sizes 2012 - 2022 - General Practice - GP workforce and practice list sizes - Publications - Public Health Scotland](#)
- xxix. Public Health Scotland, General Practice - GP workforce and practice list sizes, 13 December 2022, [General Practice - GP Workforce and practice list sizes 2012 - 2022 - General Practice - GP workforce and practice list sizes - Publications - Public Health Scotland](#)
- xxx. Audit Scotland, NHS in Scotland 2022, February 2023, p.35, <https://www.audit-scotland.gov.uk/publications/nhs-in-scotland-2022>
- xxxi. The Herald, 3 March 2023, [Dr Gray's £6.6m to recruit consultants for maternity unit | The Herald \(heraldscotland.com\)](#)
- xxxii. STV News, 11 December 2022, [Caithness mothers forced to travel over 100 miles to Inverness to give birth | STV News](#)
- xxxiii. SPiCe, Long Covid: Where are we now? 8 February 2023, [Long COVID: where are we now? – SPiCe Spotlight | Solas air SPiCe \(spice-spotlight.scot\)](#)
- xxxiv. SG, Long Covid Support Fund, 9 September 2021, [Long COVID Support Fund - gov.scot \(www.gov.scot\)](#)
- xxxv. Scottish Ambulance Service, Annual Report and Accounts for year ended 31 March 2018, p.7, [sas-annual-report-and-accounts-2017_18_final.pdf \(scottishambulance.com\)](#); Scottish Ambulance Service, Annual Report and Accounts for year ended 31 March 2022, p.5, [sas-final-approved-annual-report-and-accounts-2022.pdf \(scottishambulance.com\)](#)
- xxxvi. Scottish Ambulance Service, Freedom of Information Request, 20 January 2023, [Turnaround Times \(scottishambulance.com\)](#)
- xxxvii. Public Health Scotland, A&E Activity, 31 October 2023, [A&E activity - Data and intelligence - Public Health Scotland](#)
- xxxviii. STV News, 5 December 2023, [SNP 'rejected help' from UK for Scottish NHS patients to be treated in England | STV News](#)
- xxxix. SG, Cancer Strategy 2023 to 2033, 15 June 2023, [2. Cancer in Scotland - Cancer strategy 2023 to 2033 - gov.scot \(www.gov.scot\)](#)
- xl. Cancer Research UK, 7 December 2023, <https://www.cancerresearchuk.org/about-us/we-develop-policy/we-work-with-government/cancer-research-uk-in-scotland>
- xli. SG, Cancer Strategy for Scotland 2023–2033, 15 June 2023, [Cancer Strategy for Scotland 2023-2033 \(www.gov.scot\)](#)
- xlii. CAMHS waiting times, 2 June 2020, [Child and Adolescent Mental Health Services \(CAMHS\) waiting times - Quarter ending 31 March 2020 - Child and Adolescent Mental Health Services \(CAMHS\) waiting times - Publications - Public Health Scotland](#); CAMHS Waiting Times, 5 September 2023, [Dashboard - Child and Adolescent Mental Health Services \(CAMHS\) waiting times - Quarter ending June 2023 - Child and Adolescent Mental Health Services \(CAMHS\) waiting times - Publications - Public Health Scotland](#)
- xliii. CAMHS Waiting Times, 5 September 2023, [Dashboard - Child and Adolescent Mental Health Services \(CAMHS\) waiting times - Quarter ending June 2023 - Child and Adolescent Mental Health Services \(CAMHS\) waiting times - Publications - Public Health Scotland](#); Public Health Scotland, Data Tables, Accessed 28 November 2023, [Waiting Times | Publications | Data Tables | Health Topics | ISD Scotland](#)
- xliv. University of Stirling Press Release, 5 October 2023: <https://www.stir.ac.uk/news/2023/10/visiting-scottish-lochs-and-rivers-improves-mental-health-study-finds/>

- xliv. BBC News, 21 August 2023: <https://www.bbc.co.uk/news/uk-scotland-66568723>
- xlvi. Endometriosis UK, 4-Point Plan for Better Endometriosis Care in Scotland, January 2022: [Analysis of Endometriosis Service Provision in Scotland - Final_0.pdf \(endometriosis-uk.org\)](#)
- xlvii. BBC News, 31 January 2023: <https://www.bbc.co.uk/news/uk-scotland-highlands-islands-64374054>
- xlviii. The Scotsman, 19 November 2023: <https://www.scotsman.com/health/maternity-in-scotland-obesity-ageing-mothers-and-stagnant-midwife-numbers-causing-pressure-on-nhs-services-4414688>
- xlix. BBC News, 21 August 2023: <https://www.bbc.co.uk/news/uk-scotland-66568723>
- i. Harvard Medical School, Why are women more likely to develop Alzheimer's disease?, 20 January 2022: <https://www.health.harvard.edu/blog/why-are-women-more-likely-to-develop-alzheimers-disease-202201202672>
- ii. SG, NHS healthcare standards: Board performance escalation framework, 12 May 2023: <https://www.gov.scot/publications/nhs-healthcare-standards-nhs-board-performance-escalation-framework/>
- iii. SG, NHS healthcare standards: Board performance escalation framework, 12 May 2023: <https://www.gov.scot/publications/nhs-healthcare-standards-nhs-board-performance-escalation-framework/>
- liii. NHS Tayside, 10 June 2021, [NHS Tayside \(scot.nhs.uk\)](#); SG, 13 June 2021, [Change to health board escalation - gov.scot \(www.gov.scot\)](#); SP, Letter from the Director General for Health & Social Care and Chief Executive of NHS Scotland to the Conveners of the HSCS and Public Audit Committees, 23 November 2022, [NHS Forth Valley Stage 4 Escalation | Scottish Parliament Website](#)
- liv. SG, 13 June 2021, [Change to health board escalation - gov.scot \(www.gov.scot\)](#)
- lv. ICB Weighted Populations, Accessed 7 December 2023, [j-overall-weighted-populations-22-23.xlsx \(live.com\)](#); Population estimates by local health boards and age, Accessed 7 December 2023, <https://stats.wales.gov.wales/Catalogue/Population-and-Migration/Population/Estimates/Local-Health-Boards/populationestimates-by-lhb-age>; Mid-2021 Population Estimates Scotland, 13 July 2022, <https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-estimates/mid-year-population-estimates/mid-2021>
- lvi. National Services Scotland, Accessed 1 November 2023, [National Procurement and Logistics | National Services Scotland \(nhs.scot\)](#)
- lvii. The Scotsman, 16 September 2023: [The startup mindset is a lifeline for healthcare - Anna Dominiczak \(scotsman.com\)](#)
- lviii. Public Health Scotland, Scottish health service costs, 21 February 2023, [Scottish health service costs - High-level costs summary 2021 to 2022 - Scottish health service costs - Publications - Public Health Scotland](#)
- lix. SG, NHS staff pay deal: 2023 to 2024, 17 February 2023, [NHS staff pay deal: 2023 to 2024 - gov.scot \(www.gov.scot\)](#)
- lx. Shona Robison Letter to Finance and Public Administration Committee, 21 November 2023, [Letter from the Deputy First Minister and Cabinet Secretary for Finance to the Convener of 21 November 2023 \(parliament.scot\)](#)
- lxi. TURAS Data Intelligence, NHS Scotland Workforce, 5 September 2023, [NHS Scotland workforce | Turas Data Intelligence](#); SG, Scotland's Labour Market Trends, 12 September 2023, p.2, p.14, [Labour Market Trends: September 2023 - gov.scot \(www.gov.scot\)](#)
- lxii. TURAS Data Intelligence, NHS Scotland Workforce, 5 September 2023, [NHS Scotland workforce | Turas Data Intelligence](#)
- lxiii. Scottish Conservative FOI, 13 September 2023, Available on Request
- lxiv. Royal College of Nursing, 3 May 2023: [Nursing retention strategy needed to tackle workforce crisis says RCN Scotland in new statistical report | News | Royal College of Nursing Scotland | Royal College of Nursing](#)
- lxv. Nursing Times, 26 January 2022: [RCN Scotland survey suggests 60% of nurses considering quitting job | Nursing Times](#)
- lxvi. BBC News, 6 June 2023: [Spending on NHS temporary staff in Scotland reaches record high - BBC News](#)
- lxvii. Care Inspectorate, Safe Staffing Programme, Accessed 31 October 2023, [Safe Staffing Project | Care Inspectorate Hub](#)
- lxviii. TURAS Data Intelligence, NHS Scotland Workforce, 5 September 2023, [NHS Scotland workforce | Turas Data Intelligence](#)
- lxix. Nursing Times, 27 January 2012, [RCN attacks planned cut in Scottish student nurse places | Nursing Times](#)
- lxx. BBC News, 19 August 2023, [Community health worker warns budget cuts may cost lives - BBC News](#)
- lxxi. NHS Business Services Authority, Funding for medical and dental students 2023/24, 1 September 2023, p.18, [NHS Bursary Funding for Medical and Dental Students 2023-24 \(V5.3\) 08.2023.pdf \(nhsbsa.nhs.uk\)](#)
- lxxii. General Pharmaceutical Council, The GPhC register as of 31 May 2023, 31 May 2023, p.3, [The GPhC Register](#); TURAS Data Intelligence, Pharmacy Workforce Report 2022, 18 August 2022, [Pharmacy Workforce Report 2022 \(nhs.scot\)](#)
- lxxiii. Audit Scotland, NHS in Scotland 2022,

- February 2023, p.12, [NHS in Scotland 2022 \(audit-scotland.gov.uk\)](https://www.nhs.uk/publications/audit-scotland-2022)
- Ixxiv. BBC News, 20 April 2023, [Operations cancelled at Highlands' Raigmore Hospital - BBC News](https://www.bbc.com/news/health-62484444)
- Ixxv. BBC News, 20 July 2023, [Hundreds of problems found in NHS Scotland building projects - BBC News](https://www.bbc.com/news/health-62844444)
- Ixxvi. Scottish Conservative FOI, 27 January 2023, Available on Request)
- Ixxvii. Public Health Scotland, Delayed discharges in NHS Scotland annual, 27 June 2023, [Delayed discharges in NHSScotland annual - Annual summary of occupied bed days and census figures – data to March 2023 - Publications - Public Health Scotland](https://www.nhs.uk/publications/delayed-discharges-in-nhsscotland-annual-annual-summary-of-occupied-bed-days-and-census-figures-data-to-march-2023); Public Health Scotland, Delayed discharges in NHS Scotland annual, 16 November 2021, [Delayed discharges in NHSScotland annual - Annual summary of occupied bed days and census figures – data to March 2021 \(planned revision\) - Delayed discharges in NHSScotland annual - Publications - Public Health Scotland](https://www.nhs.uk/publications/delayed-discharges-in-nhsscotland-annual-annual-summary-of-occupied-bed-days-and-census-figures-data-to-march-2021-planned-revision)
- Ixxviii. Holyrood Magazine, 8 November 2022, [3,200 patients die awaiting discharge since SNP pledge almost eight years ago \(holyrood.com\)](https://www.holyrood.com/news/3200-patients-die-awaiting-discharge-since-snp-pledge-almost-eight-years-ago)
- Ixxix. Holyrood Magazine, 8 November 2022, [3,200 patients die awaiting discharge since SNP pledge almost eight years ago \(holyrood.com\)](https://www.holyrood.com/news/3200-patients-die-awaiting-discharge-since-snp-pledge-almost-eight-years-ago)
- Ixxx. SP, National Care Service (Scotland) Bill Financial Memorandum: <https://www.parliament.scot/-/media/files/legislation/bills/s6-bills/national-care-service-scotland-bill/introduced/financial-memorandum-accessible.pdf>
- Ixxxi. Scottish Conservatives, A Local Care Service, 25 March 2022: [A Local Care Service - Scottish Conservative policy paper \(scottishconservatives.com\)](https://www.scottishconservatives.com/policy/a-local-care-service)
- Ixxxii. UK Statistics Authority, 28 December 2022, [Response from Sir Robert Chote to Dr Sandesh Gulhane MSP – Waiting time statistics – UK Statistics Authority](https://www.statistics.gov.uk/infoshare/2022/12/28/Response-from-Sir-Robert-Chote-to-Dr-Sandesh-Gulhane-MSP-Waiting-time-statistics); Public Health Scotland, 31 October 2022, [Scott Heald to Ed Humpherson: NHS Inform waiting times - Publications - Public Health Scotland](https://www.nhs.uk/publications/scott-heald-to-ed-humpherson-nhs-inform-waiting-times)
- Ixxxiii. The Health Foundation, Leave no one behind: The state of health and health inequalities in Scotland, January 2023: p.4, <https://www.health.org.uk/publications/leave-no-one-behind>
- Ixxxiv. NRS, Life Expectancy in Scotland, 2020-2022, 26 September 2023, p.2, [Life Expectancy in Scotland 2020-2022 Provisional Figures, Report \(nrscotland.gov.uk\)](https://www.nrscotland.gov.uk/publications/life-expectancy-in-scotland-2020-2022-provisional-figures-report); The Kings Fund, 10 August 2022, [What is happening to life expectancy in England? | The King's Fund \(kingsfund.org.uk\)](https://www.kingsfund.org.uk/insights/what-is-happening-to-life-expectancy-in-england)
- Ixxxv. The Health Foundation, Leave no one behind The state of health and health inequalities in Scotland, January 2023: p.26, <https://www.health.org.uk/publications/leave-no-one-behind>
- Ixxxvi. NRS, Life Expectancy in Scotland, 2020-2022, 26 September 2023, p.6-7, [Life Expectancy in Scotland 2020-2022 Provisional Figures, Report \(nrscotland.gov.uk\)](https://www.nrscotland.gov.uk/publications/life-expectancy-in-scotland-2020-2022-provisional-figures-report)
- Ixxxvii. The Health Foundation, Leave no one behind The state of health and health inequalities in Scotland, January 2023: p.18, <https://www.health.org.uk/publications/leave-no-one-behind>
- Ixxxviii. NRS, Avoidable Mortality 2021, 10 November 2022, p.9, [Avoidable Mortality 2021, Report \(nrscotland.gov.uk\)](https://www.nrscotland.gov.uk/publications/avoidable-mortality-2021-report)
- Ixxxix. SG, Coronavirus (COVID-19) vaccine barriers and incentives to uptake: literature review, 19 May 2022, [Covid-19 vaccine uptake in Scotland - Coronavirus \(COVID-19\) vaccine barriers and incentives to uptake: literature review - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/covid-19-vaccine-uptake-barriers-and-incentives-to-uptake-literature-review-gov-scot); ONS, Coronavirus and compliance with government guidance, UK: April 2021, 12 April 2021, [Coronavirus and compliance with government guidance, UK - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/publications/coronavirus-and-compliance-with-government-guidance-uk-office-for-national-statistics)
- xc. SG, Scottish Health Survey 2021, 8 November 2022, p.66 <https://www.gov.scot/publications/scottish-health-survey-2021-volume-1-main-report/documents/>; SG, Scottish Health Survey 2021, 8 November 2022, pp. 93, 116 <https://www.gov.scot/publications/scottish-health-survey-2021-volume-1-main-report/documents/>
- xc. SG, Scottish Budget: 2023-24, 15 December 2022, p. 40 [Scottish Budget: 2023-24 \(www.gov.scot\)](https://www.gov.scot/publications/scottish-budget-2023-24)
- xcii. Scottish Housing News, 27 November 2023: <https://www.scottishhousingnews.com/articles/cas-one-in-six-people-seeking-food-insecurity-advice-need-energy-help>
- xciii. Scottish Public Health Observatory, 21 March 2023, [Key points - ScotPHO](https://www.scotpho.org.uk/news/2023/03/21/key-points-scotpho)
- xciv. Scottish Public Health Observatory, 21 March 2023, [Key points - ScotPHO](https://www.scotpho.org.uk/news/2023/03/21/key-points-scotpho)
- xcv. Health and Wellbeing Census Scotland 2021-2022, 28 February 2023, [Substance use - Health and Wellbeing Census Scotland 2021-2022 - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/health-and-wellbeing-census-scotland-2021-2022)
- xcvi. SG, Scottish Health Survey 2021, 8 November 2022, p.105 <https://www.gov.scot/publications/scottish-health-survey-2021-volume-1-main-report/documents/>
- xcvii. Ash Scotland, Action on Smoking is good value for money, December 2017, p.1, [action-on-smoking-is-good-value-for-money-dec-2017.pdf \(ashscotland.org.uk\)](https://www.ashscotland.org.uk/publications/action-on-smoking-is-good-value-for-money-dec-2017.pdf)
- xcviii. Smoking in Scotland, Accessed 1 November 2023, [E Cigarettes Latest Trends - Graphs - Smoking in England \(smokinginScotland.info\)](https://www.smokinginScotland.info/); Health and Wellbeing Census Scotland 2021-2022, 28 February 2023, [Substance use - Health and Wellbeing Census Scotland 2021-2022 - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/health-and-wellbeing-census-scotland-2021-2022)
- xcix. BBC News, 17 August 2023, [One in five shops](https://www.bbc.com/news/health-62484444)

- c. [willing to sell vapes to under 18s - BBC News](#)
UK Aspire Vendor, 27 January 2023, [Vaping Indoors in the UK: An Overview of the Legal Landscape \(ukaspirevendor.co.uk\)](#)
- ci. SG, Vaping products - tightening rules on advertising and promoting: consultation analysis, 27 September 2022, p.23, [Tightening rules on advertising and promoting vaping products \(www.gov.scot\)](#)
- cii. NRS, Drug-related Deaths in Scotland in 2022, 22 August 2023, [Drug-related Deaths in Scotland in 2022 | National Records of Scotland \(nrscotland.gov.uk\)](#); NRS, Alcohol Specific Deaths, 29 August 2023, [Alcohol-specific deaths | National Records of Scotland \(nrscotland.gov.uk\)](#)
- ciii. Obesity Action Scotland, Obesity in Scotland: Prevalence, Causes and Impact, February 2023: https://www.obesityactionsotland.org/media/vtugnvt1/prevalence_causes_impact_1920_data_f_2023_updated_version.pdf
- civ. The Scotsman, 26 July 2023: [The 20 parts of Scotland with the highest proportion of overweight residents \(scotsman.com\)](#)
- cv. STV News, 4 August 2023: [Obesity crisis costing Scotland £5bn per year, charity Nesta says | STV News](#)
- cvi. SG, 28 November 2023: [Good Food Nation policy - Food and drink - gov.scot \(www.gov.scot\)](#)

**FOCUSED ON
SCOTLAND'S
REAL PRIORITIES**



Promoted by the Scottish Conservative & Unionist Party, 67 Northumberland Street, Edinburgh, EH3 6JG.