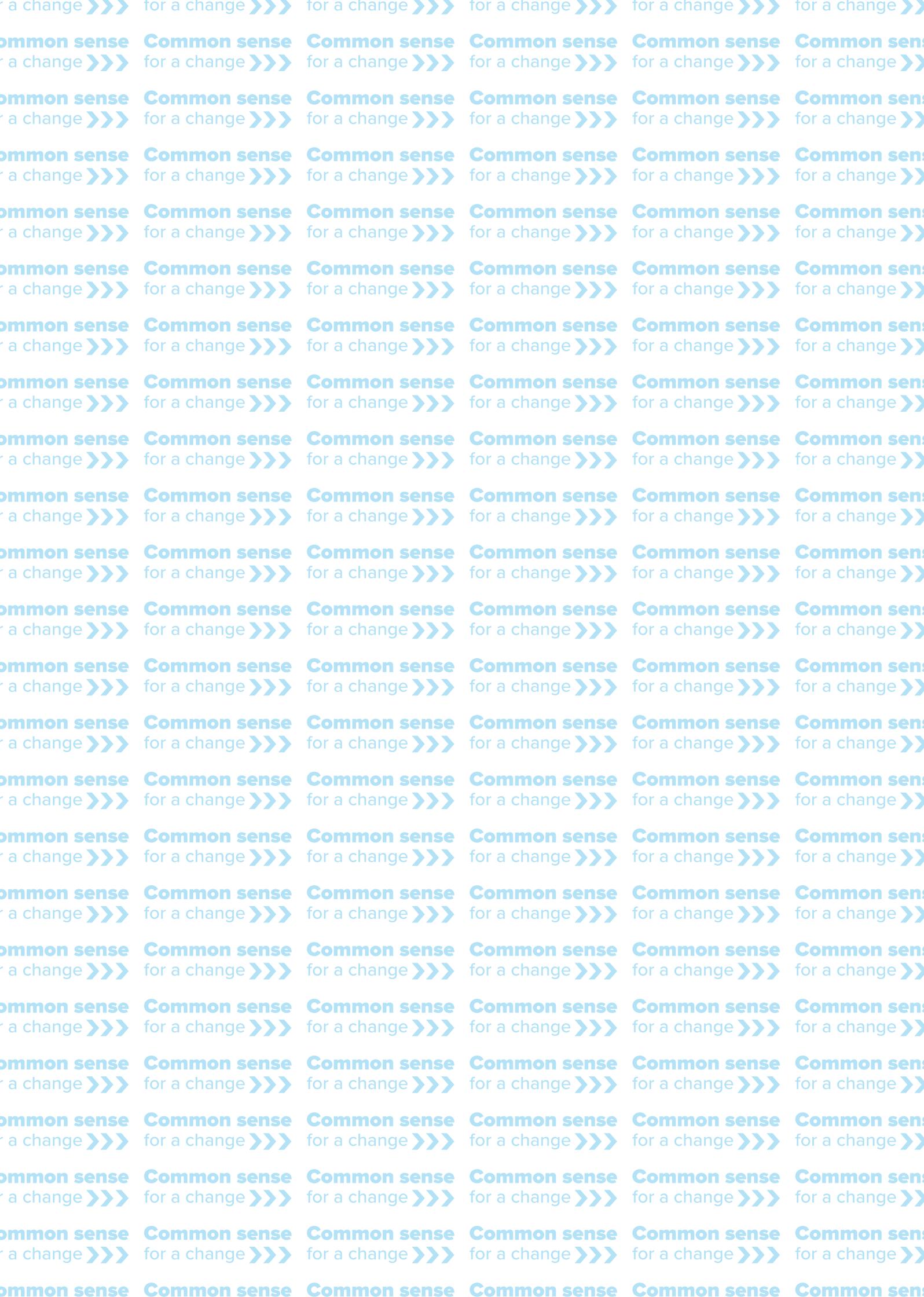


A COMMON SENSE PLAN

Rebuilding the NHS

Scottish Conservative & Unionist Party
March 2026





Contents

Introduction.....	4
Putting prevention first.....	8
Modernising the NHS.....	10
Strengthening primary care	14
Improving women’s health.....	16
Cutting waste	18
Building a strong future for our NHS.....	20
Conclusion.....	22
Endnotes.....	23

Introduction

After 19 years of an SNP Government, Scotland is facing a public health crisis.

We are unhealthier than ever before. Obesity is at record levels and projected to get worse,ⁱ while the number of Scots in good health is at the lowest recorded level since 2008.ⁱⁱ

Our health service has become less efficient, less accountable, and less effective. Meanwhile, doctors say our NHS is “dying before our eyes” thanks to long waiting lists, staff shortages, plummeting morale, and dated technology.ⁱⁱⁱ

Scots struggle to access GP appointments, women’s health remains an afterthought, and the NHS is bloated – with millions wasted on backroom functions which should instead be diverted to frontline care.

Preventable illnesses also continue to place a huge burden on the NHS. The crisis in primary and secondary care has got worse, our social care system has become less fair and less compassionate, and trust in the system has waned. Furthermore, opportunities to work together with the rest of the UK to improve healthcare have not been taken.

4 / Rebuilding the NHS

The SNP’s policies are not working. That is why the Scottish Conservatives would do things differently.

We will put preventing illness at the heart of policymaking, deliver better outcomes through technology and modernisation, improve primary care, ensure equity in women’s health, and make the NHS work for patients and staff again.

By rebuilding our NHS, we will deliver a system that provides comprehensive, timely and well-managed care to all Scots, regardless of their needs or location. We will prevent ill-health, provide modern and efficient primary and secondary care, make use of local high street facilities, harness the benefits of new technologies and AI, take advantage of the benefits of being part of the UK, and deliver a social care system that is fair, compassionate and sustainable.

This paper sets out our common-sense plan to rebuild the NHS for the 21st Century, providing timely, local, high-quality care for every Scot, rooted in fairness, trust, and value for money.

Our plan to rebuild the NHS

01

PUTTING PREVENTION FIRST BY:

Providing targeted screening and support for at-risk populations. We will expand the use of targeted screening for people whose lifestyle, medical history or family history places them at higher risk of developing conditions, such as lung cancer, where early diagnosis and treatment can radically improve the chances of recovery. We will also ensure that services such as audiology hubs are widely available across Scotland to provide support to those who need it.

Increasing funding for sports and activity to tackle obesity. To deliver long-term savings, we will increase the sports budget and ensure it is spent on projects that will have the most impact.

Ensure weight loss drugs are more widely accessible. We will ensure that people who would benefit most from prescription weight loss drugs can access them more easily, by mandating that weight loss drugs should be available by prescription in every health board and review the criteria for accessing them – while encouraging a healthy diet and physical activity.

Embed early mental health support in schools and workplaces. We will deliver extra support in schools and workplaces to prevent the development of acute mental health conditions, improve educational attainment, increase productivity and reduce absenteeism.

Support the roll-out of walk-in mental health hubs. We will support the roll-out of walk-in mental health hubs across Scotland to deliver mental health support without the need for an appointment.

02

MODERNISING OUR NHS USING TECH AND AI BY:

Delivering a “One NHS” IT platform through a landmark NHS Modernisation Act. This will allow healthcare professionals to access to up-to-date patient healthcare records, enable e-referrals and appointment booking, as well as allow patients to access a National Health Dashboard that will deliver full transparency over waiting times, GP appointment availability, and key health data.

Fast-tracking the rollout of a single national NHS app. We will fast-track the rollout of a single NHS app and deliver it by 2028.

Rolling out AI across the NHS to cut down on administration. We will roll out AI across the NHS, including developing a new suite of in-house AI tools initially focused on reducing administration and freeing up GPs and health professionals to spend more face-to-face time with patients.

03

STRENGTHENING PRIMARY CARE BY:

Guaranteeing a GP appointment within 48 hours. Within one year, we would guarantee patients a GP appointment within 7 days, reducing this to a 48-hour guarantee by the end of the parliament.

Increasing investment to deliver more GP appointments. We will commit 12% of the total NHS budget to general practice, invest more in NHS 24, and ringfence extra funding into creating more GP appointments.

Introduce a Scottish First policy for medical and speciality training places to expand Scotland's medical workforce. Any medical student studying in Scotland will have guaranteed access to a GP training programme, while qualified Scottish students will receive preferential access to medical courses at Scottish universities.

Delivering timely access to talking therapies and CAMHS services. We will introduce a 4-week standard for talking therapies and CAMHS services, integrated into GP networks and community hubs. Quicker access to support will ensure no child, adolescent or adult with a mental health condition is left without support when they need it the most.

04

IMPROVING WOMEN'S HEALTH BY:

Guaranteeing health equality through a Women's Health Charter. We would deliver a Women's Health Charter to replace the failed Women's Health Strategy. This would guarantee in law women's rights to high-quality healthcare and drive improvements to treatment and healthcare for female health conditions.

Improving maternity care. We would prevent the downgrading of more maternity units, stop the plans to downgrade the number of specialist neonatal intensive care units, increase the number of beds available for parents to use in neonatal wards, and invest in better care pathways for women who have miscarried.

Improving access to menopause and endometriosis services for women. We would work to deliver better treatment pathways, including regular reviews for hormone treatment therapy. We would ensure that all health boards have access to specialist nurses and clinics, improve training and guidance for the detection of these conditions, and increase national awareness of issues affecting women.

Guaranteeing that every woman has access to a single-sex ward in hospital. To keep women safe, we will follow the Supreme Court ruling on sex and gender, and ensure every woman has access to a single-sex ward in hospital upon request. Staff will also be guaranteed access to single-sex changing rooms.

05

CUTTING WASTE BY:

Consolidating functions in the NHS to stop duplication. We would merge the HR, finance, procurement, commercial and communications departments of each local NHS board and hand them to what is currently known as NHS National Services Scotland.

Reducing management and redirecting savings to the frontline. We will make management leaner and more effective by reducing senior management roles by one-third over time through restructuring and natural turnover. The savings would be redirected to primary care and mental health.

06

BUILDING A STRONG FUTURE FOR OUR NHS BY:

Increasing the number of procedures done in a day. We would learn from best practice throughout the UK such as twinning theatres and require a minimum number of Super Saturdays and off-peak scanning to be conducted every six months.

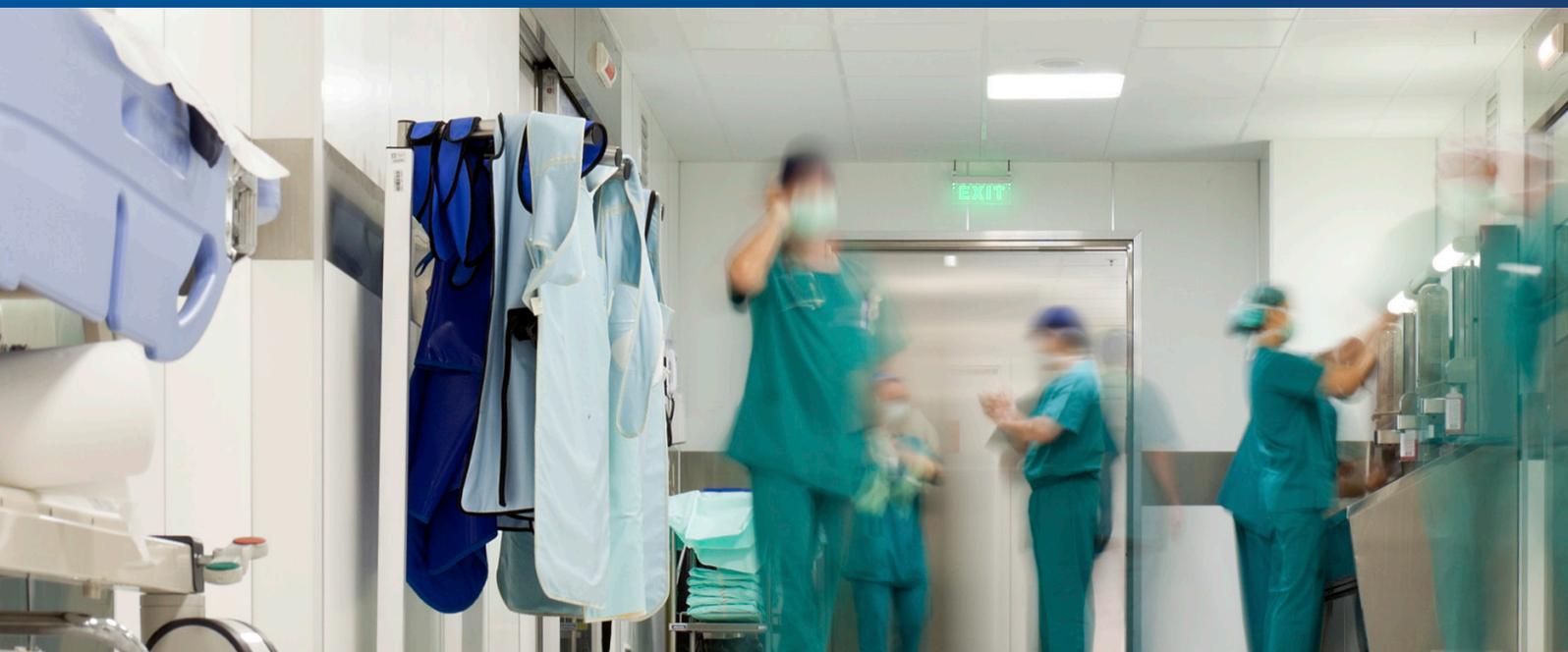
Cutting delayed discharge waits. Where a patient is cleared to be discharged, we will ensure they can be sent to a local care home where possible to free up space in hospital.

Eliminating corridor care in hospitals. This should not be happening in any of our hospitals, and we will end it within a year.

Stopping the closure of community hospitals. We would stop the closure of more community hospitals as it results in communities losing access to vital health services.

Delivering a National Workforce Strategy for Health and Social Care to support for new and returning healthcare workers. We would expand the opportunities for people to build a career in healthcare while ensuring everyone who wishes to return is able to do so, and improve working conditions.

Giving Scots early access to clinical trials and new treatments. We will create a partnership between businesses, universities, the NHS, and patients that will allow Scottish patients early access to new treatments and clinical trials while keeping costs low.





Putting prevention first

Scotland is in the middle of a public health crisis that demands bold new action to improve our focus on preventative health to prevent illness and encourage a healthy lifestyle.

Prevention is the smartest investment any health system can make, marking the difference between a nation that merely reacts to illness and one that actively protects the health of its people. Preventative healthcare is about empowering people, to live longer, healthier lives - cutting hospital admissions and securing the sustainability of our NHS.

Unlike the SNP, we would not deal with every problem by simply taxing things more and raising costs for working families. We would instead put preventative health at the heart of policy making by coordinating policy and driving action across government to deliver a long-term improvement in health. Preventive care should meet people where they are: in schools, workplaces, sports clubs, and digital platforms.

We strongly believe that every Scot should have access to proactive, community-based prevention that must be a core pillar of the NHS. That is why through Ministerial Direction we would implement a national screening programme to improve detection and target resources where they are needed. This would involve expanding targeted lung cancer screening for current and former smokers, rolling out improved diabetes risk screening, and increasing uptake for existing programmes on bowel, breast, and cervical cancer.

We will also ensure that targeted support is available for those who need it. For example, deaf people benefit from drop-in services provided by the Royal National Institute for Deaf

People and so we would ensure that these drop-in services are widely available across Scotland to those who need it in the form of audiology hubs^{iv}.

One of the most pressing concerns is obesity. Two-thirds of Scots are overweight and one third are obese, a record high^v. Scotland has a higher rate of obesity than England, Wales and Northern Ireland and one of the highest rates among European countries^{vi}. Obesity is estimated to cost NHS Scotland £776 million a year with the wider societal costs put at £5.3 billion – equivalent to 3% of Scotland's GDP^{vii}

This is why it is essential that we take action to address the declining numbers of people engaging in regular physical activity^{viii}. Only six in ten adults and seven in ten children reached the recommended level of exercise in 2024, and there has been a steady increase in the time children are spending on sedentary leisure activities since 2013^{ix}. This coincided with the number of children at risk of obesity reaching record levels in 2024^x.

The SNP promised to double the sports budget by 2026 to £100 million a year^{xi} which SportScotland, which oversee sports and activity funding in Scotland, themselves said has not been met^{xii}. This is despite estimates which show that every £1 spent on sport provides a return on investment of £4.20^{xiii}. In addition, the total savings in health costs from sport and physical activity in England in 2022-23 were estimated to be £10.46 billion – preventing an estimated 107,000 strokes, 149,000 cases of coronary heart disease,^{xiv} .

That is why we would increase funding to SportScotland over the course of the parliament

as this can deliver long-term savings. We would however impose strict controls through the budget process to ensure that this extra funding is spent strictly on concrete projects, not bureaucracy, and is targeted projects which will have the most impact.

In addition to our investment in sport and activity, we will ensure that weight loss drugs can be accessed by those who would benefit from them. Currently, access to these through prescriptions is limited and most Scottish health boards do not prescribe drugs like Mounjaro or Wegovy for weight loss^{xv}. We will mandate that all health boards should prescribe these drugs where possible and review the criteria for accessing these while working to encourage a healthy diet and physical activity.

Prevention must also include mental health which is estimated to cost Scotland £8.8 billion a year^{xvi}. By investing in mental health, we can improve educational attainment, increase productivity and reduce absenteeism in the workforce. That is why we would work to deliver better mental health support in schools and workplaces, accessible talking therapies, and stronger community mental health teams to prevent lifelong suffering and reduce the demand on emergency services.

One of the first steps we would take to deliver this would be to roll out walk-in mental health hubs across Scotland, modelled on The Nook mental health centre developed by Scottish Action for Mental Health (SAMH) in Glasgow. This allows people to access support when they need it without being required to wait for an appointment^{xvii}. We would work with the SAMH and provide them with funding to roll-out similar centres across Scotland.

We will also ensure schools have consistent, effective safeguards in place for children with allergies by improving staff training, access to emergency medication, and creating clear whole-school allergy policies.



Modernising the NHS

The NHS was founded in 1948 and is still stuck in the 20th Century when it comes to technology with outdated equipment like pagers, faxes and paper prescriptions still widely used.

That is why we would set a target to end the use of outdated technology like faxes and pagers across the NHS by the end of the next parliament, and work with health boards to deliver this and provide up-to-date replacements. Unless there is an exceptional reason to still use them, as will be judged on a case-by-case basis, we should stop relying on decades old technology.

But there is a pressing need to cut down the time being spent on paperwork and allow for more time to be spent on patients. The Royal College of General Practitioners found that on average GPs in Scotland spend around 22% of their time on administration and bureaucracy that does not improve patient care^{xviii}. One of our top priorities would be to free up this time by rolling out artificial intelligence across the NHS. AI has already been rolled out across the public sector throughout the UK with various public bodies using AI for things such as transcribing conversations, reviewing public consultations, and making memos of meetings.

The UK Government has even developed its own in-house suite of AI tools called Humphrey which has seen positive results. For example, they report that “officials are saved from 60-minutes of admin for each hour-long meeting, saving staff from what half say is the worst thing about their job”^{xix}. It is not difficult to see how this could be utilised by the NHS, and AI is already being rolled out across the NHS in England.

NHS Scotland has seen comparatively less use of AI, with the Scottish Government themselves admitting that it is “often small in scale or research focused rather than having been adopted Scotland wide or as part of service delivery”^{xx}.

Where AI is used within NHS Scotland, it has largely been in trial form or to assist with specialised tasks such as providing tools related to paediatric bone growth, the delivery of radiotherapy or analysing mammograms^{xxi}. This is vitally important work and should continue, but it neglects the huge time savings that a wider scale rollout could have. The Scottish Government say that further uses of AI are “under consideration for national adoption” and that they are looking at opportunities to deploy it^{xxii}. However, we believe there is no reason to delay any longer while NHS England outpaces us. People in Scotland will already be aware of the benefits and time savings of using AI for their own personal tasks, so the Scottish Conservatives believe we should get on with rolling it out now.

That is why our priority would be to establish a new fund through the budget process to create a new suite of in-house AI tools for NHS Scotland, modelled on the in-house Humphrey model used by the UK Government – and to purchase commercial options where needed. The first focus of this would be to reduce administration time and free up GPs and doctors to spend more face-to-face time with patients. We would work with the UK Government on best practice from the Humphrey model, which has been used by the Scottish Government on tasks such as analysing consultation responses^{xxiii}, and utilise the findings from other models in use in small ways in NHS Scotland, like Mia which



is being piloted in NHS Grampian to analyse mammograms^{xxiv}.

After the administration tools were fully rolled out, we would then work to extend the available suite of tools to cover all kinds of other tasks including in radiology and pathology to fast-track results, flag urgent findings, and cut reporting backlogs. It would also be able to assist with improving smart triage and telephony in primary care to help eliminate call bottlenecks and long queues, as well as supporting the roll out of virtual wards for the monitoring of different types of patients.

To implement this, we would introduce a landmark NHS Modernisation Act, which would establish a statutory AI governance framework for NHS Scotland and provide for it to be gradually rolled out across the NHS and individual GP practices.

Greater use of technology can also benefit patients directly. Our current healthcare system is disjointed with a lack of digital information sharing between the NHS and different healthcare organisations. The current jigsaw of fragmented information means that patients

are forced to repeat their medical history, while clinicians face poor coordination between services. That is why we would establish an overarching “One NHS” IT platform to make our health system truly interoperable. This platform would bring together shared patient records, a functional single national app, as well as a brand-new data National Health Dashboard to ensure patients and doctors can access their health information in one place.

We would therefore firstly establish a fund through the budget process to create a Single Shared Electronic Patient Record via the One NHS platform that would allow healthcare professionals including GPs, pharmacists and consultants to access shared up-to-date patient healthcare records. This would be a single interoperable IT platform with one login, one record, real-time results, and shared care plans to deliver true interoperability.

Every clinician involved in a patient’s care: GPs, hospital consultants, pharmacists, physiotherapists, or mental health workers should be able to see the same up to date information, record new findings, and communicate seamlessly with one another. No





more siloed systems that cannot talk to each other. No more patients having to repeat their story at every step in their journey. A unified digital platform would let care follow the person, not the paperwork. It would enable real-time test results, shared medication lists, integrated care planning, and safer decision-making at every step.

England already ensures that the same patient records are available and easily accessible when needed across the healthcare system^{xxv}. By using a Single Shared Patient Record, pharmacists would be able to check medication records before dispensing, consultants could review GP notes ahead of appointments, and GPs could see if prescriptions have been collected or what referrals have previously been made. As well as complementing our plans for greater adoption of AI, this digitisation would close the loop and resolve the information gap that exists across our services.

NHS National Services Scotland would be the overall data controller of the Single Shared Patient Record, but our NHS Modernisation Act would enshrine in law a key safeguard that patients must retain ultimate control of their data and explicitly consent to being part of it.

England has had a functional single national NHS app since 2019 with patients able to book appointments and order repeat prescriptions through it^{xxvi}. However, Scotland has yet again fallen behind under the SNP who have insisted on developing their own app^{xxvii} for political reasons^{xxviii} which will not be fully operational in Scotland until 2030^{xxix}.

We believe forcing Scots to wait 11 years longer than patients in England is unacceptable, and so we will make fast-tracking the app a priority with an aim to have it fully rolled out by 2028. We will do so by speeding up the rollout, preparing health organisations for the use of it immediately based on the English model, working with the UK Government on best practice, and utilising the expertise of private technology companies to help with development.

To avoid digital exclusion, we will also enshrine in law through our NHS Modernisation Act that

the app can never be made mandatory by a health service – it should only complement existing services with people able to opt-out of using it.

A key part of the One NHS platform is a National Health Dashboard to deliver full transparency on waiting times and other vital metrics. Currently, not all health boards consistently record and publish the same information. For example, the Royal College of Psychiatrists in Scotland has said that the number of children on separate lists waiting to be assessed for neurodevelopmental conditions is not routinely published^{xxx}. Similarly, the Royal College of Nursing has called for the Scottish Government to publish standardised data on the number of patients receiving corridor care in the NHS^{xxxi}. The Scottish Conservatives believe sunlight is the best disinfectant, so we will conduct a review of the situation and then issue a Ministerial Direction to require that these and other key data points be consistently collected by health boards and published on the dashboard. This will allow the problems to be addressed, encourage competition, and provide transparency.

The components of the One NHS platform will then allow us to roll-out a 24/7 digital health service that will offer patients access to their own records through our Single Shared Patient Record, access to services through the app, as well as e-referrals with slot booking, real-time test results, and shared medication lists. We will also ensure patients are able to communicate with their GP or another health professional directly where possible for follow-up questions to avoid the need for unnecessary repeat visits to GP practices. This will empower people to manage their own health.

We will also create a partnership between businesses, universities, the NHS, and patients. These four partners will be united in turning ideas into affordable, usable technology. Universities will lead research and trials, businesses will commercialise and scale innovation, the NHS will provide real-world testing and feedback, while patients will shape design, ensuring technology serves people, not systems. When technology is developed and tested in Scotland, the NHS will have first-access



rights at low-cost, keeping taxpayer money in the Scottish economy and securing home-grown innovation for public benefit. When approved in one board area, the project will automatically be approved across the country, removing endless bureaucracy.

We would leverage the UK advantage, using the strength of the United Kingdom to access world-class procurement, logistics, and research networks. By aligning procurement of medicines, medical devices, and digital health technologies with UK frameworks, we can ensure we pay the lowest possible price for the highest quality. As part of this, we will share innovation pipelines, allowing Scottish patients early access to new treatments and clinical trials while keeping costs low. We will also join UK data and research networks, giving Scottish clinicians access to larger datasets and faster evidence for what works.



Strengthening primary care

Scots are facing a crisis in accessing primary care and are losing confidence in the health system as a result. The number of Scots reporting that their overall experience of general practice was good or excellent has declined throughout the SNP's tenure in office from 90% in 2009-10^{xxxii} to 69% in 2023-24^{xxxiii} – despite the best efforts of staff on the ground.

Scots face long waits for GP appointments with a 2025 BMA Scotland survey finding that 60% of people report that their confidence in being able to access a timely GP appointment has significantly or somewhat decreased in the past few years^{xxxiv}.

We will rebuild our NHS by designing care around people, not process, placing patients and communities first. To respond to the crisis facing our GP practices, we would launch a bold new plan to renew and rebuild general practice and deliver better access, continuity of care and a more modern and accessible service. This will be known as the GP Guarantee. Under this Guarantee, which will be led by GPs, we will ensure that, by the end of the Parliament, Scots will have access to their GP or an appropriate healthcare professional within 48 hours of requesting an appointment. Not only will this improve access to primary care but it will divert patients away from under pressure A&E departments, as a correlation has been seen in an increase in self-referrals to A&E coinciding with difficulty accessing GP appointments^{xxxv}.

The first step will be to guarantee an appointment within 7 days, which we will do within the first year, with the 48 hours commitment being met by the end of the Parliament.

Part of delivering this will be by ensuring improved access to health services so that whether it is in person, by phone, or via remote video-consultation, people will be able to speak to someone who can diagnose, prescribe or refer them as needed. It will also be delivered through our One NHS platform and app which will allow for virtual clinical advice, triage, and faster communication with GPs and health professionals. We will also invest more in NHS 24 to deliver more capacity for out-of-hours care, provide for a 24/7 on-call GP in every health board to respond to emergencies, install mental health teams in every GP network, ensure empowered community pharmacy access, and deliver a 4-week access standard for talking therapies and CAMHS support.

NHS Scotland spent 11% of its budget on general practice in 2008^{xxxvi} and high levels of confidence in general practice were reported around that time period^{xxxvii}. In 2023-24, the amount spent on general practice was 6.5%^{xxxviii} with spending decreasing in real terms by 6% since 2021-22^{xxxix} with lower levels of confidence in general practice reported as a result^{xl}.

Using savings the Scottish Conservatives have identified in this and other policy papers, we would bring investment in general practice up to 12%. This money would fund our GP Guarantee, improve recruitment, deliver our modernisation plans, and ensure more investment in NHS 24. We would also ringfence additional funding into the Global Sum, which is a contribution towards the cost of delivering essential and additional GP services, specifically to increase the number of GP appointments

These plans will also require more GPs and medical professionals. The SNP promised in

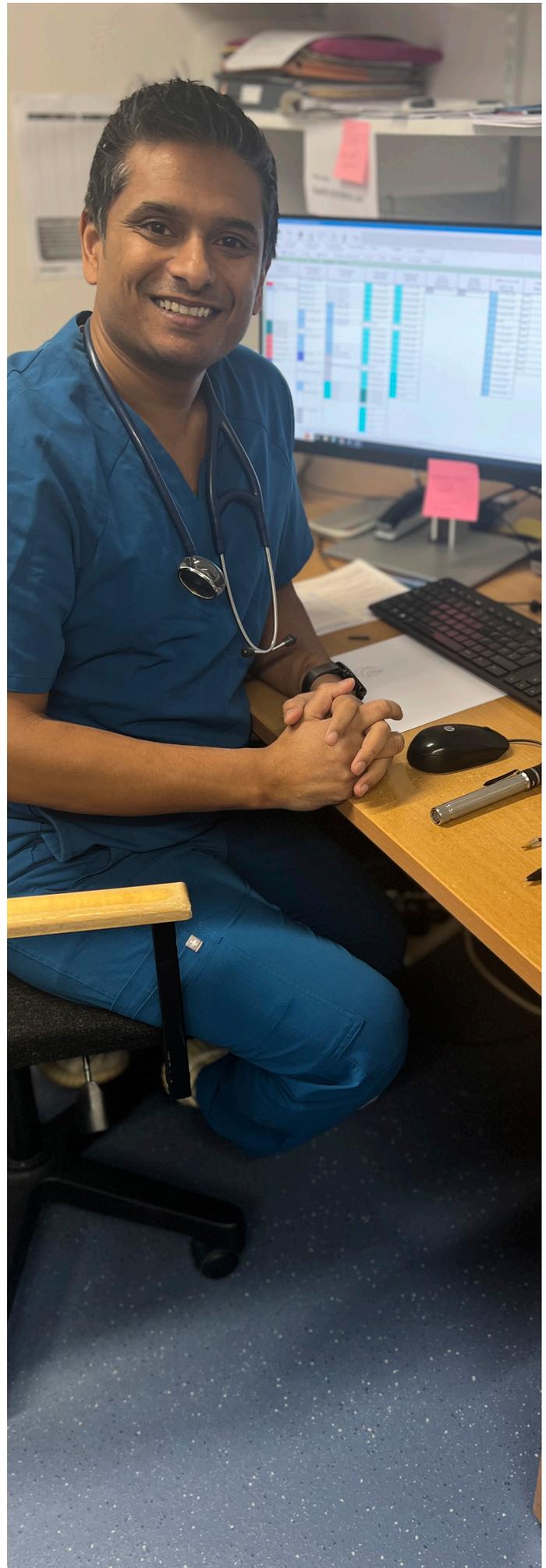
2017 to recruit 800 additional GPs by 2027 but Audit Scotland have concluded that this is “unlikely to be met” and that they will fall short by as much as 80%^{xii}. GPs are also working fewer hours in Scotland now than before the pandemic, with 3,591.5 whole-time equivalent GPs in Scotland today compared to 3,613 in 2019^{xiii}. Indeed, while there was one GP for every 1,515 patients in 2013 there is now only one GP for every 1,735 patients^{xiii}.

We need to tackle this at the starting point, with a focus on recruitment to ensure that medical students studying in Scotland are encouraged to practice in Scotland. We cannot go on training the future doctors of Australia while our own communities are left behind.

We would take a Scottish first approach to medical and speciality training. This would guarantee that any Scottish-domiciled student studying in Scotland will have access to a medical training post in Scotland. This would naturally encourage them to stay in Scotland after completion of their training – especially in our rural areas which we would prioritise. As part of this, we would create a new fund through the budget process to increase the number of training posts across Scotland in order to meet required demand.

While this is being delivered in some form through the UK Medical Training Bill, we will ensure it works in practice and take all steps needed to deliver our vision as soon as possible.

We would also lift the artificial cap on places for Scottish domiciled students to study medicine and require universities to give priority to appropriately qualified Scottish students before taking on students from across the rest of the UK and then international students.





Improving women's health

Like the Supreme Court, we know that a woman is an adult human female. We also know that they have specific biological medical needs that require specialised healthcare.

That is why we would introduce a Women's Health Charter which would lay out the rights, standards of treatment and access to services for women and girls to ensure equity in healthcare. In writing the Charter we would work with women's groups and embark on a national listening exercise to ensure women across Scotland can input into it. We would enshrine the Charter into law, so that NHS Health Boards must deliver on it, and require that it be refreshed every five years.

Using the Charter, we would deliver better access to treatment for female-specific issues such as menopause and endometriosis services. Women are currently forced to wait years for treatment, where women in Glasgow face average waits for inpatient gynaecology appointments at NHS Greater Glasgow and Clyde clinics of 317 days – with one woman left waiting for three and a half years.^{xliv} Women also face significant waits for endometriosis treatment, where the average wait for an endometriosis diagnosis in Scotland is 8 years and 10 months^{xlv}. In NHS Ayrshire and Arran women experience an average wait of 237 days for a laparoscopy procedure related to endometriosis with the longest ongoing wait being 673 days^{xlvi}. Meanwhile, the Scottish Government's Women's Health Champion herself said that the biggest problem with menopause services in Scotland are the long wait times for referral to specialist menopause clinics^{xlvii}.

We would deliver better treatment pathways

for both, ensure regular reviews of women on hormone replacement therapy, guarantee that all health boards will have access to specialist nurses and clinics, improve training and guidance for the detection of these conditions, and increase national awareness of female-specific issues.

Single-sex wards in our hospitals must also be guaranteed to all women where they request it, and all NHS staff should be provided with single-sex changing rooms.

Improving maternity care would be a priority too, and the Charter would guarantee better treatment pathways for women who have suffered from miscarriage. We would also take action to stop the downgrading of maternity units across the country which has forced women to travel long and unsafe distances to give birth. For example, the consultant-led maternity unit at Caithness General Hospital was downgraded in 2016 which means women must make an over 200 mile round trip to Inverness to give birth^{xlviii}. We will step in to prevent the further downgrading of maternity services where it will result in a loss of vital services, and work to improve maternity care, including by supporting a national investigation into maternity and neonatal services across Scotland which the SNP voted against before being forced to U-turn^{xlix}.

One other immediate measure we would take is to stop the Scottish Government's plans to downgrade five specialist neonatal intensive care units across Scotland and consolidate them into three units in Aberdeen, Glasgow and Edinburgh. These plans have been opposed by local families who fear losing their support network if they are forced to travel long



distances with their babiesⁱ. Wishaw mothers Monica Sheen and Lynne McRitchie, whose babies were born premature at Wishaw General Hospital which would be downgraded under the proposals, said they feared their sons would not have survived if they had to be transferred elsewhereⁱⁱ. We would listen to the concerns of local families and stop this, and also increase the number of beds available for parents to use in neonatal wards to ensure that they can stay

overnight in the company of their babies.

Furthermore, in recognition of the fact that women are underrepresented in clinical trialsⁱⁱⁱ, we will set conditions on medical trial funding provided by the Scottish Government. This will require, where possible, that the impact of drugs on women's bodies must also be tested.





Cutting waste

Scotland spends record sums on health but too much of it never reaches the front line. Health bodies in Scotland spend an enormous amount of money on bureaucracy, even when factoring in their larger overall budgets. According to data collected by the Scottish Government, health and social care public bodies spent £853 million on their ‘corporate functions’ in 2022-23.^{liii} Corporate function costs include spending on HR, communications, procurement and commercial costs amongst other things and are meant to represent the administrative costs of running an organisation.

Already this looks like a lot of money, but when you compare it to every other public body in Scotland, it looks even worse. The corporate function spends of all other public bodies in Scotland totalled £449 million in 2022-23.^{liv}

Therefore, health bodies accounted for nearly 66% of the total corporate function spend in Scotland, despite the Health and Social Care portfolio only receiving 44% of the Scottish Government’s total resource budget in 2022-23.^{lv}

Of the £853 million spent by health bodies to run their bureaucracies, around £674 million of that spend comes from local health boards.^{lvi} This is broken down by £86 million on HR costs, £75 million on finance departments, £146 million on digital and data expenditure, £21 million on commercial costs, £11 million on communications costs and £346 million on expenditure related to each health board’s estate.

Focusing on HR spend specifically, there is substantial variation in how much each health board spends per employee. NHS Lanarkshire, which serves more than a tenth of Scotland’s population, spends only £301 on HR costs for every employee.^{lvii} NHS Orkney by contrast, one of Scotland’s smallest health boards, spends £1,333.^{lviii} A similar pattern can be observed in

finance spend, where the three smallest health boards have the highest costs per employee.^{lix} This suggests there are substantial economies of scale savings that can be made.

If every health board spent the same per employee as NHS Lanarkshire, total HR spending amongst local health boards would be cut in half, falling to under £44 million.

Analysing health board spend on these functions, as well as commercial and communications spend produces a clear result: the larger the organisation, the cheaper it costs to run its backroom functions on a per person basis. Only digital/data and estate spend does not have a strong relationship between spend per employee and the size of the health board.

Every pound spent on a health board’s bureaucracy is a pound diverted from frontline health care. The Scottish Conservatives will operate under a Frontline First principle – public money should always go to frontline services. We would reduce the cost of administrating the NHS and put the savings towards frontline care. Specifically, we would merge the HR, finance, commercial and communications departments of each local NHS board and hand them to what is currently known as NHS National Services Scotland. Merging these functions would also allow health boards to focus on their primary purposes – keeping our population healthy.

The frontlines are ultimately where we want to see public money spent when it comes to healthcare, because too much money is not spent on the nurses, doctors and hospitals needed to treat us. In NHS Greater Glasgow & Clyde, Scotland’s biggest health board, £806 million is spent on non-medical staff – around a third of total staffing costs.^{lx}

Across all health boards, in 2023-24, over £3.2 billion was spent on this cohort of staff.^{lxi} The



proportion varies and smaller health boards tend to spend a higher proportion, as demonstrated by table 1.

We know that these members of staff will carry out vital functions within each health board, so it is not as simple as saying these roles are surplus to requirements – far from it. But we do need to recognise that the NHS in Scotland has not recovered to the levels of performance seen before the pandemic, and we must address that problem.

The Scottish Conservatives have promised a Frontline First Guarantee for public spending to help address these performance issues. We believe that by investing in staff working in the frontline of our public services, rather than growing their bureaucracy, that will help solve the problems we are currently experiencing.

In a world of limited budgets, it would not be credible to say we can fix our NHS simply by ploughing more money into it. That has already happened during this session of Holyrood, but health outcomes have not improved.^{lxii}

Therefore, we need to look at how we can make

health boards more efficient with their money.

However, we want to be even more ambitious in helping frontline staff in our NHS. If spending on non-medical staff were to reduce by just one percent, this would free up around £33 million that could be spent on frontline health services. To realise this, we would start by setting a target to reduce senior management roles, and other non-clinical management roles where possible, by one-third over time through consolidation, restructuring and natural turnover. We will make management leaner and more effective as a result, making every role accountable for delivery. Savings made will be redirected to primary care and mental health, protecting the most cost-effective parts of the system and preventing pressure from spilling into secondary care.

TABLE 1: HEALTH BOARD SPEND ON NON-MEDICAL STAFF

Health Board	Non-medical staff spend (£000)	Total staff spend (£000)	%
NHS Ayrshire & Arran	218,656	636,893	34.33%
NHS Borders	71,247	184,652	38.58%
NHS Dumfries & Galloway	89,700	264,656	33.89%
NHS Fife	181,936	542,067	33.56%
NHS Forth Valley	131,342	422,571	31.08%
NHS Grampian	332,693	1,005,145	33.10%
NHS Greater Glasgow & Clyde	806,118	2,440,488	33.03%
NHS Highland	264,547	605,201	43.71%
NHS Lanarkshire	280,644	843,879	33.26%
NHS Lothian	547,589	1,543,006	35.49%
NHS Orkney	20,311	45,061	45.07%
NHS Shetland	21,831	49,386	44.20%
NHS Tayside	286,668	820,667	34.93%
NHS Western Isles	23,727	60,570	39.17%

Source: Analysis of NHS Health Board Accounts 2023-24



Building a strong future for our NHS

The NHS is in crisis and has struggled to recover from the pandemic. Staff vacancies are rising, hospitals are crumbling, and patients are waiting years for routine treatment. The SNP have constantly set targets that they break with impunity and little consequence, with their target of 95% of A&E patients being admitted, transferred or discharged within 4 hours of arrival having not been met since July 2020^{lxiii}.

To cut waiting times, we first must recognise that the current methods are not working. The pandemic ended almost four years ago, and it was thanks to a Conservative Government that the UK was the first country in the world to deploy an approved vaccine and had one of the fastest rollouts in the world^{lxiv}, so this cannot continue to be an excuse for poor service.

We would take action by firstly increasing the number of procedures done in a day. This would be done by issuing standardised guidance and a new Ministerial Direction to health boards requiring a minimum number of “Super Saturdays” to be held every six months where there is a need to clear backlogs for procedures that have the longest waiting lists.

Super Saturdays are where the same procedure is performed multiple times over a set day, usually on a weekend, which allows medical professionals to work efficiently and quickly on a repeated procedure. Super Saturdays have been used in hospitals across the UK with positive results. Guy’s and St Thomas’ Hospital in London completed a week’s worth of surgeries in one day by carrying out eight radical prostatectomy operations in under ten hours^{lxv}. The Dudley NHS Foundation Trust similarly reported that this method allowed them to perform 10 surgeries a day compared

to the usual five, completing 226 surgeries in one year under this model with 91% same day discharges^{lxvi}. While used sparingly across Scotland currently, we believe the waiting times crisis demands we take action and mandate their use when necessary.

Super Saturdays could include the use of methods such as twinning theatres, which allow for similar operations to be conducted at the same time within different operating theatres. It allows surgical teams to undertake multiple operations, instead of preparing equipment and anaesthetising the patient, which can sometimes take longer than the operation itself. This method was used at Guy’s and St Thomas’ Hospital in London to complete three months’ worth of breast cancer surgery in five days^{lxvii}.

We would also mandate the use of off-peak scanning to ensure people do not face long waits for diagnosis. In NHS Grampian, a woman was shockingly forced to go private due to long NHS waiting times and discovered cancer in her uterus after paying for a private scan^{lxviii}. Our plan would see facilities being made available in evenings and at weekends for patient scans. This would increase capacity and work around patients who find it difficult to get time away from work or other responsibilities. Where this has been tried elsewhere, it has seen positive results. Imperial College Healthcare NHS Trust in London found that extending MRI scanning operations to 12 to 16 hours a day, five days a week, allowed an additional 1,356 patients to be seen over a six-month period^{lxix}. We would use best practice from across the UK and issue standardised guidance and a Ministerial Direction to require NHS health boards to conduct a minimum number of off-peak scans every six months where there is a need to clear



backlogs.

Another step we would take is to end the corridor care in the NHS within one year of taking office. This has flourished under the SNP, with Scottish nurses reporting patients being treated in corridors and disused offices^{lxx}. This is unacceptable and we would require that every patient is treated in an appropriate setting.

There is also an issue with too many patients who are ready to leave hospital remaining stuck on wards because the right support is not in place to allow them to leave. The SNP promised to eradicate delayed discharge a decade ago, but on their watch it's at a record high with 720,000 bed-days lost last year alone^{lxxi}.

To fix this, we would implement our “Fast Track to Care” policy which would mean that patients who are medically ready to leave hospital would move into local care homes within 48 hours in areas that have opted in and have capacity. To deliver this, we would secure up to 600 short-term care home beds by funding partnerships in pilot areas to procure temporary care home beds, using payments set above the National Care Home rate to secure places.

As part of this, we would change the law for adults with incapacity who make up a significant share of delayed discharge beds. We would amend the law so these patients can move to a care home with a doctor's approval and the family's agreement, rather than waiting for lengthy guardianship processes.

Our NHS staff do an incredible job in difficult circumstances, but staffing shortages and low morale have hit hard. 45% of consultants are considering retiring in the next five years^{lxxii}, 75% of surgeons have considered moving overseas for work^{lxxiii}, and 70% of doctors believe the NHS is operating in a crisis mode all year round^{lxxiv}. Similarly, vacancies for nursing and midwifery staff in NHS Scotland increased by 60% by the end of 2024,^{lxxv} while there were 333,296 unfilled nurse and midwife shifts in 2024^{lxxvi}.

Restoring dignity for patients begins with restoring dignity for professionals: trusting their judgement, valuing their time, and freeing them

from bureaucracy that adds nothing to care.

The current strategy is not working so we would go back to the drawing board and deliver a new National Workforce Strategy for Health and Social Care. This would put staff retention at the heart of our approach to the NHS, including by allowing more staff flexibility in their working lives where requested, as staff working more flexible hours is preferable to staff leaving, and supporting staff properly throughout their shift. In addition, the Workforce Strategy would look at and address the issue of vacancies for senior doctor roles, and improve normal working conditions, for example by guaranteeing access to a hot meal for staff on night shifts. We will also ensure that new staff are supported by expanding opportunities for people to build a career in healthcare, for example, through better use of apprenticeships, while also ensuring that those who wish to return can access proper training to update their skills – including expanded training opportunities with service-linked bursaries and bonded posts.

Finally, we will also protect community hospitals which are small local hospitals that provide a range of vital services to their local community, including maternity services, mental health services, and minor injury units. This means that their loss is keenly felt when they close and any proposals to do so are fiercely opposed by local communities.

The Scottish Conservatives would immediately halt the closure of any more community hospitals as it results in communities losing access to vital health services. Ministers have the power to prevent the closure of a community hospital and have used this power before^{lxxvii}, although unfortunately did not lift a finger to help the people of East Lothian. We would use this power whenever necessary to prevent more closures.

Conclusion

The Scottish Conservatives have a common-sense plan to deliver a modern NHS that will, in turn, deliver better outcomes for staff and patients.

Our mission is to close the delivery gap between promises and results, return time to care, free up clinicians to support patients, and to restore trust, by being honest about what works.

We will put prevention at the heart of government policy by investing in sport, boosting screening, and improving mental health.

The NHS will be made fit for the 21st Century through our new Modernisation Act and we will end the use of outdated technology while rolling out AI to cut down on administration and improve treatment while freeing up more time for patient care.

Our investment in primary care will create more GP appointments, and guarantee patients

access to a GP within two days, while our Scottish First policy will help train more GPs.

Waiting lists will be cut by increasing the number of procedures done in a day, we will back staff by introducing a new landmark NHS Workforce Strategy to promote staff flexibility and retention, improve training opportunities and working conditions, cut delayed discharge, and take action to prevent the closure of any more community hospitals.

Women will finally get equality in healthcare through our Women's Health Charter, while waste and bureaucracy will be cut with millions saved from improved efficiencies and reforms.

The common-sense policies in this paper are the first steps we would take to tackle Scotland's public health crisis and improve our NHS.

A vote for the Scottish Conservatives in 2026 is a vote to rebuild the NHS.



Endnotes

- i Public Health Scotland, 13 October 2025, [Scale of obesity challenge in Scotland highlighted by new research - News - Public Health Scotland](#)
- ii Scottish Government, 21 October 2025, [The Scottish Health Survey 2024 - volume 1: main report - gov.scot](#)
- iii British Medical Association, 24 June 2025, [Doctors' leader warns NHS is "dying before our eyes" as new figures reveal scale of private healthcare use in Scotland - BMA media centre - BMA](#)
- iv Royal National Institute for Deaf People, Accessed 11 March 2026, [link](#)
- v Public Health Scotland, 13 October 2025, [Scale of obesity challenge in Scotland highlighted by new research - News - Public Health Scotland](#)
- vi Public Health Scotland, 13 October 2025, [Scale of obesity challenge in Scotland highlighted by new research - News - Public Health Scotland](#)
- vii Nesta, August 2023, [Counting the cost of obesity in Scotland | Nesta](#)
- viii Scottish Government, 21 October 2025, [The Scottish Health Survey 2024 - volume 1: main report - gov.scot](#)
- ix Scottish Government, 21 October 2025, [The Scottish Health Survey 2024 - volume 1: main report - gov.scot](#)
- x Scottish Government, 21 October 2025, [The Scottish Health Survey 2024 - volume 1: main report - gov.scot](#)
- xi SNP, Accessed 20 October 2025, [How is the SNP encouraging people to be more active? — Scottish National Party](#)
- xii SportScotland, 3 June 2025, [Sport For Life 2025 - Annual review - sportscotland the national agency for sport in Scotland](#)
- xiii Sport England, October 2024, [Social value and return on investment of sport and physical activity | Sport England](#)
- xiv SportEngland, October 2024, [Social Value of Sport - Secondary Value Report](#)
- xv BBC News, 10 March 2025, [Can I get weight loss drugs on the NHS in Scotland? - BBC News](#)
- xvi London School of Economics, February 2022, [MHF- Investing-in-Prevention-Report-Summary.pdf](#)
- xvii Scottish Action for Mental Health, Accessed 8 December 2025, [SAMH](#)
- xviii Royal College of General Practitioners, 12 September 2025, [RCGP Scotland: General Practice: The Solution to the NHS crisis, Manifesto](#)
- xix UK Government, 23 May 2025, [AI experiments see "Humphrey" help townhalls cut costs and improve services - GOV.UK](#)
- xx Scottish Government, 3 October 2024, [NHS Scotland using Artificial intelligence \(AI\) to diagnose: FOI release - gov.scot](#)
- xxi Scottish Parliament, 25 June 2024, [Artificial Intelligence and Healthcare in Scotland | Scottish Parliament](#)
- xxii Scottish Government, 3 October 2024, [NHS Scotland using Artificial intelligence \(AI\) to diagnose: FOI release - gov.scot](#)
- xxiii UK Government, 23 May 2025, [AI experiments see "Humphrey" help townhalls cut costs and improve services - GOV.UK](#)
- xxiv BBC News, 21 March 2024, [NHS AI test spots tiny cancers missed by doctors - BBC News](#)
- xxv NHS England, Accessed 16 October 2025, [NHS England » The Single Patient Record](#)
- xxvi UK Government, 31 December 2022, [NHS App hits over 30 million sign-ups - GOV.UK](#)
- xxvii FutureScot, 22 October 2024, [Scottish Government goes its own way on patient-facing app for NHS | FutureScot](#)
- xxviii The Herald, 25 November 2025, [SNP warned of 'political optics' of adopting NHS England app | The Herald](#)
- xxix Scottish Government, 26 September 2025, [Health and social care app - MyCare.scot: national rollout - high-level summary - gov.scot](#)
- xxx Royal College of Psychiatrists, 14 April 2025, [Thousands of children and young people on "hidden" ADHD and autism waiting lists in Scotland](#)
- xxxi Royal College of Nursing, 21 January 2025, [Corridor](#)



care: [Scottish government questioned on Corridor Care | News | RCN Scotland | Royal College of Nursing](#)

xxxii Scottish Government, 27 July 2010, [Health and Care Experience Survey 2009-10 - gov.scot](#)

xxxiii Scottish Government, 28 May 2024, [Health and Care Experience Survey 2023/24: National Results - gov.scot](#)

xxxiv BMA Scotland, 24 June 2025, [Doctors' leader warns NHS is "dying before our eyes" as new figures reveal scale of private healthcare use in Scotland - BMA media centre - BMA](#)

xxxv Scottish Daily Mail, 8 November 2024, [PressReader.com - Digital Newspaper & Magazine Subscriptions](#)

xxxvi British Medical Journal, 28 April 2025, [Doctors launch campaign to "save" general practice in Scotland | The BMJ](#)

xxxvii Scottish Government, 27 July 2010, [Health and Care Experience Survey 2009-10 - gov.scot](#)

xxxviii British Medical Journal, 28 April 2025, [Doctors launch campaign to "save" general practice in Scotland | The BMJ](#)

xxxix Scottish Parliament, 18 June 2025, [Paper-1- General-practice](#)

xl Scottish Government, 28 May 2024, [Health and Care Experience Survey 2023/24: National Results - gov.scot](#)

xli The Scotsman, 26 August 2025, [SNP Government 'absolutely miles away' from meeting GP recruitment target in Scotland](#)

xlii Daily Record, 26 August 2025, [Number of hours worked by GPs in Scotland lower than 2019 - Daily Record](#)

xliii British Medical Association, 24 April 2025, [Informing your patients of the pressures in general practice in Scotland - Communication with patients - BMA](#)

xliv Daily Record, 1 August 2025, [NHS Greater Glasgow and Clyde apologises over 10 month wait for vital gynaecology appointments - Daily Record](#)

xlvi Scottish Parliament, 8 August 2024, [Written question and answer: S6W-28993 | Scottish Parliament Website](#)

xlvi NHS Ayrshire and Arran, 20 October 2025, available upon request

xlvii Scottish Government, 8 November 2024, [Women's Health Champion - Women's health plan 2021 to 2024: final report - gov.scot](#)

xlvi STV News, 21 November 2024, [Women fear lack of maternity and gynaecological services in NHS Highland putting lives at risk | STV News](#)

xlix STV News, 6 November 2025, [Maternity services across Scotland to be reviewed following damning reports | STV News](#)

I Scottish Parliament, Accessed 5 November 2025, [Stop the proposed centralisation of specialist neonatal units in NHS Scotland - Petitions](#)

li Daily Record, 13 November 2023, [Little warriors' mums take fight against downgrade of Lanarkshire neonatal unit to Scottish Parliament - Daily Record](#)

lii The Guardian, 7 May 2025, ['Concerning' lack of female-only medical trials in UK, say health experts | Women's health | The Guardian](#)

liii Public bodies' corporate function data as at financial year 2022/23, 28 November 2024, [link](#)

liv Ibid

Iv Scottish Budget 2022-23, 9 December 2021, [link](#)

Ivi Public bodies' corporate function data as at financial year 2022/23, 28 November 2024, [link](#)

Ivii NHS Lanarkshire – About us, Accessed 20 October 2025, [link](#)

Iviii Public bodies' corporate function data as at financial year 2022/23, 28 November 2024, [link](#)

lix Ibid

Ix NHS Greater Glasgow and Clyde Annual Report and Accounts Year Ending 31 March 2024, 31 October 2024, [link](#)

Ixi Analysis of NHS Territorial Board Accounts 2023-24, Conducted 21 October 2025, Available on request

Ixii Institute for Fiscal Studies, 27 November 2024, [link](#)

Ixiii STV News, 12 July 2025, [Nearly 2m waiting over four hours since A&E target last hit | STV News](#)

Ixiv UK Government, 8 December 2021, [UK marks one year since deploying world's first COVID-19 vaccine - GOV.UK](#)

Ixv Evening Standard, 31 October 2022, [London surgeons complete record week's worth of operations in one day | The Standard](#)

Ixvi The Dudley Group NHS Foundation Trust, July 2025, [Weekend surgeries have massive impact on](#)



[patient waiting lists in Dudley - The Dudley Group NHS Foundation Trust](#)

Ixvii Guy's and St Thomas' NHS Foundation Trust, 15 August 2023, [Doctors cut waiting list for breast cancer surgery patients | Guy's and St Thomas' NHS Foundation Trust](#)

Ixviii STV News, 13 July 2025, [NHS gynaecology delays: 'If I didn't pay to go private, I might have died from cancer' | STV News](#)

Ixix Digital Health, 17 September 2025, [Imperial NHS MRI scanning pilot cuts DNA rates and waiting lists](#)

Ixx Royal College of Nursing, 21 January 2025, [link](#)

Ixxi Audit Scotland, 8 January 2026, [Delayed discharges, a sign of wider challenges in health and social care | Audit Scotland](#)

Ixxii British Medical Association, 9 September 2025, [BMA Scottish consultants committee](#)

Ixxiii Health and Care Scot, 18 August 2023, [Surgeons' deep concern as 45% planning to quit](#)

Ixxiv British Medical Association, 31 December 2024, [BMA Scotland: Founding principles of the NHS at risk in 2025 - BMA media centre - BMA](#)

Ixxv The Herald, 2 September 2025, [Nursing and midwifery vacancies in Scotland rise by 60 per cent | The Herald](#)

Ixxvi STV News, 15 September 2025, [NHS workers being 'driven to burnout' due to understaffed shifts – Labour | STV News](#)

Ixxvii BBC News, 19 December 2011, [Minister saves closure-threatened Lightburn Hospital - BBC News](#)

Scottish
Conservative
& Unionist



Common sense
for a change