NHS Scotland Operational Improvement Plan

March 2025

Scottish Government
Riaghaltas na h-Alba

Contents

Foreword

The First Minister set out this Government's ambition for renewing our NHS in a speech on 27 January. To deliver against that ambition and ensure a more accessible, more person-centred NHS we must reduce the immediate pressures across the NHS, shift the balance of care from acute services to the community, and use digital and technological innovation to improve access to care.

This will require a process of reform and renewal delivered in partnership with others that reduces immediate pressures across the NHS, addresses waiting times, moves to a 'digital front door' approach, and intervenes earlier and prevents illnesses. It follows years of Westminster austerity, the effects of the pandemic and rising costs due to inflation.

In setting out the next phase of renewal and reform, it is important for me to emphasise the fundamental value of our NHS and its staff – and I will continue to do so as we proceed. We committed to setting out more detail in three documents – firstly in this Operational Improvement Plan, then in a population health framework later in the spring, and lastly in a medium-term approach to health and social care reform before Parliament's summer recess.

Accordingly, this Operational Improvement Plan is focused on the short term. Realistic as well as ambitious, it describes how the specific commitments outlined in January will be delivered and builds on health boards' own delivery planning to improve delivery across NHS Scotland. For all these commitments, the workforce must be supported and enabled with staff involved where possible in local discussions on planning and delivery.

I should stress that this is not a stand-alone plan for the NHS. Instead it builds on the delivery plans of the 22 health boards, prioritising how services will be improved across NHS Scotland.

The relentless focus on delivery through this plan typifies the 'coordinated action and strategic investment' which the First Minister highlighted in his speech. I thank all those involved in supporting these commitments and delivering quality care across our NHS.

Neil Gray
Cabinet Secretary for Health and Social Care

Overview

The NHS requires significant renewal and reform to ensure that we have a sustainable health service, given the scale of growing demand it faces. On 4 June 2024 the Cabinet Secretary for Health and Social Care set out a new vision for health and social care services in Scotland to address this challenge and give focus to the reform work. In summary, this vision is to 'enable people to live longer, healthier and more fulfilling lives', and it requires a focus on prevention, early intervention and quality services.

On 27 January 2025, the First Minister described plans to renew our health service and deliver the change that people in Scotland need. This Operational Improvement Plan is the first component, to be followed by publication of a population health framework and a health and social care service renewal framework. Together these plans will progress reform to ensure long-term sustainability, reduce health inequalities, further harness the benefits of digital technology, and improve population health outcomes in Scotland. They will set out how we will plan our services for our whole population over the short, medium and longer term.

We are co-developing the population health framework with COSLA and in collaboration with Public Health Scotland, NHS Directors of Public Health and other local, regional and national partners. We will publish it in spring 2025. The framework will detail a long-term, cross-government and cross-sector approach to primary prevention of ill health, i.e. how we support people to live healthy and fulfilling lives and stopping health problems arising in the first place.

We will publish our health and social care service renewal framework in late June 2025. It will build on the vision for reform and set out the strategic policy intent for health and social care in Scotland for the medium to longer term.

The Operational Improvement Plan

This Operational Improvement Plan builds on health boards' own delivery planning for 2025-26. It describes a number of commitments and actions across NHS Scotland that are needed to improve the experience of patients.

The plan brings focus to four critical areas that the Government is committed to delivering, to help protect the quality and safety of care, supported by the increased investment for health and social care in the 2025-26 Scottish Budget:

- improving access to treatment
- shifting the balance of care
- improving access to health and social care services through digital and technological innovation
- prevention – ensuring we work with people to prevent illness and more proactively meet their needs

The NHS Recovery Plan 2021-26, published in August 2021, set out ambitions and actions over five years to address the backlog in care and drive the recovery and renewal of NHS services. We will align our reporting on this Operational Improvement Plan with the final reporting for the NHS Recovery Plan.

NHS workforce support

As with any operational improvements across the NHS, staff are at the heart of delivery and first and foremost recognition is required of the heightened pressures with which staff are dealing every day. Support for staff and enabling their voice in the planning of these improvements as well as their delivery is therefore critical.

The Government has engaged staff-side and professional bodies in finalising this plan and have welcomed the constructive input. We will of course build on that engagement as we move into implementation.

This plan continues our increased investment in the workforce. As well as the increases to boards' core budgets for 2025-26, much of the additional investment, such as the £100 million for waiting times, is targeted for extra recruitment, with assurance also provided to boards on recurring funding.

We will work closely with staff-side and professional bodies at a national level and with individual boards to support the right conversations, strategically and locally, to empower and engage the workforce as we move into implementation.

Improving access to treatment

Increasing capacity

We will reduce waiting times ensuring that by March 2026 no one is waiting longer than a year for their new outpatient appointment or inpatient/day-case procedure.

Together with committing an additional £100 million in 2025-26 to target long waits, we will increase overall capacity in the NHS by optimising national and regional working across health board boundaries. This will help to ensure that patients will be able to access the treatment they need more quickly. It will also mean that pressure is eased on local health boards, allowing them to focus on the longest waiting patients or patients with complex health needs.

The additional investment will result in more than 150,000 extra appointments and procedures in 2025-26, such as for surgeries and diagnostic tests, compared with 2024-25. Building on the first instalment of £30 million in 2024-25, which has delivered in excess of targets, this investment will also target cancer pathways to tackle backlogs against the 62-day referral to treatment standard.

The Government has been working closely in new ways with NHS health boards to target this extra investment and coordinate delivery. This includes expanding regional and national delivery by identifying key sites around the country to scale up activity, building on the additional capacity that individual health boards are able to generate using the extra investment to address their own waiting lists.

This enhanced focus is not just about the extra investment, it is about making the best use of the whole £21.7 billion that the Government has committed to health and social care for the coming year. Accordingly Health boards are also maximising their planned annual activity through their ‘core’ budgets, in dialogue with the Government via the 2025-26 delivery planning process. This includes increasing productivity gains across specialties year on year, which are underpinned by the improvement evidence and support mobilised through clinical networks by the Centre for Sustainable Delivery.

This collaborative work enables the Government to take a coordinated approach to addressing each health board’s waiting lists, broken down by specialty for outpatient appointments and for inpatient and day case procedures. All these different trajectories are quantified, modelled and tested for deliverability to project how backlogs will be cleared. That enables the additional investment to be targeted to ensure the longest waits are fully addressed.

Specifically, optimising the use of our network of National Treatment Centres (NTCs) located across Scotland, we will support additional procedures which will see their total planned activity for 2025-26 increasing to well over 30,000 procedures from around 20,000 in 2024-25.

- NHS Golden Jubilee Eye Centre and Surgical Centre - cataract procedures, general and orthopaedic surgery, colorectal procedures, diagnostic procedures and endoscopy

- NTC Forth Valley - during its phased opening, the initial focus is on a variety of procedures, including orthopaedic
- NTC Fife - orthopaedic procedures
- NTC Highland - ophthalmology and orthopaedic procedures

In addition to the National Treatment Centres, we have been working with health boards to identify what additional capacity we can introduce to support the specialties with the longest waiting patients. For example, we have worked with NHS Greater Glasgow and Clyde to establish additional surgical sites, which provide an opportunity to develop dedicated high-volume elective capacity supporting orthopaedics. By investing in such sites, including Gartnavel General Hospital in Glasgow, Inverclyde Royal Hospital in Greenock, Stracathro Hospital in Angus, Perth Royal Infirmary, and Queen Margaret Hospital in Dunfermline, we will deliver extra cataract procedures and additional orthopaedic appointments and procedures.

Health boards working collaboratively over the coming year to invest the additional £100 million will also result in additional appointments and procedures to target any waits over one year wherever they are located across other specialties including ENT, general surgery, gynaecology and urology.

As is current practice, patients may be given the option to travel beyond their local health board area in order to receive treatment more quickly. We know from the latest survey of the Citizens' Panel for health and social care that 84% of respondents agreed they were willing to travel further for specialist services such as surgery if it resulted in better outcomes for them.

We will continue to provide financial support for travel to hospital for patients and authorised escorts, according to eligibility criteria and medical requirements. This includes people in receipt of certain benefits and residents of the Highlands and Islands. On top of that, health boards can also choose to provide support for those who would not otherwise qualify, where it is deemed clinically necessary.

Diagnostics – reducing the backlog

A formal diagnosis is often the first stage of ensuring someone has the right treatment plan and pathway for their individual needs. No matter how serious or benign the condition may be, swift diagnosis is a vital step in a patient’s care.

Our ambition is to provide equitable, timely access across NHS Scotland to safe, efficient and effective, patient-centred, diagnostic imaging services.

Drawing from the additional £100 million investment we will deliver additional MRI, CT, ultrasound and endoscopy procedures to target the backlogs. This will support delivery of 95% of referrals to radiology being seen within six weeks by March 2026. This will be done through seven-day services, recruitment, and the use of mobile scanning units.

Expand the Rapid Cancer Diagnostic Services

Rapid Cancer Diagnostic Services (RCDS) are a useful addition to how cancer can be diagnosed in Scotland. They provide primary care services, such as GPs, with access to a new fast-track diagnostic pathway. This will mean that patients across NHS Scotland with non-specific symptoms suspicious of cancer, such as unexplained weight loss and fatigue, have a fast-track referral route to secondary care and continue to be prioritised for diagnostic tests.

The introduction of RCDS in five health board areas to date has shown the benefit for patients and we are committed to continuing to work with health boards to widen access to this service as part of expanding non-specific cancer symptoms referral pathways. The sixth RCDS will open in NHS Forth Valley this spring. We are reviewing the current non-specific symptoms pathways in other boards and gauging where next to expand the model.

Clear Child and Adolescent Mental Health Services (CAMHS) backlogs, and meet the 18-week standard nationally by December 2025, ensuring children and their families get the support they need

In the quarter ending December 2024, for the first time ever, national performance against the CAMHS waiting times standard was met, with 90.6% of children and young people starting treatment within 18 weeks of referral. This was a massive achievement by CAMHS teams who have worked to clear backlogs, in the face of continued high pressure on services. National performance may fluctuate in future quarters as we continue to support NHS health boards to reduce their backlogs. We know that clearing waiting list backlogs will mean that people can access treatment in a more timely way and that earlier interventions lead to better outcomes.

We have provided £123 million recurring additional funding for health boards and Integrated Joint Boards (IJBs) to support improvements across a range of mental health and psychological services and care for all age ranges, including CAMHS, the delivery of psychological therapies and eating disorder care.

We continue to provide enhanced support to those health boards and IJBs not on track to meet the waiting times standard. A formal review of the support will take place for CAMHS in spring 2025, and for psychological therapies in autumn 2025. This includes providing access to professional advice, ensuring improvement plans are in place and monitoring the implementation of these plans. We will request trajectories from health boards to map the route towards meeting the December 2025 target and we will monitor progress against those trajectories monthly, providing additional support where appropriate. We will continue our regular engagement with all health boards and IJBs to ensure risks are identified quickly and mitigations put in place.

Shifting the balance of care

We will work to ensure people receive the right care in the right place, recognising that acute hospitals are not always best for patients or their families. This will include making it easier to see a first point of contact with the NHS, for example a general practice team member, a dentist, optometrist or community pharmacist. It will also mean that, increasingly, assessments and specialist care will be delivered in new and innovative ways and settings, including at home.

Reducing the pressure in our hospitals

We will improve flow throughout the system, reducing delays into the hospital and lengths of stay across all areas of a hospital. This will be done through, for example, optimising alternatives to hospital admission, reducing avoidable admissions, ensuring discharge planning takes place from the point of admission, reducing delays to inpatient investigation and developing remote investigation services. This work will also support acute hospitals to move towards an optimal level, for quality and patient flow, of 85% occupancy at a national level. Measurements of admissions and attendances will assist in monitoring performance.

Work to anticipate and address demand will include early identification of individuals who will need significant healthcare services or interventions in the future, maximising the health and wellbeing of people living in care homes and optimising vaccination for vulnerable groups. In addition, embedding the Getting It Right For Everyone practice model and toolkit nationally, across health and social care services, will provide a multi-agency and person-led approach to care planning.

Our actions will support people to access the right healthcare setting for their care needs, first time, and where possible avoid unnecessary attendance at an Emergency Department. For example, we will increase the number of clinical supervisors at NHS 24 to support signposting and reduce call answering times. We will also optimise the use of Flow Navigation Centres (FNCs) to increase virtual access to Emergency Department teams, involving professionals such as those working in a care home or ambulance who need advice to prevent an unnecessary move of a person to hospital. Those working in FNCs will have more options to refer patients away from the Emergency Department with access to a range of services such as diagnostics, Same Day Emergency Care or Hospital at Home. This will also mean fewer people need to wait in an Emergency Department, thus reducing pressure on these services.

We will support local systems to improve community capacity by increasing responsive community home care support, optimising community rehabilitation and reablement services, expanding Hospital at Home, and increasing step down facilities that provide rehabilitation and prolonged periods of assessment. These interventions will support people to maintain their functional ability, reduce the escalation of their care needs and improve health and wellbeing in their own environment.

As part of on-going delivery planning we are working with all territorial health boards and their health and social care partners to strengthen plans by spring 2025 that set out how they will improve flow in acute hospitals. One of the aims is for each acute setting

to improve resilience and to use its capacity to best respond to increases in demand throughout the year.

Hospital at Home

Hospital at Home provides equivalent care to that provided in a hospital in a person's own home. The service is led by a hospital team who have access to hospital level diagnostics and treatment. For patients, this type of care offers additional benefits, such as reducing the risk of losing physical abilities in the hospital, preventing confusion (delirium) and lowering the chances of getting an infection. In addition, patients seen via Hospital at Home services have reduced risk of becoming dependent or facing delay because they can keep any care package they have in place while they receive their Hospital at Home care.

There is now some form of Hospital at Home pathway in every territorial NHS health board in Scotland. Currently we have 555 Hospital at Home beds for the older people's pathway. We will build on this and expand the number of Hospital at Home beds across a range of pathways to at least 2,000 by December 2026.

To deliver this expansion, we are working with health boards to ensure plans are in place by April 2025 to increase Hospital at Home capacity in line with demand and to support services to work collaboratively. These pathways could include older acute adults, outpatient parenteral antibiotic therapy, respiratory, heart failure and paediatrics. We will work with national boards to ensure that appropriate training and quality improvement expertise is in place to support the development of existing staff and improve the standard of services.

We will look to develop national benchmarking of Hospital at Home services and by summer 2025 key performance indicators of Hospital at Home services will be co-produced with clinical leads. We will work with partners to establish pathways that provide direct referrals from the ambulance service, flow navigation centres, emergency departments, and frailty units to Hospital at Home services by March 2026.

"I was very impressed with the care giving to me at home, I cannot express enough how well I were cared for, I was able to stay in the comfort of my own home with the confidence of home hospital looking after me with the greatest respect. They reassured me at all times and explained everything of their intentions to my care plan."

Patient supported by NHS Forth Valley **hospital at home** team.

Specialist frailty services

As our population ages, the prevalence of frailty is increasing. It is clear based on the evidence that, to improve patient outcomes and deliver high-performing healthcare systems and minimise delays, we must address the issue of frailty.

We will reduce the time that frail people spend in hospitals through prevention, admission avoidance, increased use of short-stay pathways and supporting people to live independently in their communities.

We will achieve this by prioritising care at home, or as close to home as possible, where clinically appropriate. Interventions that can help to do this include using technology that supports 24/7 remote monitoring, and additional preventative and 'home first' services with national and local partners working with providers and service users to develop alternative approaches based on local need and choice.

Frailty at the front door of the Emergency Department

The HIS standards for the care of older people demonstrate ways to optimise outcomes and reduce harm in hospital by identifying and addressing frailty at the earliest opportunity.

By putting in place processes to identify frailty early we can significantly improve a person's quality of life. Early detection means teams can quickly put in place preventative measures which reduce the risk of falls, long periods in the hospital and other complications associated with frailty. We will ensure there are local systems in place to identify people living with frailty at the earliest opportunity.

For patients being admitted to hospital, access to frailty services has been shown to shorten their length of stay and result in better functional outcomes, including reducing the likelihood of being admitted to a care home. Frailty Units are specialist beds to which people can be admitted directly from the Emergency Department or by arrangement. Those units provide intense assessment, specialist skills and early discharge, thereby reducing delays and length of stay.

Providing quick access to Same Day Emergency Care services and creating access for GPs and the Scottish Ambulance Service to get advice from specialists can help reduce the number of people who attend or are admitted to hospital. People can also avoid being admitted or have shorter waiting times if there is better access to assessments and care plans. For example, Frailty Multidisciplinary Teams working alongside emergency departments can help manage people living with frailty and its effects by providing early access to assessment. These teams will have strong relationships with community services which will allow rapid discharge where appropriate to Hospital at Home or enhanced community support.

We will work with health boards to ensure that local plans are in place by April 2025 to develop new frailty services and expand existing services. We will publish guidance by May 2025 which sets out 'what good looks like for a 'front door' frailty service' based on evidence-based practice, to support health boards. By summer 2025 we will have direct access to specialised staff in frailty teams in every core Emergency Department in

Scotland. This will mean that frail, often older patients with complex needs, will receive the wrap-around care they need supporting them to return home or into a care setting as soon as possible ensuring better outcomes. It will mean better care for these most vulnerable patients.

Access to GPs and other primary and community care clinicians

General Practice is at the heart of our healthcare system. Annual investment in General Medical Services now sits above £1 billion and there has been an additional investment of £73.2 million in 2024-25 to uplift core GP services and £190 million for multi-disciplinary team members to support general practices.

In 2025-26 we will continue to increase capacity in General Practice. A 20-point action plan on General Practitioner (GP) recruitment and retention, published November 2024, builds on previous work to support the GP workforce. It includes new GP early career fellowships and an enhanced GP Retainer Scheme. We will deliver this action plan by the end of 2026 and GP workforce data will be monitored to measure progress. We will also scope a new quality framework in 2025 to make GP services more consistent across Scotland, so everyone can rely on getting the care they need, no matter where they live.

Pharmacy First Service

We have already widened the range of common clinical conditions, such as shingles, skin infections, urinary tract infections and impetigo, that can be treated by a community pharmacist as part of the NHS Scotland Pharmacy First Service.

We will further expand our Pharmacy First Service, enabling community pharmacists to treat a greater number of clinical conditions and prevent the need for a GP visit – with the first expansion by November 2025. We have already started work with health boards, including NHS 24, GPs and community pharmacists, to scope out further conditions that can be appropriately treated in a community pharmacy. From there we will develop patient group directions (PGDs), which allow community pharmacists to provide a prescription-only medicine without the need to see a GP or other qualified prescriber. We will also work with NHS Education for Scotland to provide any training required to support community pharmacists in treating these further conditions.

In addition from August 2026 all newly registered pharmacists will be able, like doctors and dentists, to practise as prescribers from the point of registration, with newly qualified optometrists also being able to do so from 2029. We will also continue to invest in prescribing training for pharmacists already working in community pharmacy. Between April 2025 and March 2026 there will be investment in a further 240 places. As more pharmacists qualify or train as prescribers this will reduce the requirement to use PGDs when expanding the Pharmacy First service.

Dentistry

We will further strengthen primary care dental services through targeted investment in the workforce to improve capacity and patient access across Scotland.

We have already begun work to improve access to NHS dentistry and provide long-term sustainability of services through the introduction of payment reform in 2023. This has led to clearer and fairer payments to dentists and increasing clinical freedom within our NHS offer, allowing for more personalised care for patients. We recognise, however, that we now need to look urgently at our dental workforce to ensure there is

continued capacity to meet demand into the future and support equitable access to services across Scotland. Our targeted investment programme from 2025 will therefore work holistically to deliver workforce improvements now and into the future.

Existing financial incentives and eligibility will be refreshed and targeted following completion of work with the Board Chief Executives' Dental Services Reference Group by the end of December 2025. This will bring benefit and greater sustainability to communities in accessing NHS dental care.

We are working with NHS Education for Scotland to develop and deliver an innovative training package for General Dental Council (GDC) registered dental therapists – who have qualified overseas – to articulate to full dentist registration status. This will allow them to establish their own practices, if they wish, as well as to deliver care directly to patients in existing practices.

We will also deliver a 7% increase in domestic student numbers from September 2025 – the first regular increase in student numbers in ten years – to ensure an expanded pipeline of new dentists entering the workforce from 2029.

Primary care optometry

We are committed to move optometry services into the community, bringing eye care closer to patients' homes and away from centralised hospital settings.

From summer 2029, optometrists in Scotland, like doctors, dentists and pharmacists, will graduate as independent prescribers - the only UK nation where this will be the case. This will promote a greater contribution of professionals working in the community, supporting wider workforce sustainability.

Building on the success of the Community Glaucoma Service, we will further extend the care delivered by some of our independent prescribing community optometrists in 2025. There will be a new acute anterior eye condition service. There will be changes made to the Statement of Remuneration to enable complex acute anterior eye condition care to be delivered by approved independent prescribing optometrists as part of General Ophthalmic Services, by August 2025. Patients with any one of ten acute anterior eye conditions (e.g. anterior uveitis) will be seen and treated nearer to where they live. The services will be fully operational in most health boards by the end of March 2026, with the opportunity to free up around 40,000 hospital appointments per year. The increased capacity within our hospital eye services will allow people waiting for care to be seen more quickly.

"My Dad was one of the first patients to use the **Community Glaucoma Service** in Glasgow. He no longer has to go on the bus to the Queen Elizabeth Hospital every 3 months. The optometrist who is now managing his glaucoma is actually his own optician who knows him well and he can walk from his home in less than 10 minutes. He is delighted with the service. Thank you"

Improving access to health and social care services through digital and technological innovation

The deployment of digital technologies will help to modernise services and improve efficiency, as noted in the Programme for Government 2024-25. A stronger 'digital first' approach will support the provision of tools that enable personalised patient experiences, tailored health recommendations, and proactive health and care management. Implementation of, for example, remote monitoring of long-term conditions, digital mental health treatments and enhanced use of video access to care and support, alongside existing national digital services such as NHS inform and Care Information Scotland, will allow us to accelerate our 'digital first' approach. Fundamentally, we want it to be easier for people to navigate their way around the health and care system and, for example, manage their appointments in a more flexible, person-centred way. It is about accessing the right care and support, in the right way, and at the right time.

Digital access for your health and social care

Working with NHS Education for Scotland (NES), we will accelerate delivery of our 'Digital Front Door' service to commence roll-out of an app for health and social care by the end of 2025. This is part of our Programme for Government commitment to launch a new national personalised digital health and care service, which will be developed and enhanced over the next five years.

This app will mean people can securely access their hospital appointments online, receive communications, find local services and access and update their personal information. We will start with an initial release (known as a 'Minimum Viable Product') in December 2025 for a limited cohort of people in Lanarkshire, in partnership with NHS Lanarkshire. This will be supported by a plan for roll-out to the whole country. Over time the functionality of the app will be extended to include social care and community health and will be continuously developed, enhanced and extended in scope and scale.

To help with this, and in conjunction with COSLA, the Digital Office for Local Government and Public Health Scotland, we will start the work required to use the Community Health Index (CHI) within local government, beginning with social work and social care. This is to allow the matching of people's records across health and social care and to make it easier to access information and local social care services through the national 'Digital Front Door' service and its associated app.

Longer term, the use of the CHI in local government will support the appropriate sharing of information across health, social work and social care settings by expanding the use of a common identifier for verification and data matching. In practice, for people in Scotland this means a better integrated health and social care system that will streamline citizen access to systems, reduce the need to repeat information multiple times and deliver better outcomes by creating much needed capacity in the health and care system.

Digital Dermatology Pathway

We will roll out a new Digital Dermatology Pathway to all General Practitioners across Scotland and to all NHS health boards by the end of spring 2025.

The procurement of a new digital service has been completed which enables GPs to take photographs of a patient's skin issues and attach those images to a dermatology referral. This was launched in December 2024 and is already available in six territorial health boards and to over 400 GP practices.

For patients, evidence suggests that this will allow around 50% to be returned to the GP, with advice or reassurance, without having an in-person appointment with a consultant. Some patients are also likely to be fast-tracked to further diagnostics or treatment based on assessment at this digital triage stage.

Impact will be tracked by measuring the number of territorial health boards and GP practices using this pathway, the number of referrals containing an image and outcomes from the digital triage process.

National digital type 2 diabetes remission programme

A new national digital intensive weight management programme will be used to support 3,000 people newly diagnosed with type 2 diabetes over the next three years, with the first patients recruited in January 2026.

We anticipate that around 35 to 40% will achieve remission from type 2 diabetes at the end of their first year on the programme, with a majority of patients benefiting from a clinically significant average weight loss of 10% and reductions in blood pressure, all contributing to reduced cardiovascular disease risk and reduction in polypharmacy.

We will measure impact by the number of patients recruited into this programme, their NHS health board, the number who achieve remission and the number with clinically significant weight loss.

Genetic testing to deliver improved clinical outcomes and target medications

Pharmacogenetics is concerned with how an individual's genetic variation affects their response to specific drugs. Identifying these genetic variations allows healthcare providers to choose the most appropriate drug treatment and dose for a patient to improve their treatment outcomes, minimise side effects and reduce adverse drug reactions.

We will start using genetic testing to target medications and deliver improved clinical outcomes for recent stroke patients and newborn babies with bacterial infections. The aim will be to prevent debilitating recurrent strokes and severe adverse reactions to antibiotics.

Genetic testing for recent stroke patients

There will be a pathway established across Scotland for new stroke patients to receive a lab-based genetic test to inform what drug they are given to reduce the risk of a secondary stroke. This programme will begin in October 2025 and be rolled out to all territorial health boards within 12 months.

Once fully implemented, we anticipate over the first year that around 20,000 recent stroke patients would be tested and around 30% moved to a drug that will be more effective in preventing a secondary stroke.

We will measure impact by the number of NHS health boards applying this pathway, the number of patients tested, and the number moved to an alternative drug.

Genetic testing for newborn babies with bacterial infections

A pathway will be established across Scotland for newborn babies to receive a genetic test via a point-of-care device to inform what drug they are given to manage an infection. This programme will begin in October 2025 and be rolled out to all territorial health boards within 18 months.

Once fully implemented, we anticipate over the first year that around 3,000 newborn babies would be tested and those with the relevant genetic variation moved onto an alternative antibiotic as appropriate.

We will measure impact by the number of NHS health boards applying this pathway, the number of patients tested, and the number moved to an alternative drug.

An operating theatre scheduling tool

We are rolling out a theatre scheduling tool that has been shown to increase operating theatre productivity by up to 20% for some specialties. The tool supports health boards to optimise the use of available theatre slots and find patients or procedures that best fill gaps, based on waiting list priority. Improving scheduling will mean better use of our facilities and will make it easier for people to get their treatment quicker. All territorial health boards will have been scheduled into the rollout plan for the theatre scheduling tool by the end of June 2025.

Prevention - working with people to prevent illness and more proactively meet their needs

We want to do more to detect and prevent ill health before it happens - improving health for people and reducing demand on our health and care services.

The Population Health Framework, due to be published in spring 2025, will set out our long-term collective approach to improving Scotland's health and reducing health inequalities. Improving Scotland's health and reducing health inequalities are fundamental contributors to and enablers of each of this Government's four key priorities. The Framework will stimulate and drive improvements – requiring the support of the whole of government and public services, the voluntary sector and private sector and communities – to the key building blocks of what makes for good health. It will take a long-term approach, starting now but with action across the coming decade on primary prevention – actions that support people to live healthy and fulfilling lives and stop problems arising in the first instance[1].

The Health and Social Care Service Renewal Framework will also then focus on the key reform areas that will drive our model of service to be more preventative, to find risk factors sooner and raise the level of early intervention and proactive care. This will help to detect and prevent ill-health. This Framework is due to be published late June 2025.

Proactive prevention

Taking preventative action at any point of a person's health or care needs can make a significant difference. Detecting modifiable risk factors sooner can lead to working with the person to reduce those risk factors through a combination of lifestyle or healthcare interventions. This can also make a difference when a person's health or care needs have become more advanced. For older people, being aware of the risks of frailty and being proactive in maintaining a person's ability to be as active and connected as possible can prevent health deteriorating.

A further £10.5 million will be invested in 2025-26 to expand targeted interventions for cardiovascular disease and frailty prevention. We will agree an Enhanced Service with the BMA in spring 2025 that will increase the number of proactive interventions to prevent cardiovascular disease having a significant impact on patients' long-term health outlook. We will offer by spring 2026 a Frailty Enhanced Service to General Practices, enabling each practice to identify a Frailty Lead. This lead will help drive improvements in frailty care through training, data optimisation, and cross-sector collaboration.

Cardiovascular disease (CVD)

We will invest in a General Practice enhanced service for CVD risk factors (including high blood pressure, high cholesterol, high blood sugar, obesity and smoking). This

[1] Public health approach to prevention and the role of NHSScotland - Publications - Public Health Scotland

enhanced service is part of a wider national CVD risk factor suite of improvements. This enhanced service will commence in spring 2025.

This enhanced service will focus on identifying people who may have higher CVD risk and do not currently have that identified. By focusing on people with the highest unmet need, and finding risk factors soon and commencing early interventions, the risks to people's health will be reduced. We know this can make a real difference, for instance lowering a high blood pressure by 10 mm Hg reduces major CVD events by 20%.

Frailty prevention

With an ageing population in Scotland, there is a growing need to identify and manage frailty earlier to reduce avoidable hospital admissions and support people to live well for longer. We will offer a Frailty Enhanced Service to General Practices, enabling each practice to identify a Frailty Lead. This lead will help drive improvements in frailty care through training, data optimisation, and cross-sector collaboration. The terms of the frailty programme will be issued to GPs in April 2025.

Conclusion

This is a plan to improve delivery in a number of specific areas which are key to wider delivery across NHS Scotland.

Assurance around delivery and impact is critical, and accordingly enhanced monitoring arrangements are being put in place to support implementation of this plan. The Government will be closely tracking and managing progress together with health boards, supported by the improvement capability within the Centre for Sustainable Delivery, based on regular reporting from health boards including weekly data returns across key metrics.

The Government will report against this plan publicly and to Parliament within 2025-26, aligned with its next annual update on the NHS Recovery Plan 2021-26, recognising that Public Health Scotland's official statistics on waiting times for the final quarter to March 2026 are not scheduled for publication until May 2026.

This plan will continue to be built on over time. For example, the Government has previously committed to additional annual investment of £100 million for three years, subject to the Scottish Budget process, to clear planned care backlogs to a sustainable position, with 2025-26 being the first full year of that investment.

The Government is grateful for the engagement and input of stakeholders in finalising this plan and looks forward to continuing engagement and collaboration through its implementation.

This publication is available at **www.gov.scot**

Any enquiries regarding this publication should be sent to us at

The Scottish Government
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Edinburgh
EH1 3DG

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