

NHS Delivery - a new national delivery organisation to lead transformation across our health and social care system

Consultation response from RCGP Scotland

Question 1

Do you agree that creating a new national organisation to drive forward digital transformation and system change – beginning with the consolidation of NES and NSS into one organisation – is the right approach to deliver the ambitions set out in Scotland's Population Health Framework and Service Renewal Framework?

Agree

Disagree

Don't know

Please give reasons for your answer.

RCGP Scotland welcomes the opportunity to respond to this consultation. As the membership body for general practitioners in Scotland, we exist to promote and maintain the highest standards of patient care.

On 17 June 2025, we welcomed the Scottish Government's Service Renewal Framework (SRF) and Population Health Framework (PHF), along with the strategic policy direction they set for reforming health and social care in Scotland.ⁱ We believe that the commitments within these frameworks have the potential to mark a turning point, provided they are implemented effectively.

We continue to engage constructively with the Scottish Government on the practical delivery of the SRF and PHF. Most critically, we participate in the Primary and Community Health Steering Group to ensure the realities of general practice are to be considered as part of the development of the Primary Care Route Map.

RCGP Scotland broadly supports the intentions of the proposed merger of NHS Education for Scotland (NES) and National Services Scotland (NSS). We acknowledge the need to seek out situations where organisations might be delivering similar or overlapping services. We support work to reduce any duplication or fragmentation in a system already under fiscal pressure. Bringing these two boards together under NHS Delivery could create a single point of accountability and leadership for national delivery.

The merger offers advantages by combining expertise to better coordinate key workstreams such as digital transformation, procurement, and training. However, we caution against using this process as a cost-cutting exercise, which could result in a loss of expertise and critical institutional memory, thereby undermining efforts to deliver on the SRF and PHF commitments.

Centralisation can also risk losing local knowledge, which is vital for quality improvement and innovation. While a "Once for Scotland" approach can reduce duplication and costs, it must be balanced with flexibility for remote and rural services which face unique challenges.

Our primary concern is that the merger must not compromise the quality of GP teaching and training in Scotland. Scotland currently ranks first among UK deaneries for GP training

quality - a critical factor in attracting and retaining trainees. This standard must be safeguarded throughout the transition. We also note that NES currently contributes to undergraduate and postgraduate medical education via ACT funding and urge that the merger of NES and NSS not disrupt this.

Finally, we note that the proposed completion date of 1 April 2026 is highly ambitious. We urge that the process is not rushed at the expense of the services currently provided by either organisation.

Question 2(A)

Do you agree with the proposed strategic objectives for the new organisation (driving innovation, delivering Once for Scotland services, and streamlining structures)?

Agree

Disagree

Don't know

Please give reasons for your answer.

We welcome the proposed strategic objectives for NHS Delivery. However, we urge that any decisions taken on a "Once for Scotland" basis are carefully considered. Such decisions must account for circumstances where a uniform approach may not be appropriate. For example, policies applied nationally should remain sensitive to the needs of local communities, particularly those in remote and rural areas. NHS Delivery must avoid centralising services and planning through a predominantly central belt perspective.

As above, we are not opposed to streamlining services. Where there is scope for reducing duplication and improving efficiency across health and social care, we welcome action. However, this process should not be driven solely by cost-cutting. The primary aim must be to enhance service quality and outcomes without stifling local innovation and losing expertise and experience within each organisation.

Innovation is essential for developing future services and delivering on the ambitions of the SRF and PHF. We recommend that NHS Delivery actively considers how it engages with GP Quality Clusters, which play a key role in driving quality improvement within general practice and have the potential to drive improvements across the wider system. RCGP Scotland has previously called on the Scottish Government to revitalise GP Quality Clusters, and we trust that reorganisation will not disrupt any work now underway to ensure clusters can fulfil their potential.

Question 2(B)

Should the organisation consider additional strategic objectives?

Agree

Disagree

Don't know

Given that NES is primarily responsible for GP education, GP Specialty Training posts, and serves as the employer for GP Registrars in Scotland as well as other health professionals in training we believe it would be appropriate to include an additional strategic objective focused on developing the future workforce to meet the evolving health needs of Scotland's population.

Question 3

Are there services or functions currently delivered by other organisations (in addition to what NES and NSS already do) that should be delivered *only* by NHS Delivery to improve consistency and reduce duplication? This includes consideration of capabilities that are perhaps fragmented across multiple bodies, where a clear lead organisation should be identified.

Yes
No

If yes please detail which services or functions.

NA.

Question 4

What areas of national delivery could be improved by NHS Delivery to make services more efficient or better joined-up.

Please tick all that apply

Redesigning how services are planned or improved

Making better use of data and digital tools

Improving supply chains or procurement

Supporting shared back-office services like HR or finance

Strengthening workforce development and training

Other (please indicate below)

RCGP Scotland has concerns about the significant ongoing failure rate relating to the transfer of clinical records when patients move between GP practices; we ask that NHS Delivery is charged with improving or replacing the GP2GP system, avoiding the burden and risk associated with the manual recoding of vital information.

Question 5

Are there any existing services, programmes, or functions currently delivered by NES or NSS that you believe could be stopped, scaled back, or redesigned (or handed over to another organisation) to better align with current priorities and system-wide impact?

Examples may include legacy services, low-impact initiatives, or areas of duplication with other bodies.

Yes

No

If yes please explain.

NA.

Question 6

Do you agree that NHS Delivery should lead the development of national digital capabilities (e.g. Electronic Health Records, digital inclusion, data architecture) for Scotland's health and social care system?

Yes

No

Don't know

Please give reasons for your answer.

RCGP Scotland agrees that NHS Delivery should take the lead in developing national digital capabilities, given that much of this work is currently undertaken by NES and NSS. For example, NES launched the National Digital Platform in 2022, describing it as having the potential to “transform the range of digital services available to help people manage their care and live healthier lives.”ⁱⁱ We believe this and similar platforms should be operated by NHS Delivery.

It is RCGP Scotland's longstanding view that general practice suffers from insufficient data, which undermines workforce planning, resource allocation, and the ability to visualise activity. This view was evidenced by Audit Scotland's report on the 2018 GP Contract.ⁱⁱⁱ For instance, the current GP Workforce Survey, conducted by NES' Centre for Workforce Supply, only partially captures the GP workforce. NHS Delivery should prioritise improving data collection in this area to strengthen understanding of the current workforce. If the SRF is to be successfully implemented, robust data will be essential to inform future planning and evaluate the impact of reforms.

NES currently manages several primary care informatics schemes, including the Primary Care Data and Intelligence Platform, Emergency Care System (ECS) and Key Information Summary (KIS), and clinical information modelling. We believe these platforms should transfer to NHS Delivery. We have significant concerns about the significant ongoing failure rate relating to the transfer of clinical records when patients move between GP practices; we ask that NHS Delivery is charged with improving or replacing the GP2GP

system, avoiding the burden and risk associated with the manual recoding of vital information.

We recognise that NSS employs a small but essential team of general practice's professional clinical informaticians. These people support a number of vital systems, which are critical for clinical safety, identifying adverse events, population health management, and healthcare analytics. ^{iv} NHS Delivery should lead on maintaining and developing these staff and systems to meet the evolving needs of our citizens in the years ahead.

Question 7

Should NHS Delivery be tasked with improving data sharing, data access and interoperability across health and social care?

Yes

No

Don't know

Please give your reasons for your answer.

RCGP Scotland has long identified data access, sharing, and interoperability as major barriers to delivering services and improving patient outcomes. ^v The interface between primary and secondary care represents one of the greatest areas of risk for patients, as poor communication and lack of IT system interoperability can lead to information being lost. Common concerns in general practice and community settings include issues around discharges, communication, medicines reconciliation, and access to diagnostics. A stronger emphasis on cross-boundary working, shared learning, and joint improvement planning would help create a more integrated approach to managing clinical risk.

RCGP Scotland has consistently campaigned for greater recognition of these risks and for action to address them. We have lobbied the Scottish Government on this issue for many years and are pleased that our calls for mandatory interface groups in every health board will now be implemented following the recent funding agreement between the Scottish General Practitioners Committee and the Scottish Government. ^{vi} NHS Delivery could play a valuable leadership role in embedding these groups, and supporting their activity by improving data sharing, access, and interoperability.

Question 8

Do you believe NHS Delivery should be tasked with the lead national support role in innovation development & adoption, service redesign, change management, improvement, and commissioning?

Yes

Partially

No

Don't know

Please give reasons for your answer. This may include areas where fragmented delivery or unclear accountability currently limits impact. Examples could also include aspects such as leading pathway redesign, supporting local improvement efforts, coordinating national commissioning of services.

RCGP Scotland agrees that NHS Delivery should take a national leadership role in supporting innovation, development and adoption, service redesign, change management, improvement, and commissioning. Implementing the SRF will require new ways of working and the redesign of long-standing structures and organisations. Territorial boards have not consistently put in place the necessary arrangements to address issues arising at the primary-secondary care interface. Having a single organisation oversee this work would provide clarity and accountability, ensuring there is one identifiable authority with responsibility. We recognise that the Chief Medical Officer will need to have effective interactions with NHS Delivery.

We also reiterate our previous point regarding the importance of GP Quality Clusters in delivering local quality improvement. NHS Delivery must actively support GP Clusters to ensure these efforts are sustained and effective. Furthermore, NHS Delivery's relationships with other key organisations such as Health Boards, Health and Social Care Partnerships, Public Health Scotland, and Healthcare Improvement Scotland should be clearly defined to avoid duplication and ensure collaborative working.

Question 9

As NHS Delivery evolves in the longer term, what additional capabilities, functions or bodies should be considered for integration into a single national delivery capability that supports the aspirations of the Service Renewal Framework?

This may include functions currently delivered by other national bodies, territorial Boards, or Scottish Government divisions, as well as organisations whose consolidation could improve efficiency, reduce duplication, or enhance outcomes. We recognise you may feel it is too early to say, and that further consultation would be required.

NA.

Question 10

What principles should guide decisions about future expansion of NHS Delivery's remit and structure?

Examples might include:

- Alignment with the Service Renewal Framework and Public Service Reform Strategy
- Evidence of system-wide benefit
- Avoidance of duplication
- Stakeholder consensus
- Legislative clarity and accountability

We believe NHS Delivery's remit should only be expanded following a review of how the merger of NES and NSS has impacted services. Such a review would help identify any early challenges and allow for timely solutions.

If NHS Delivery assumes additional responsibilities, this must be done in a way that does not compromise service delivery, aligns with the principles of the SRF and PHF, and is supported by evidence. Any future expansion of NHS Delivery's remit should be subject to consultation, with relevant stakeholder views fully considered.

Question 11

What mechanisms should be put in place to review and adapt NHS Delivery's remit and performance post-launch?

Examples might include:

Formal review after 12–24 months

Stakeholder engagement and feedback loops

Independent evaluation or audit

Legislative review or amendment

We support the proposal for a formal review of NHS Delivery's remit and performance following its launch. We hope that sufficient work has been undertaken prior to the merger of these organisations to understand and continue the depth and breadth of nuanced support that they provide across Scotland. We would particularly welcome an assessment of the impact that the merger of NES and NSS into NHS Delivery has on GP Specialty Training. As noted previously, Scotland is currently ranked as the leading deanery for the experience from placements in general practice during GP training across the UK. It is desirable that this position is maintained, as any decline would negatively affect the GP training experience and hinder recruitment and retention efforts. This risk comes at a time when increasing the number of GPs is critical to achieving the SRF and PHF's stated aim of delivering more care in the community.

ⁱ [RCGP Scotland welcomes publication of Service Renewal and Population Health Frameworks](#)

ⁱⁱ [National Digital Platform launched: Laying the foundation for a health and social care revolution](#)

ⁱⁱⁱ [Audit Scotland: General practice – progress since the 2018 General Medical Services contract](#)

^{iv} [National Clinical Informatics Service for Scotland \(NCISS\)](#)

^v [RCGP Scotland Primary-Secondary care interface project](#)

^{vi} [Scottish Government: Proposed funding package offer to general practice 2026/27 – 2028/29](#)