Director-General for Health & Social Care and
Chief Executive of NHS Scotland
Caroline Lamb

E: dghsc@gov.scot

Scottish Government
Riaghaltas na h-Alba
gov.scot

Richard Leonard MSP
Public Audit Committee
The Scottish Parliament

publicaudit.committee@Parliament.Scot

20th August 2025

Dear Mr Leonard,

Thank you for your letter of 4 July relating to follow-up questions from the evidence I gave to the Public Audit Committee at its meeting on 18 June 2025.

Please find below answers to the questions posed in your letter.

100,000 Additional General Practitioner Appointments

You asked "*Can you please provide information on how the 100,000 general practitioner appointments will be funded in future years*".

The £10.5 million this financial year, which helps to build GP capacity to intervene earlier and prevent illnesses such as cardiovascular disease (CVD) through a Direct Enhanced Service (DES), has been highly successful, with around 95% of practices across Scotland now signed up to provide the service. The CVD DES aims to support 100,000 patients by March 2026 for key risk factors including high blood pressure, high cholesterol, high blood sugar, obesity and smoking.

Subject to monitoring and evaluation of the CVD DES, we anticipate that this service will continue in future years. Details of funding for the service in future years will be considered in the usual way through the budget and spending review process later this year.

Digital Priorities

You asked "*Can you please provide further information on the planned future investment that will support the increased functionality of the App*" and "*Can you also provide details of the expected functionality of the App and the timescales for each phase of its roll out*".

Future investment

The online app being launched in December is the minimum viable product (MVP) for the Digital Front Door Programme (DFD). This will be expanded over the next five years with further capabilities as a key component of health and social care access to services so that this becomes 'the Digital Front Door' to health and social care services.

The Scottish Government and NHS Education for Scotland are currently in the development stage of the full business case for the DFD, estimated cost savings are also still to be

finalised and therefore, we do not yet have an agreed longer-term budget. Once it has been approved and the MVP has been produced, this will inform future costs of a national roll out for the DFD.

Functionality and timescales

The first release will allow people to securely access elements of their medical health information, manage hospital appointments online, receive communications, find local services and view and update personal information. This will be expanded over the next five years with further capabilities as a key component of health and social care access to services.

The full business case (referenced above) will also quantify the benefits as well as the expected return on investment and inform the roll out plan as per our commitment in the NHS Scotland Operational Improvement Plan.

Health and Social Care Service Renewal Framework 2025-2035

You asked "*Can you please provide further information on the actions, timescales and costs relating to the implementation of the Service Renewal Framework*".

Actions

The Service Renewal Framework (SRF) sets out five key principles for renewal:

1. Prevention Principle: Prevention across the continuum of care
2. People Principle: Care designed around people rather than the 'system' or 'services'
3. Community Principle: More care in the community rather than a hospital-focused model
4. Population Principle: Population planning, rather than along boundaries
5. Digital Principle: Reflecting societal expectations and system needs

Core to this is shifting the balance of care. We will shift resources towards Primary and Community Care, to deliver more care closer to people's homes and communities while hospitals will focus on the most acute and complex procedures. Shifting the balance of care and moving to a preventative, community-focused health and social care system is essential for the future stability of the NHS.

As part of this work, within the first six months of the SRF we will collaborate across Scottish Government, NHS Boards and Integration Authorities to develop population level strategic needs assessments. This foundational analysis will provide a clear understanding of current and future health and care needs, supporting evidence-based decision making and local strategic planning, including workforce planning, to inform the whole system including primary care and general practice.

This will be followed by a number of further actions, including the development of collaborative service change plans at national, sub-national and local levels and the publishing of a Primary Care Route Map. For more details on relevant actions and timelines within the SRF, please see Annex 1.

Timescales

The SRF adopts a phased, three-horizon approach:

- Horizon 1 - Year 1 (2025–26): Launch of early actions, including digital front door services, Getting It Right For Everyone (GIRFE) model rollout, publication of Primary Care Route Map and key community-based healthcare outcomes and actions. Begin development of whole system outcome frameworks and performance metrics. Initiation of the NHS Accountability Review and hospital review.
- Horizon 2 - Years 2–5 (2026–30): Expansion of community-based services, digital transformation, and population-based planning. Continued shift of resources and workforce into primary and community care.
- Horizon 3 - Years 6–10 (2030–35): Full realisation of a rebalanced, digitally enabled, and person-led health and care system.

Cost

The 2025-26 Budget provides record funding of £21.7 billion for Health and Social Care – an uplift exceeding consequentials and taking funding to an all- time high. This budget has a continued focus on reform and improvement in our services, driving efficiency and changing how we deliver our services to improve quality and access.

We are continuing investment in health and social care services including, as part of the 2025-26 Budget:

- Resource funding for health and social care has more than doubled since 2006-07 (up 126.7% cash; 41.7% real terms).
- NHS Boards' baseline funding has increased by over 120% in cash terms and 37% in real terms in the same timeframe.
- Over £16.2 billion investment in our NHS Boards – representing a 3% cash uplift and a real terms increase on their baseline funding (0.6%).
- £10.5 million to build GP capacity to intervene earlier and prevent illnesses, such as cardiovascular disease

The SRF will make better use of the resources we already have and will not rely on new funding.

Primary Care Phased Investment Programme

At the close of your letter, you also noted our commitment during the evidence session to "*provide the Committee with further information relating to the phased investment programme (column 49)*".

The second interim evidence report of the Primary Care Phased Investment Programme evaluation was published in July 2025, reflecting progress and learning up to May 2025. An expert group will be convened in October 2025 to support the synthesis of fidnings and development of recommendations for the final report in December 2025.

I hope the Committee finds the responses in this letter helpful. If there are any further questions or information required I will be happy to assist.

Yours sincerely,

Caroline Lamb

Director General Health & Social Care and Director General NHSScotland

St Andrew's House, Regent Road, Edinburgh EH1 3DG
www.gov.scot

Annex 1: SRF actions and timelines

Year 1: Foundations for Transformation
Within the **first six months**, we will:

- Collaborate across Scottish Government, NHS Boards and Integration Authorities to develop **population level strategic needs assessments**. This foundational analysis will provide a clear understanding of current and future health and care needs, supporting evidence-based decision making and local strategic planning, including workforce planning, to inform the whole system including primary care and general practice.

Following this, we will in year 1:

- Develop collaborative service change plans at **national, sub national and local levels**. These plans will translate the insights from the needs assessments into prioritised actions – identifying what needs to change, where and how – alongside the infrastructure, finance and workforce requirements to support delivery.
- Agree a **joint programme of ongoing population planning**. This will build on the initial assessments and ensure a consistent, system-wide approach to planning and delivery as more care is delivered in community settings. It will also help embed population-based planning as a continuous, adaptive process across the system.
- Publish a **Primary Care Route Map** – a delivery plan for how we will enhance our core front door health services alongside wider community health improvement to support a shift to prevention and community-based care.
- Task NHS Boards and Integration Authorities to actively involve **communities in improving accessibility to services.**

Years 2 to 5: System Integration and Innovation

- Scottish Government will publish a renewed planning framework that integrates health and social care systems to support coordinated, system-wide delivery.
- The NHS in Scotland and partners will move from initial population needs assessment and early planning into the **delivery phase**, by developing and implementing detailed **integrated service and workforce plans**. These plans will ensure that the right services and staff are in place to meet the specific needs of different communities – linking population data with practical delivery models and workforce capacity.

BACKGROUND INFORMATION

Working Together to Plan Better Care

We will enhance whole system cohesion, centred around our shared Vision and these principles, building on the GIRFE approach. This includes developing seamless, person-centred pathways that span services (e.g. primary and secondary healthcare and social care) and settings (e.g. within communities and between community and hospital care).

To achieve this, we must ensure a strong and thriving primary care and community-based health system – this is most people's first point of contact with the health service. Most health and care needs are already managed entirely in the community, without being escalated to a more 'acute' level or needing hospital-based treatment. There is a growing body of evidence and experience that shows that many of these health needs can be managed safely in people's own homes with more intensive multi-disciplinary or specialist support

We will:

- Enable NHS Boards and wider system leaders to take the lead in national, sub-national, and local planning and decision making, and ensure that planning guidance issued to them reflects the Community principle set out in the SRF.
- Maximise flexibility and cohesion across the primary and community health workforce to increase access, building on core General Practice capacity and wider primary care professionals across the MDT and beyond.
- Deliberately targeting opportunities to collaborate across traditional organisational boundaries and deliver more seamless services. Service providers will use this approach to consider how to better share resources and improve efficiencies.

People and the workforce can expect to see:

- Community services providing more generalist and specialist care as close to home as possible, building on the capacity, role and strengths of primary and community healthcare teams.
- Seamless transitions between care settings being facilitated as part of a coordinated care plan, supported by multi-disciplinary teams with staff working across settings in structured networks.
- The same high-quality care being provided, no matter where someone lives. including planning for the unique needs of rural and island communities.

Planning and delivery

Planning and delivery will be nationally coordinated but locally led. The Population Principle in the Framework prioritises planning for our population's needs at a national, sub-national and local level, above organisational interest and beyond the constraints of organisational boundaries

- Our planning of services will be based on evidence-based, strategic assessments of population needs across Scotland, at national, sub-national and local level.

Population Level Strategic Needs assessment

To plan and deliver effectively, the Health and Social Care system requires strategic needs assessment across the range of areas that will impact service provision in the short, medium and long term. This marks a significant shift from traditional service-based planning to a **population level model** that considers the full spectrum of health and wellbeing needs—now and into the future. It will enable a more proactive, preventative, and equitable approach to service design and resource allocation.

There is already excellent work in place on the Burden of Disease and related products and further development is planned. This must now be applied and further developed at a national, sub national, Community Planning Partnership (CPP), Integration Authority and locality level to enable a firmly evidence-based approach to planning in the immediate, medium and long term. This will be a single source of truth available to all, allowing the public to see how the system plans to meet need.

Key priorities include:

- Development of a clear strategic assessment of population needs both now and, in the future, to inform planning and investment decisions.
- Working with NHS Boards to co-develop a future hospital model and improved care pathways that integrate care across settings and strengthen the interface with primary

and community care. This will be implemented on a phased basis and supported by redesigned care pathways.

- Working with NHS Boards to ensure that easy access to services is an integral part of their service planning and decision-making, including travel and transport needs.
- Setting out a clear offering of core services for every area that are consistently applied according to population need. This will include development of core service specifications to guide planning and delivery, helping communities to understand what local services are available, and when travel to another area for care may be required.
- Creating national referral guidance to make it easier for people to move through the health and care system when they need treatment or are ill. This guidance will help ensure that care is well coordinated and easy to navigate, co-designed across primary and secondary care (including through interface groups). These clearer, more consistent pathways will help reduce waiting times and make sure people get the right care at the right time, especially when they are most in need.