

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

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?

Disagree

Please explain your response.:

The Royal College of Podiatry (RCPod) supports the creation of a single national organisation to lead transformation across health and social care.

Fragmentation across national bodies has long been recognised as a barrier to consistent workforce development, digital integration, and service improvement. A unified structure presents an opportunity to address duplication, streamline leadership, and accelerate implementation of the “Once for Scotland” model.

From a podiatry and allied health professional (AHP) perspective, this consolidation could significantly improve national workforce planning, digital upskilling, and equitable access to education and innovation resources across all regions, which is critical to maintaining community-based, person centred preventative care. The success of NHS Delivery will depend on inclusive co-design with professional bodies and frontline clinicians, including AHPs, to ensure that digital and service reforms are grounded in practical, person-centred delivery.

Combining NES and NSS does not represent the urgent route to fundamental change necessary to create a sustainable health service. Effective transformation will address people, process, technology and infrastructure simultaneously, it is not an incremental process. The focus of transformation cannot be only on digital tools and must address the current barriers to digital transformation and innovation first.

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

Please explain your response.:

The RCPod welcomes the strategic objectives, to drive and support innovation, deliver on a Once for Scotland basis and to streamline structures, as important contributors to reform the NHS. However, to deliver the successful transformation aspired to, a

stronger emphasis must be placed on the key ingredient of our National Health Service, namely staff. A main objective for Delivery must be to provide suitable and sustainable workforces, fit for the future. This should include detailed, data driven workforce planning for all professions, particularly for podiatry, and those healthcare professions who are witnessing a reduction or a stagnation in their workforce numbers and continue to address the educational needs of the current and future workforce.

The College would also stress the importance of collaboration with front line staff as the road to change is embarked on. Many of the answers to transformation are sitting with existing staff; they each offer a unique insight into their patients and the environments within which they work. For NHS Delivery to lead on transformative change, it must offer true partnership with all healthcare staff and leadership roles across for allied health professions across all aspects of NHS delivery.

Question 2 (b) Should the organisation consider additional strategic objectives?

Yes

If yes, please specify using the text box below:

The delivery of an appropriate and sustainable NHS estate fit for the future should form an additional strategic objective. NHS Delivery should on establishment, assess the quantity, locality and suitability of the current estate for providing accessible, quality preventative care across every part of Scotland. To progress the transformation being aspired to, NHS estates must ensure the right buildings, in the right place and at the correct scale so that service delivery can meet population need. As the service moves towards a preventative approach, there will be an increased need for accessible clinical spaces within all communities. This must encompass assurance that all preventative services, including podiatry, have access to dedicated and appropriate spaces to provide the specialist care in the locality of their patient cohort.

Provision of a highly skilled workforce to meet population needs now and in the future, should be another objective. This would provide assurance that NHS Delivery would continue to develop and deliver on appropriate training for our healthcare workforce.

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?

Yes

If yes, please specify using the text box below:

Health promotion programmes are run by PHS and health boards on similar topics. These should be coordinated to ensure consistent messaging and limit duplication.

Quality and safety- audits are carried out by a number of organisations, including health boards, leading to multiple audits on the same clinical process. This should be coordinated by NHS Delivery to ensure repetition of this nature does not occur and information shared and compared to maximise its value. Healthcare Improvement Scotland provides improvement support and evidence functions that support transformation, focusing on quality improvement, redesign and learning systems. Consideration should therefore be given to incorporating these functions into NHS Delivery, addressing the current disjointed nature of these functions

Data and Digital- The same data are reported to different national bodies. This creates increased workloads for health boards as well providing the opportunity for gaps in data collection to be missed. Centralisation of data collection to NHS Delivery would reduce the burden and allow increased oversight of data. Digital incorporates both patient tools, for example My Diabetes, My Way, and the digital tools used by NHS staff, such as Morse, Trak and EMIS. While there is ongoing work to develop patient digital engagement, there is not the same emphasis on the technology used by the workforce. NHS Delivery should lead this work to ensure staff have access to up to date technology that allows for sharing of information across every part of the healthcare system, as well as the ability to access information required on current and future patient digital tools.

Workforce training and development is managed both locally, by health boards, and nationally, by NES. This leads to variation in expectation and offering. NHS Delivery should coordinate workforce training and development, in addition to taking on the current training provided by NES, outlining clearly who is responsible for the delivery of each aspect of workforce training.

Question 4 What areas of national delivery could be improved by NHS Delivery to make services more efficient or better joined-up?

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)

Other (please indicate below)::

Data and digital tools- The introduction of a centralised data hub, hosted by NHS Delivery, bringing together all data produced by NES, PHS and others, would provide a one stop shop for health data, providing easy identification of duplication and gaps in the data held, as well as reducing the burden on health boards for the supply of data. It should include scaling up workforce data analytics to inform targeted recruitment and

retention strategies for smaller professional groups such as podiatry. National digital solutions to improve efficiency, workforce transformation and the delivery of care should be led by NHS Delivery. Examples could include national assessment tools and bloods monitoring. There needs to be a focus how national AI solutions can be expedited and support care delivery across Scotland.

Procurement- Where there is shared demand, centralised procurement by NHS Delivery would produce cost savings through negotiation leverage with suppliers and lower per-unit prices. Other benefits include quality assurance of using a single supplier nationally and streamlined operations across NHS Scotland.

Shared services- This would bring similar benefits to procurement of, cost savings and streamlined operations, however, should include knowledge of the specific issues facing different areas, such as transport, cost of living and availability of other services and specialities.

Workforce development & training- Clearly defining the roles and responsibilities of NES, HBs and other training providers such as professional bodies, would prevent gaps in training, ensure training is appropriate to the locality of the role and enhance the consistent application of training standards.

Quality and Improvement- continuous improvement is a shared ambition of PHS, NES, HBs and HIS. While they come from different perspectives: training, public health and assurance; this would reduce the risk of duplication and variation. Centralising quality improvement would allow for consistent standards, a holistic view and shared intelligence.

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?

Yes

If yes, please explain in the text box below:

See Question 4 – Full review and analysis of the work carried out by NES and any overlap with other organisations should be carried out in advance of the establishment of NHS Delivery.

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

Please explain your response.:

National leadership on digital systems is essential for consistent, safe, and equitable care. RCPod supports NHS Delivery's leadership role, provided it ensures interoperability across all areas of health (including primary care) and social care, and that digital inclusion remains a priority for groups at risk of exclusion (e.g., elderly, rural, and digitally disadvantaged populations).

A unified Electronic Health Record (EHR) would greatly enhance podiatric care, enabling multidisciplinary teams to share information effectively and efficiently, support prevention and early intervention, and reduce duplication in patient assessments; thereby leading to more cost effective service delivery.

Question 7 Should NHS Delivery be tasked with improving data sharing, data access and interoperability across health and social care?

Yes

Please explain your response.:

Improving interoperability is foundational to integrated care and is long overdue. Podiatrists routinely manage extremely complex patients, from a physical and mental perspective, whose care spans primary, community, and acute sectors. Seamless data flow will reduce delays, support better prevention of complications (e.g., diabetic foot disease), and allow for effective outcome measurement.

NHS Delivery should work with professional bodies, regulators, and data governance experts to ensure systems are clinically relevant, secure, and designed to enhance multidisciplinary collaboration. A key role of NHS Delivery will include identifying barriers to digital innovation and having the ability to remove the barriers, for example, limitations associated with existing IT systems and teams.

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?

Partially

Please give a reason for your answer in the text box below.:

Whilst NHS Delivery should lead coordination and capability-building; innovation and improvement must remain led by clinical, academic, and professional partners. RCPod

supports NHS Delivery serving as a national centre of excellence to share, scale and sustain innovations, but stresses the need for professional input to ensure innovations are relevant and appropriate to patients, their locality and the clinical settings.

A national innovation and improvement hub could support shared learning, pilot evaluation, and accelerated adoption of evidence-based practices across AHP professions.

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?

Please provide your answer in the text box below:

As NHS Delivery evolves over the longer term, there is a strong case for considering a more integrated national capability that brings together functions currently dispersed across multiple bodies. This would involve creating a system that not only improves efficiency and reduces duplication but also enhances patient outcomes and equity of access. At present, services such as foot health, diabetes care, and vascular management are often managed separately by different departments and divisions within one Health Board. This fragmentation can lead to inconsistencies in standards, delays in care, and missed opportunities for prevention.

A consolidated approach could begin with clinical pathway integration. Podiatry services could be embedded within national chronic disease management programmes, particularly for conditions such as diabetes and peripheral arterial disease, where foot complications are common and costly. This would ensure that screening, triage, and treatment protocols are consistent across Scotland, reducing regional variation and improving outcomes.

Digital capability is another area where integration would deliver significant benefits. A national foot health registry could capture data on ulcer prevalence, healing rates, and amputation outcomes, providing a robust evidence base for policy and resource allocation. Shared digital platforms would allow seamless referrals and multidisciplinary collaboration, ensuring that podiatry is fully connected to wider care pathways.

Workforce planning and education should also be centralised. A national approach to forecasting podiatry staffing needs, linked to population health data, would help address shortages and ensure equitable distribution of expertise. Similarly, harmonising training and continuing professional development would support advanced practice roles and foster multidisciplinary working.

Governance and quality assurance functions could be streamlined by merging guideline development, which is currently split across bodies such as SIGN, NICE, and local boards, into a single national authority for podiatry and lower limb care. Moving towards outcome-based commissioning, rather than activity-based funding, would incentivise improvements in patient outcomes such as ulcer healing and amputation prevention.

Preventive and community health services should not be overlooked. National coordination of foot health education campaigns, particularly for high-risk groups, would strengthen public health efforts. Standardising community-based foot protection teams across Scotland would reduce duplication and ensure that patients receive timely, evidence-based care regardless of location.

Research and innovation could be accelerated through a national hub dedicated to foot and lower limb health. This would centralise efforts to develop new technologies, such as smart insoles and telehealth triage tools, and support clinical trials that advance best practice.

In terms of consolidation, functions currently delivered by NHS Scotland, HIS, and relevant Scottish Government divisions could be integrated under a single delivery arm. This would create a more coherent system, reduce administrative overhead, and enable a stronger focus on outcomes.

While further consultation would be essential, the long-term vision should be a unified national capability that aligns podiatry with broader service renewal goals, thereby delivering care that is efficient, equitable, and innovative.

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.

As a fundamental step in the transformation of healthcare from an acute service to a preventative service, NHS Delivery should be focused on delivering preventative and early intervention services first and foremost. As the lead for prevention, NHS Delivery will set the preventative agenda, and all decisions and expansions should be seen through this lens. In addition, to support prevention as a central objective all leadership teams should include members from the Allied Health Professions, including podiatry, to incorporate this vital preventative voice in every decision in NHS Delivery.

To avoid duplication of work also undertaken by SGHSCD, as well as other health organisations clarity on where responsibility lies for each area of health and social care must also be communicated simply. To prevent confusion leading to a lack of

leadership, setting this out in legislation would not only lead to transparency but also the necessary accountability.

Question 11 What mechanisms should be put in place to review and adapt NHS Delivery's remit and performance post-launch?

Please add your response in the text box below:

An independent review after 18 months would provide an optimal route to assess the effectiveness and efficiency of NHS Delivery post implementation. The effectiveness of NHS Delivery must be established through improvements in population health, patient outcomes and staff wellbeing. Consequently, the review should seek the views of both the healthcare workforce and patients, along with the appropriate data., Data analysis provides key indicators of change, however, to enable a pre NHS Delivery comparator to be used, the data for this purpose should be identified prior to its establishment and a baseline data set acquired.

The results and recommendations of such a review should then be followed by any necessary amendments to legislation in a timely manner.