

Scottish Women's Convention
response to the **Scottish**
Government's consultation on:

**NHS Delivery - A New National Delivery
Organisation**



30th November 2025

Premise

The Scottish Government plans to establish a new national organisation to help strengthen support and delivery within Scotland's health and social care system. This initiative is designed to ensure high-quality services for the public, both now and in the future.

The first stage of this reform involves merging NHS Education for Scotland (NES) and NHS National Services Scotland (NSS) by 1 April 2026. The new organisation will serve as a central hub for delivery and transformation, similar to the role played by Public Health Scotland in consolidating public health functions. Its core aim is to streamline operations, enhance efficiency, and drive wider transformation across NHS Scotland and beyond.

This consultation seeks views on these proposals. Policymakers believe the reform is necessary in order to maintain and improve the provision of high-quality health and social care services for Scotland.

The feedback gathered will offer valuable insights into how the proposed changes align with public needs, helping to shape future policies aimed at improving and transforming services.



The Scottish Women's Convention (SWC)

The SWC is funded to engage with women across Scotland to ensure that their views are represented in policy and decision-making processes. The SWC uses the views of women to respond to a variety of parliamentary, governmental, and organisational consultation papers at Scottish, UK and international levels.

The SWC gathers information using different methods, including roadshows, thematic conferences, surveys, and both in-person and online roundtable events. This submission presents the views of a range of women, reflecting their opinions, ideas and lived experience. Working together with many other equalities organisations and community groups, we use our broad network to ensure that women from a range of backgrounds are heard and acknowledged. We are continually reviewing innovative ways of engaging with women and developing our trauma-informed and culturally sensitive practice to support vital contributions from as many women as possible.

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?

We agree in principle, however this is largely dependent on whether adequate safeguarding principles are embedded into any plans.

We acknowledge that a single national organisation may have the potential to improve consistency, reduce duplication, and accelerate digital and workforce transformation; for many women, who make up most of the sector’s workforce and rely heavily on accessible health and care services, these plans could potentially bring significant benefits, including better access to training, improved digital understanding and streamlined services which are better suited to them.

However, we must bear in mind that digital exclusion is still a huge issue in Scotland and while the expansion of digital technology may be necessary to help enhance and streamline services there is a huge risk that some women may be left behind.¹

In addition to this, any consolidation of services must in no way undermine local service delivery. Many services such as maternity, mental health, and community care rely heavily on local knowledge and strong relationships based on familiarity and trust. Any fundamental reforms must therefore include processes to protect and enhance local flexibility while aiming to build a national structure over time.

- *“I always hear positive things about the maternity care here compared to what I’ve heard elsewhere. They seem to have a very different experience.”²*

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)?

Yes, on condition that equity is strongly embedded within them.

We believe that developing national “Once for Scotland” services and reorganising structures are suitable core aims. However, these must include commitments to gender equity, intersectional values, and improved access for women, carers, and those with particularly complex needs, otherwise there is a high risk of any potential benefits from the changes being unevenly distributed.³

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

Yes. In taking direction from the many women that we speak to, we would like to propose three additional objectives:

¹ [Tackling digital exclusion](#)

² <https://www.scottishwomensconvention.org/resources/maternity-conference-summary-report.pdf>

³ [Gender and Health - Women's health plan 2021 to 2024: final report - gov.scot](#)

1. Promoting Gender and Intersectional Fairness

A dedicated objective which ensures that all reforms reduce, rather than broaden, any gendered health and workforce inequalities

2. Strengthening Workforce Wellbeing and Carer Specific Employment Practices

Given the predominance of women in the workforce, many of whom also have a high proportion of caring responsibilities, some core priorities must include flexible training, more accessible continuing professional development (CPD)⁴ opportunities as well as wellbeing support for those who need it

3. Guaranteeing that Services are adapted to suit Community Needs

Any national systems which are implemented must be catered towards the differing needs of rural, island, and socially deprived communities and to the many women heavily reliant on their local services

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?

We believe that there could be potential for this. Where there is clear benefit to women, carers, and frontline staff, it may be advantageous if certain functions were centralised, such as:

- National workforce planning and specific practice programmes to help reduce regional variations affecting nurses, midwives, and allied health professionals⁵
- Digital inclusion and digital access initiatives, particularly for older women and unpaid carers
- National education and learning platforms to ensure consistent standards of delivery

However, functions requiring close local and personal relationships, such as community maternity services, should definitely retain local delivery with national support being offered rather than there being absolute national control.

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

NHS Delivery could potentially help strengthen the following areas:

- Integrated national workforce pathways enabling flexible, carer-friendly training and development

⁴ [Health and social care: improving wellbeing and working cultures - gov.scot](https://www.gov.scot/publications/health-social-care-improving-wellbeing-working-cultures/pages/22.aspx)

⁴ [NSS Workforce Plan 2024 to 2027 | National Services Scotland](https://www.nss.gov.scot/publications/nss-workforce-plan-2024-to-2027/pages/2.aspx)

- Shared digital records and shared intranet systems to reduce repeated assessments and improve continuity, particularly for maternity, mental health, and social care users
- National procurement and shared services that improve reliability and reduce stark variations across Scotland
- Leadership, improvement, and change management support which is designed with specific working patterns in mind and which would benefit a majority female working team
- *“Social care needs a makeover...change how social care is viewed, perceived and understood. Improve pay, invest in services, respect staff”⁶*

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?

Potentially, yes.

Our recommendations would include:

- Reducing duplication in procurement by expanding national frameworks rather than replicating activity across local boards
- Redesigning education and training programmes to reflect the reality of part-time workers and carers, enabling microlearning and hybrid formats better suited to them⁷
- Reviewing national programmes which have a consistently low uptake and reallocating any investment to instead promote targeted outreach programmes where women and vulnerable communities are largely underrepresented

We feel that these changes should only be made if they move to strengthen services and free up resources which are then used for high priority initiatives.

Question 6: No comments

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

We believe so, yes.

Improvements in data sharing are essential to ensure better, safer and coordinated care.⁸ This is particularly important for women accessing maternity services, mental health, management of long-term health conditions, and social care. Interoperability must also include:⁹

⁶ <https://www.scottishwomensconvention.org/resources/pfg-brochure-202425.pdf>

⁷ [nes learning and education strategy 2023-2026.pdf](#)

⁸ [Health and social care: data strategy - gov.scot](#)

- gender-disaggregated data collection
- strict privacy and ethics standards
- careful involvement of women and communities whose data has historically been misused or underrepresented
- *it's important for researchers to carefully analyse data, to explore the many intersections involved, but certainly, my own feeling is that we need to dissect those figures through a gendered lens.*¹⁰

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?

Potentially, yes, but there must be strong local partnership engagement and input in order for this to work well long term. This is also necessary to serve the needs of those accessing health and care services.

National leadership could potentially reduce duplication and accelerate the roll out of any improvements however in order to succeed in this, NHS Delivery must:

- Fund protected time for staff engagement (critical for part-time workers and a predominantly female workforce)
- Regularly weigh up any improvements in order to ensure that any changes impact on equality as well as efficiency
- If required, allow regional hubs to tailor services in order that they can be more beneficial to their local delivery¹¹

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?

The many women we have spoken to believe that any potential long-term integrations should include:

- A framework for national carers' support and health-social care integration, bridging gaps between professional healthcare and unpaid caregiving¹²
- National workforce wellbeing and occupational health services, supporting the retention of the female majority workforce
- A dedicated unit for equality, gender, and inclusion analytics, designed to enhance data-driven decision-making¹³

¹⁰ <https://www.scottishwomensconvention.org/resources/mental-health-report.pdf>

¹¹ [ALISS - A Local Information System for Scotland | ALISS](#)

¹² [Women and Unpaid Caring in Scotland | Carers UK](#)

¹³ [Gender and Health - Women's health plan 2021 to 2024: final report - gov.scot](#)

Any integration should clearly demonstrate any benefit to service users and frontline staff and be closely monitored for consistency.

Question 10: What principles should guide decisions about future expansion of NHS Delivery's remit and structure?

From discussions with the women we have spoken to, we propose the following principles:

1. Equity must be integrated into all structures, with any expansion preceded by a thorough assessment and mitigation of gender and intersectional impacts
2. National services should complement, not replace, local delivery, recognising that local knowledge is essential for effective and consistent engagement with service users
3. Ensure that structures are co-designed with meaningful input from women, carers, and frontline staff
4. Maintain transparency and accountability through public reporting on key equality outcomes
5. Safeguard the workforce by ensuring reforms do not increase unpaid labour or undermine professions predominantly staffed by women

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

Again, from our discussions and further research, we believe that effective mechanisms should include:

- The publication of an independent annual review highlighting equality impact assessments
- Establish a statutory stakeholder advisory board with strong representation from women, carers, and frontline workers
- Provide quarterly public reports analysing workforce trends, access, digital inclusion, and service quality metrics
- Implement pilot schemes to test services locally before extending out to national delivery
- In line with the Women's Health Plan 2021-24 Include sunset clauses and phased transfers of functions to ensure that services remain only where they are proven effective¹⁴

¹⁴ [Women's health plan 2021 to 2024: final report - gov.scot](#)

Conclusion

The establishment of NHS Delivery offers a significant opportunity to streamline operational systems, modernise digital infrastructure, and achieve greater national consistency in service provision. To realise its potential, equity must be embedded as a core principle, supported by robust local partnerships, workforce wellbeing measures, and meaningful engagement with women and carers throughout the design and implementation process.

NHS Delivery should not be conceived solely as a mechanism for centralisation. Its purpose must be to strengthen fairness, accessibility, and quality of care for women across Scotland as service users, carers, and as the backbone of the health and social care workforce.

The SWC is grateful for the opportunity to respond to the Scottish Government's consultation on NHS Delivery – A New National Delivery Organisation. As an organisation, we will continue to work with women from across Scotland to gather voices and experiences relating to this topic and its effects on women's equality.

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