



The Royal College of Pathologists' response to a new NHS national delivery organisation (Scotland)

November 2025

1. Question 1

Do you agree that creating a new national organisation to drive forward digital transformation and system change – beginning with the consolidation of NHS Education for Scotland (NES) and NHS National Services Scotland (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.

The Royal College of Pathologists (RCPATH) welcomes reform to the healthcare system in Scotland to improve efficiency and productivity through accelerated digital transformation, integrated workforce development and digital skills, prevention and equity and clear leadership and accountability.

The creation of a new national organisation (NHS Delivery) to drive forward these changes has potential. However, success is dependent on clear and adequate provision within the new structure to determine what is needed to deliver pathology and laboratory medicine

services both now and in the future, including dedicated workforce planning and workforce modelling.

The pathology workforce is critical to the delivery of Scotland's Population Health Framework and Service Renewal Framework, as outlined in the College response to the Scotland Future Medical Workforce Project. It is unclear at this point how the merger will improve the quality for current learning and workforce planning and service delivery. Similarly, the impact on the safe implementation of new diagnostic tests to include creating patient facing laboratory test interpretive / advice reports is uncertain. How the merger will enable the use of the new digital front door technology to communicate results safely and effectively remains to be elucidated.

Engagement with royal medical colleges and other education providers will be crucial. High-quality services to meet the needs of the population of Scotland can only be achieved with a multi-professional pathology workforce that is sufficient in number, appropriately trained and distributed, with the relevant and advanced skill mix (including clinical laboratory expertise).

RCPATH is concerned that the proposal could be to the detriment of medical and scientific education and training – and workforce planning – if it brings further dilution of influence and resource control in the education and training that underpins workforce development.

2. Question 2

2.1 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.



RCPATH supports strategic objectives that reduce duplication, support integration and deliver core services. Pathology / laboratory medicine is a key core service, involved in over 85% of patient pathways across 17 different specialties, enabling patients to progress along almost all clinical journeys.

Redeveloping testing and reporting pathways to enable efficient and accurate laboratory diagnostic services – for example, advances in screening tests and enabling patient-centric and community-based sampling – are vital to improving health outcomes. Both clinical and laboratory elements of pathology are key to preventative strategies in cancer, obesity, cardiovascular disease, infection and many other clinical care pathways. Timely access to modern diagnostic pathology services, such as genomics, chemical biomarker assessments, infection screening and more, will be essential.

Pathology services have undergone consolidation in recent decades. While consolidation may be associated with increased productivity and efficiency, other factors must be considered including:

- clinical footprint and patient access: centralisation can affect the proximity of services to patients and healthcare teams
- teaching and research: large, centralised networks can reduce opportunities for local training and academic development
- workforce pressures: consolidation can place additional strain on an already fragile workforce, increasing professional isolation and reducing flexibility for staff development.

RCPATH supports reducing unwarranted variation and encourages departments to explore collaboration where this enhances quality, resilience and efficiency. Given the diversity of pathology services, the most effective approach is often tailored and flexible, reflecting the needs of each specialty and service rather than relying on a one-size-fits-all model. The focus should always be on the value of the services provided, upholding high standards of quality alongside cost management.

Strategic objectives need to be supported by upfront investment to mitigate the risk of escalating future financial pressures and ensure safe, high quality and sustainable pathology services.



2.2 Question 2(b)

Should the organisation consider additional strategic objectives?

- Agree
- Disagree
- Don't know

Please give reasons for your answer.

No response.

3. 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

Please detail which services or functions.

There are currently laboratory services in Scotland that are being managed by the NHS NSS – this includes blood transfusion and genetics services. Where appropriate these should be optimised and worked closely with to provide consistency across laboratory services. As outlined in our response to question 2(a), given the diversity of pathology services, the most effective approach is often tailored and flexible, reflecting the needs of each service that deliver optimal patient outcomes rather than relying on a one-size-fits-all model.

4. 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)

Please give reasons for your answer.

4.1 Redesigning how services are planned or improved

Pathology – essential to healthcare delivery – is prepared to adapt and innovate to make services more efficient and productive. However, working differently and innovatively also requires targeted investment. RCPATH encourages innovation and service redesign where this enhances quality, resilience and efficiency. Given the diversity of pathology services, the most effective approach is often tailored and flexible, reflecting the needs of each specialty rather than relying on a single one-size-fits-all model. The focus should always be on the value of the pathology services provided including their contribution to patient safety, clinical decision-making, research and innovation.

RCPATH welcomes Scotland’s commitment to realistic medicine through personalised, equitable healthcare. However, meaningful person-centred care cannot be achieved if underlying workforce and governance structures are neglected. There is opportunity for NHS Delivery to recognise the ongoing crisis in the pathology workforce and to plan and provide the necessary investment to allow the Scottish health framework plan to be delivered.

Pathologists drive innovation, and investment in research (including digital capability realisation and modernising laboratory testing infrastructures) is needed for both technological and non-technological advances to be made. The intelligent liver function test (iLFT) – developed in Scotland – is an example of how ‘intelligent’ laboratory medicine can not only provide accurate and reliable test results, but aid directly with interpretation and diagnosis results.¹ Trialling and expanding such platforms to appropriate new disease

¹ Nobes J, Leith D, Handjiev S, Dillon JF, Dow E. Intelligent liver function testing (Ilft): an intelligent laboratory approach to identifying chronic liver disease. *Diagnostics* 2024;14:960. Available at: <https://discovery.dundee.ac.uk/ws/portalfiles/portal/123759992/diagnostics-14-00960.pdf>



areas could form an important role of a national delivery body, and such innovations require clinical expertise and resources to trial and implement. A focus on ensuring that provision is made for academic consultant and training posts should also be provided for innovation to be delivered.

As regards to service design, NHS Delivery could provide toolkits around implementing strategy and facilitate engagement across the varied geography of Scotland to ensure equity in provision. The need to ensure a distributed service model to allow this is a basic tenet of modern healthcare.

4.2 Making better use of data and digital tools

Interoperable IT systems must ensure patient data is accessible across platforms to improve care consistency and reduce inequalities. Investment in the pathology workforce, infrastructure, digital pathology, AI, and modernised estates and transport models offers a more effective and resilient model for pathology delivery. This investment over time may reduce the workforce increases required each year, but this can only be achieved with investment in core pathology capacity and capital infrastructure. This includes investment in interoperable IT and time and resources for pathologists to undertake training to use these tools. The Scottish LIMS project is a good example of the consequences of failing to address these critical areas – benefits are not realised and money is wasted. The specification is arguably now out of date and should be replaced by systems that focus on interoperability and accessibility as opposed to homogeneity. Transferability of data that is standardisable in format and collectable everywhere with consistent coding is more important than the systems used.

4.3 Strengthening workforce development and training

Workforce planning should be a core function of any new body. Workforce planning for pathology remains fragmented and reactive. The data underpinning this planning lacks consistency, accuracy and robustness, making it difficult to accurately model current capacity and forecast future need. Where data does exist, it presents a bleak picture. Currently, only 2 whole-time equivalent (WTE) immunology consultants serve the entire



Scottish population.² This threatens the very foundations of patient-centred care. Any national delivery body should have oversight for workforce planning to ensure that, in future, such workforce shortages are predicted and mitigated before reaching crisis point.

Pathology services span multiple (17 different) specialties, laboratories, and a wide range of grades and professional backgrounds. Roles can vary significantly within and between diagnostic, academic and clinical settings, and many professionals work across multiple sites. Hence, there is need for flexible workforce modelling that makes best use of available human resources. A well-qualified, well-resourced and diverse range of medical, scientific (clinical scientists and biomedical scientists, IT, bio-informatics), administrative, support and other health professional roles working together as an integrated team is vital to address workforce shortages and deliver high-quality care. Education and opportunities for training must keep pace with technology, supported by investment in equipment and time for staff to learn and apply new tools effectively.

Workforce research should form a crucial part of all workforce planning – focused on developing people, roles they fulfil, the environment they work in and ways of optimising these components. This provides an evidence base for education in practice, including postgraduate and continuing professional education. Benefits include improved learning, better outcomes, focused use of resources, more satisfied workforce, improved productivity and better patient outcomes.

5. 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

No

If yes, please explain.

² The Royal College of Pathologists. Clinical immunology workforce report UK. Published 2025. Available at: <https://www.rcpath.org/static/4cd74abe-5b70-4053-945402210d5f9a97/RCPPath-Clinical-immunology-workforce-report-2025.pdf>



In line with our response to question 3, centrally managed services may not always have the flexibility to deliver what is best for patients. As an example, genomic testing services should be configured to ensure equitable, high-quality, cost-effective access to rapid testing for patients with cancer. Achieving a patient-centric and integrated molecular and genomic testing service, which fully engages NHS pathologists and clinical scientists, requires flexibility. Where appropriate, these could be devolved to enable consistency across laboratory services. The most effective approach is often tailored and flexible, reflecting the needs of each service and patients rather than relying on a one-size-fits-all model. Importantly, for some highly specialised tests and services, a 4-nation approach and close collaboration with other UK-wide supra-regional services is essential to ensure equity in patient care.

6. 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.

National digital infrastructure is critical to delivering Scotland's healthcare plan. Interoperable IT systems must ensure patient data is accessible across platforms to improve care consistency and reduce inequalities.

Leadership of national digital capabilities by NHS Delivery is supported only in the context of its role in ensuring adequate investment and interoperability, to enable delivery of national digital capabilities. Flexibility should remain for services to determine their own needs and retain scope for innovation to provide the best possible care for patients.

Pathology services depend on modern technology, yet many still unfortunately rely on outdated systems. Investment is urgently needed to upgrade IT, standardise test coding and enable interoperability – particularly through integrated electronic health records and patient-facing NHS apps. Remote working enabled by modern IT infrastructure has



enhanced collaboration, allowing pathologists to support other clinicians and improve access for rural and remote patients. This progress should be maintained and expanded.

AI offers significant potential to improve many clinical care pathways including cancer diagnosis and efficiency, but success requires careful implementation with robust safeguards for confidentiality, regulation and standards – an area where a national delivery body could play a key role. However, adopting AI demands substantial investment beyond current levels. Challenges include inadequate IT infrastructure, limited space for new equipment, and insufficient resources for training and implementation. Data storage costs – both financial and environmental – must also be addressed by a national body.

7. 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 reasons for your answer.

Improving data sharing, data access and interoperability across laboratories will mean that pathologists are able to offer more efficient services in many areas – e.g. improved test turnaround times and so faster diagnoses. Again, this is only possible with increased investment. As the demand for screening, diagnostic and monitoring tests rises with time, the role of pathologists in implementing well-governed laboratory practice that is fit for purpose and ensures patient safety is crucial – and is even more pertinent in the era of validating new testing modalities and technologies as well as ensuring adequate safeguards around direct-to-patient test results. Data security is a key area of focus for a national body.



8. Question 8

Do you believe NHS Delivery should be tasked with the lead national support role in innovation development and 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.

It is appropriate for a national delivery body to have a key role in these functions. However, this is only appropriate when this involves local, regional and national clinical leadership, which is vital for input and insight across the health and social care landscape.

In this context, a 'lead national support role' is interpreted by RCPATH as meaning collaborating, facilitating and helping to fund innovation and development in conjunction with clinical teams and researchers. Innovation and development must be shared. There is clear evidence that successful implementation from research to service requires engagement with patients and their advocates, researchers, clinicians and managers – all of whom need to be involved as stakeholders. Leaving national development of services to one national body without avenues for suitable input and opportunity for service design from more local leadership risks services not aligning with local patient needs.

There is need to recognise that the healthcare system, which includes primary and secondary care, is broad. Even within pathology itself there are 17 different specialties (and subspecialties within these) – and variation in what services are available between and within local regions. Pathologist input is vital to ensure laboratory practices deliver safe patient care, provide oversight and design innovative new approaches. Patient safety will be compromised if clinical leadership roles are lost.



In pathology, peer-led review of services and data is essential to monitoring service effectiveness and sharing best practice. The Scottish Pathology Network (SPAN) was set up to deliver a national perspective on the development of cellular pathology services across Scotland. This worked to improve pathology services by creating and developing a Scotland-wide National Managed Diagnostic Network (NMDN) to steer modernisation, including service change and redesign, improve quality, ensure provision of an effective cellular pathology service that anticipates and responds to user needs, future requirements, national guidelines and meets standards. SPAN further benefitted from over 10 years of benchmarking workload data. The discontinuation of SPAN is likely to have a detrimental impact for pathology service planning in Scotland and should be reinstated.

In addition to SPAN, previous networks included the Scottish Clinical Biochemistry Network (SCBN), the Scottish Microbiology and Virology Network (SMVN) and the Haematology and Transfusion Network Scotland (HaTS). NSS supported these but funding has now ceased. While some of these networks remain informally, the lack of investment in supporting specialised service planning risks poorer quality services.

If there is to be one national body overseeing all healthcare delivery, this needs to be sufficiently resourced to provide clear understanding of all NHS services and the interface between these to ensure high-quality service provision.

9. 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.

No response.



10. 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.

To guide future decisions, the implications and unintended consequences that have arisen following the announcement to integrate NHS England into the Department of Health and Social Care (DHSC) should be considered.

As in England, it is recommended that there is ongoing engagement with royal medical colleges, including RCPATH, who will be able to provide advice, clinical support and oversight – particularly in circumstances where clinical engagement in service design is reduced as result of any merger.

11. 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.

Stakeholder engagement and feedback loops are vitally important to successful delivery, as part of a formal review process. RCPATH welcomes further engagement on these matters to ensure that safe and effective pathology services are being delivered.

12. Contact details

This response was prepared by the Workforce and Engagement team within the Professional Practice directorate informed by feedback from the Scotland Regional Council and the response to the Scottish Government Future Medical Workforce Project call for evidence (September 2025), which drew on findings from the RCPATH 2025 workforce census.

Please contact workforceplanning@rcpath.org if you have any questions.



13. About the College

The Royal College of Pathologists is a professional membership organisation with more than 11,000 fellows, affiliates and trainees, of which 23% are based outside of the UK. We are committed to setting and maintaining professional standards and promoting excellence in the teaching and practice of pathology, for the benefit of patients.

Our members include medically and veterinary qualified pathologists and clinical scientists in 17 different specialties, including cellular pathology, haematology, clinical biochemistry, medical microbiology and veterinary pathology.

The College works with pathologists at every stage of their career. We set curricula, organise training and run exams, publish clinical guidelines and best practice recommendations, and provide continuing professional development.

We engage a wide range of stakeholders to improve awareness and understanding of pathology and the vital role it plays in everybody's healthcare. Working with members, we run programmes to inspire the next generation to study science and join the profession.

