

Cabinet Secretary for Health and Social Care
Rùnaire a' Chaibineit airson Slàinte agus
Cùram Sòisealta
Neil Gray MSP
Niall Gray BPA



Clare Haughey MSP
Convener
Health Social Care and Sport Committee
The Scottish Parliament

By email to: HSCS.committee@parliament.scot

24 February 2026

Dear Clare

Post-Budget Scrutiny 2026-27, HSCS Meeting, 27th January 2026

I thank you for the opportunity to discuss the Health and Social Care 2026-27 budget which was published on the 13th January 2026. I am pleased to provide additional responses to the Committee's questions raised during the evidence session. Responses can be found within the Annex to this letter.

I look forward to continuing to engage with the Committee and hope you have found this response useful.

Yours sincerely

NEIL GRAY

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Annex A – Additional Information Requested

HEALTH SOCIAL CARE AND SPORT COMMITTEE – FOLLOW UP POINTS FROM 2026-27 BUDGET SCRUTINY SESSION

Topic – Effectiveness of Scottish graduate entry medicine programme (ScotGEM)

A number of points were raised around GPs including a request for further information of the effectiveness of ScotGEM which is set out below.

ScotGEM is hosted by St Andrews and Dundee is Scotland's first graduate entry medical degree programme. The course commenced in September 2018 and has a focus on general practice and remote and rural working. The programme began with 55 allocated places, rising to 70 with an additional 15 places from 2022-23 onwards.

Effectiveness of the programme:

- Early data is showing promising signs that ScotGEM is meeting its objective of recruiting doctors to remote, island and rural Scotland and we are encouraged by the early findings from the recent GMC report ([The state of medical education and practice in the UK. Workforce report 2025](#)) that ScotGEM students are predominantly working in Scotland following completion of foundation years and that many of these doctors have remained in rural areas at this early stage of their career. The impact of ScotGEM on the health workforce of rural Scotland will continue to be monitored as more graduates progress through their careers.
- A total of 155 ScotGEM graduates have joined the UK workforce since the programme started to deliver qualified doctors in 2022. By 2024, only two doctors (1%) had left, 133 (87%) were working in **Scotland**, 19 (12%) were working in England and 1 (1%) were working in Wales.
- 87% of ScotGEM students have stayed in Scotland for Foundation training compared to 70% of graduates from all Scottish Medical Schools.
- The ScotGEM programme has partnerships with NHS Fife, Tayside, Highland, Dumfries and Galloway and the University of the Highlands and Islands. GMC data suggests that proportionally more ScotGEM graduates work in the partner Health boards compared to other doctors working in Scotland, in other medical programmes.
- Initial evaluation results also showed that ScotGEM students were more likely than foundation doctors in Scotland (66% vs 48%) to consider an onward career in General practice.

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- Of the eligible cohorts at present ScotGEM students are not proportionally more likely to take up GP specialty training posts. This may in part be due to competition for posts and management of national recruitment.
- 40% of ScotGEM graduates noted an intention to work in remote and rural areas

Topic - Baselineing of funding to NHS Boards

As set out in the Committee session, a greater proportion of funding is now baselineing to NHS Boards. This provides additional transparency as requested by the committee and by organisations such as Audit Scotland, whilst also providing greater certainty for our boards on their funding provision.

In his pre-budget scrutiny response to the committee, the Cabinet Secretary set out some of those areas of increased baselineing, with further detail provided below.

- In 2026-27, NHS Boards' baseline funding will increase to over £17.6 billion. This represents a £1.4 billion uplift and includes c.£860 million of additional baseline budget transfers to NHS Boards. Including funding within NHS Boards' baseline provides improved certainty in financial planning and decision making at a local level.
- Regular financial monitoring is conducted to ensure appropriate use of funding by NHS Boards. Monthly Financial Performance Returns (FPRs) are submitted to the Scottish Government's NHS Scotland Finance Delivery Unit.
- NHS Scotland is rolling out Patient Level Costing, known as 'PLICS', to all Territorial NHS Boards. This will improve the level of data captured by Boards and provide greater understanding of their spend. This will enable greater levels of transparency.

Topic – transparency of budgets specifically the £2.3 billion for social care

The Committee raised questions about the difficulties in tracking social care spending, particularly around how much funding is being transferred from health into social care.

The Health and Social Care portfolio has baselineing over £1.8 billion of funding to Local Government and NHS Boards for social care, supporting policies such as the Real Living Wage and inflationary uplifts to Free Personal Nursing Care. In 2026-27, a further £471 million funding for social care is set out in the Level 3 social care budget for 2026-27 of which £254 million will transfer in year to Local Government. This takes total investment to over £2.3 billion.

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Included within the £471 million is new funding to support improvements in wider terms and conditions for workers, such as maternity and paternity pay, as well as funding to help with payment of Protection of Vulnerable Groups (PVG) checks.

Topic – prevention and preventative spend

As it was raised during both pre and post budget scrutiny, some additional information on cross government pilots on tagging and analysing preventative spend has been included below for the Committee's information.

- We announced in the Spending Review that we will be piloting an approach to tracking preventative spend across the Scottish Budget with a number of partners across the public sector in 2026.
- Learning from this will provide the basis for a comprehensive understanding of preventative spend, with a view to integrating this approach into an ongoing annual reporting cycle from the 2027-28 Budget.
- The pilots will trial newly developed financial guidance, including definitions for 'prevention' which build on the Population Health Framework (PHF) definition, and newly developed budget tagging methodology to identify preventative investments.
- The pilots include a number of areas within the Health and Social Care Portfolio and several NHS Boards, as well as from across the wider Scottish Budget and public sector. This will help us understand how preventative activity compares across different types of budget lines, and how activities from different portfolios link to preventative activity in health, and vice versa.
- This will support the development of a wider system for identifying and tracking preventative spending, and will be used to explore how cross-cutting prevention issues can be considered in decisions over future funding allocation.
- This delivers on actions in the Public Service Reform Strategy and the Population Health Framework around preventative spend.

Topic – Good Food Nation plan, decision making and monitoring

The Committee was interested in the progress we are making on Good Food Nation, the public health interventions we are seeking to make and how we will monitor them. Some information has been included below.

The Good Food Nation (Scotland) Act 2022 requires Scottish Ministers to produce a national good food nation plan. The Act also requires that relevant authorities (currently defined as health boards and local authorities) must produce their own

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Good Food Nation Plans. The legislation also contains provisions to establish a new Scottish Food Commission.

Scotland's first ever national Good Food Nation Plan was published on 17 December 2025. We plan to bring forward relevant secondary legislation in 2026 and we expect to support the work that will start within Local Authorities and Health Boards as they begin producing their own Good Food Nation Plans.

Being able to assess how progress is being made towards achieving the Outcomes set out in the national Good Food Nation Plan is an essential element in our efforts to become a Good Food Nation. There are six overarching outcomes in the Plan. Outcome 3 focuses on health, as follows:

Outcome 3: Scotland's food environment and wider food system enables and promotes a physically and mentally healthy population. This leads to the prevention of, and a reduction in, diet-related conditions.

The first national Plan contains 51 indicators aligned with the Outcomes of the Plan, setting a baseline across many aspects of the food system, from which future progress can be assessed. An accompanying analytical document containing more detailed information about the indicator framework was published alongside the Plan.

There are a range of indicators under Outcome 3 (a healthy population) which will measure progress on public health outcomes, the prevention of ill health and the promotion of healthy living. These are as follows:

- **Indicator 3A.1:** Mean portions of fruit and vegetables consumed by adults
- **Indicator 3A.2:** Mean portions of fruit and vegetables consumed by children
- **Indicator 3A.3:** Proportion of adults meeting Scottish Dietary Goals on fibre, free sugars and red and red-processed meat
- **Indicator 3B.1:** The proportion of adults with a healthy weight (as measured by BMI)
- **Indicator 3B.2:** The difference in the proportion of adults with a healthy weight (as measured by body mass index (BMI)) in the most and least deprived quintile of the population
- **Indicator 3B.3:** The proportion of children with a healthy weight (as measured by BMI)
- **Indicator 3B.4:** The difference in the proportion of children with a healthy weight (as measured by BMI) in the most and least deprived quintile of the population
- **Indicator 3C.1:** Prevalence of cardiovascular disease in the adult population
- **Indicator 3C.2:** Prevalence of doctor-diagnosed diabetes in the adult population

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- **Indicator 3C.3:** Percentage of Primary 1 (P1) children with no obvious tooth decay

The indicator framework developed for the first national Plan is just a starting point and as time passes, we will ensure to continuously reflect and improve upon the way we measure progress against Good Food Nation Outcomes.

The Good Food Nation (Scotland) Act 2022 sets out that every two years from when the Plan is published, we must publish and lay before the Scottish Parliament a report setting out progress made in the reporting period towards achieving the Outcomes set out in the national Good Food Nation Plan, by reference to the indicators or other measures contained in the Plan. This means we will be reporting on progress on a two-yearly basis going forwards. We also have a duty to review the national Plan and revise where necessary every 5 years, which will include looking at indicators and measures.

We are developing a new Diet and Health Weight Implementation plan to support the ambitions set out in the Population Health Framework and deliver our vision of a Scotland where everyone eats well and has a healthy weight. The Population Health Framework, co-published with COSLA in June 2025, identified two initial evidence-based priorities, one of which is improving healthy weight. As part of this, we committed to publishing a two-year implementation plan of prevention action to improve the food environment, diet and healthy weight. Supporting people to achieve and maintain a healthy weight remains a key priority for this government.

The plan will build upon the 2018 Diet and Healthy Weight Delivery Plan and Type 2 Diabetes Prevention Framework. We are currently conducting external stakeholder engagement on the plan with a variety of organisations including industry, local government, NHS and third sector.

Monitoring and Evaluation of the overall Framework will be supported at both a local and national level through the Population Health Dashboard. This dashboard has been developed as part of the [ScotPHO](#) online profiles tool to provide data to help inform and support national and local delivery, providing a more rounded assessment of overall health and wellbeing.

It includes data on both life expectancy and healthy life expectancy as well as a range of other indicators to monitor population health outcomes and the wider determinants – including early years, education, work, income, places, environment, discrimination and racism – which influence health and life expectancy; as well as on diet and nutrition specifically

More broadly, the Population Health Framework includes work to develop a 'health lens approach' to impact assessment, towards ensuring consideration of 'health in all

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policies'. This approach will ensure that the desire to maximise the benefits to health and mitigate potential negative impacts on health, while reducing inequalities, is appropriately considered within the impact assessments that are routinely conducted to support policy development and inform decision-making.

Another key action in the Population Health Framework is to develop new approaches to resource allocation that support prevention. This work is described elsewhere in the response and is being co-led with the Central Analysis Division. It aims to provide a comprehensive understanding of preventative spend across the whole of the Scottish Budget by Summer 2026.

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