

Citizen Participation and Public Petitions Committee
Wednesday 10 December 2025
19th Meeting, 2025 (Session 6)

PE2125: End the pause on new NHS building projects and prioritise capital funding for primary care buildings

Introduction

Petitioner Victoria Shotton

Petition summary Calling on the Scottish Parliament to urge the Scottish Government to restart overdue work on NHS Scotland buildings, and prioritise funding for primary care building projects to ensure community health teams have the physical spaces and renovations required to treat their patients efficiently and safely.

Webpage <https://petitions.parliament.scot/petitions/PE2125>

1. [The Committee last considered this petition at its meeting on 19 February 2025.](#)
At that meeting, the Committee agreed to write to the Cabinet Secretary for Health and Social Care.
2. The petition summary is included in **Annexe A** and the Official Report of the Committee's last consideration of this petition is at **Annexe B**.
3. The Committee has received a new written submission from the Cabinet Secretary for Health and Social Care, which is set out in **Annexe C**.
4. [Written submissions received prior to the Committee's last consideration can be found on the petition's webpage.](#)
5. [Further background information about this petition can be found in the SPICe briefing](#) for this petition.
6. [The Scottish Government gave its initial response to the petition on 15 January 2025.](#)
7. Every petition collects signatures while it remains under consideration. At the time of writing, 610 signatures have been received on this petition.
8. [At its meeting on 24 September 2025, the Committee took evidence on thematic healthcare issues](#) that have been raised in multiple petitions, including this petition.

Action

9. The Committee is invited to consider what action it wishes to take.

CPPP/S6/25/19/10

**Clerks to the Committee
December 2025**

Annexe A: Summary of petition

PE2125: End the pause on new NHS building projects and prioritise capital funding for primary care buildings

Petitioner

Victoria Shotton

Date Lodged

28 November 2024

Petition summary

Calling on the Scottish Parliament to urge the Scottish Government to restart overdue work on NHS Scotland buildings, and prioritise funding for primary care building projects to ensure community health teams have the physical spaces and renovations required to treat their patients efficiently and safely.

Background information

Funding for general practice has always been too low for service provision and currently sits at 8% of the total NHS Scotland budget, while accounting for approximately 80% of the work done in healthcare provision.

The impact of poor funding is multifaceted and adversely affects areas of socio-economic deprivation, like Drumchapel, as well as highland and rural areas. This causes widening health inequalities and poorer health outcomes for communities.

Many primary care buildings are well overdue renovation or complete replacement throughout the country, and often hospital buildings get preference for capital funding.

Improving the building stock of general practice, by ensuring enough treatment rooms that meet health and safety and infection control requirements, will significantly improve appointment availability. Better community health, as well as having a positive impact on presentations to emergency departments, is much easier to achieve as a result.

Annexe B: Extract from Official Report of last consideration of PE2125 on 19 February 2025

The Convener: I deferred our consideration of PE2125 to allow for the arrival of our esteemed former colleague Paul Sweeney, who might want to find his nameplate and join us at the table.

Petition PE2125, which was lodged by Victoria Shotton, calls on the Scottish Parliament to urge the Scottish Government to restart overdue work on NHS Scotland buildings and prioritise funding for primary care building projects to ensure that community health teams have the physical spaces and renovations that are required to treat their patients efficiently and safely.

As I indicated, we have been joined by our former colleague Paul Sweeney. Welcome back to the committee, Mr Sweeney.

The petitioner tells us that funding for general practice has always been too low for service provision, with many primary care buildings across Scotland being well overdue for renovation or complete replacement. The situation has been exacerbated by the Scottish Government's decision in February last year to pause all new NHS capital projects, which might be contributing to widening health inequalities and poor health outcomes for communities.

Our SPICe briefing notes indicate that a recent Audit Scotland report on the finances and performance of the NHS in Scotland recommends that the Scottish Government produces a national capital investment and asset management strategy. According to data published by Public Health Scotland, payments from NHS Scotland to general practices increased by 5.5 per cent in 2023-24 compared with the previous year. It is also noted that the Cabinet Secretary for Health and Social Care has announced £13.6 million of additional funding for general practice, although that is intended to support retention and recruitment of staff.

Despite the Scottish Government indicating that it would publish a reset of the infrastructure investment plan project pipeline along with the 2024-25 budget, that did not happen. It has been delayed until after the UK Government's spending review, which is due to conclude in the spring of 2025.

In its response to the petition, the Scottish Government highlights an additional investment of £139 million for NHS infrastructure as part of the 2025-26 budget proposals, which it says will be the first step in lifting the pause on capital projects. The response goes on to state that the Government is working with health boards to develop a whole-system NHS infrastructure plan, which will include the needs of the primary care estate.

I am sorry—that was quite a long preamble. Mr Sweeney, would you like to comment on the petition before I invite the committee to consider what we might do next?

Paul Sweeney (Glasgow) (Lab): Yes. Thank you, convener. I appreciate your patience in accommodating me this morning. I am here to speak in general terms in support of the petition. I believe that it merits further scrutiny by the committee,

perhaps in collaboration with the Health, Social Care and Sport Committee, of which I am deputy convener.

There are significant issues with the capital investment programme across the NHS estate, not simply with capital budgets—finance is one thing—but with how efficiently investment is made and whether it is made in the right locations. An example that I encountered on a recent committee visit to the Isle of Skye was the recently reconstructed Broadford hospital, where clinicians said that the health board did not adhere to their feedback or guidance on how the hospital should be designed and laid out and that it could have been better optimised. They are now dealing with the consequences of that.

Similarly, we hear from surgeons that the focus on national treatment centres is not necessarily helpful in the context of underutilised operating theatres and that the capital investment might be better focused on the primary care estate, for example, which is often crumbling and decrepit.

It might be interesting for the committee to consider wider consultation with the clinicians who operate in those facilities on whether the capital investment programme that the 14 territorial health boards are developing is as good as it could be or whether it ought to be reviewed, taking greater cognisance of clinical feedback and design, so that we get the best use of that budget. The budget feels scarce but, even when it is spent, it is not necessarily realising the best benefits for the patients and the healthcare system.

10:45

The Convener: Thank you. Colleagues, do you have any suggestions on how we might proceed?

Foyso Choudhury: We should keep the petition open and write to the Scottish Government to seek clarity on what proportion of the NHS infrastructure investment is expected to be allocated to primary care facilities. We should also ask that it commits to providing an update on the development of the whole-system NHS infrastructure plan and the infrastructure investment plan pipeline reset as soon as is practicable after the UK spending review is completed.

Fergus Ewing: I support Mr Choudhury's recommendations.

I thank the petitioner, Dr Shotton, who describes herself as a deep end GP working in the heart of Glasgow, which, I gather, has no shortage of health problems. In her submission, she says that only 8 per cent of the capital budget that is applied to health service capital projects goes to primary care and that the lion's share goes to hospitals. We all want modern and efficient hospitals, and the announcement of capital funding for the Belford hospital at Fort William, the new University hospital Monklands and the Edinburgh eye pavilion is welcome. However, we all have our constituency needs and, following on from Dr Shotton's analysis, I want to make a particular point on which I would be grateful for the cabinet secretary's response.

In my constituency, the population is growing. Inverness is arguably the fastest-growing city in Britain, if not in Europe. I am sure that that has nothing whatsoever to do with the quality of the political representation. The problem is—

The Convener: We know that you might be looking for a new job, Mr Ewing, but I did not realise that it was with the Inverness tourist board.

Fergus Ewing: Do not get me into even more trouble than I might already be in, convener. [*Laughter.*]

The serious point is that at least one practice in my constituency—Culloden medical practice, with which I have been working on the upgrade of its facilities—cannot accept, and is not accepting, new patients. More and more people are moving to the area within its curtilage, as it were, but the practice has said that it is full and it cannot take any more patients. That has caused enormous problems. The practice has worked for years and I have tried to support it and other practices in the constituency, but they feel that they have hit a brick wall, and I know that the issue is not unique to Inverness.

Spending 8 per cent of the budget on primary care and the rest of it on hospitals therefore seems to be an imbalance. I think that that is the meat of Dr Shotton's point—she is arguing not so much for more expansion, but for general practice to be allocated a greater share. She has pointed out that, frankly, most of the daily legwork is done by our very hard-working general practitioners.

I wanted to make that point on the record, with the request that the clerks perhaps try to make it a bit more succinct and less wordy. I would like to get the cabinet secretary's views on that and find out whether the Scottish Government might wish to emphasise primary care in the deployment of its capital budget in the future in order to help practices such as the one at Culloden.

The Convener: Thank you, Mr Ewing. As the representative of Eastwood, which also has a very fast-growing population and is in what is obviously one of the most attractive parts of the country, I have similar concerns about practice provision in relation to new-build housing in the community. Indeed, a general practice in my constituency has just announced that it will close, which will cause even greater issues, so I understand the point that Mr Ewing has made, which marries with Mr Sweeney's suggestions.

Are we content to keep the petition open and write to the cabinet secretary, perhaps with less emphasis on the constituency concerns of two members of the committee and more emphasis on the general points that have been raised in support of the petition?

Members *indicated agreement.*

Annexe C: Written submission

Cabinet Secretary for Health and Social Care written submission, 20 March 2025

PE2125/B: End the pause on new NHS building projects and prioritise capital funding for primary care buildings

I write to provide the further detail requested by the Committee, following its consideration of the above noted petition.

Work to develop a whole system NHS infrastructure plan is being progressed in two key stages.

The first stage – short-term priorities – is in progress and will inform how immediate investment is directed to priority maintenance and equipment replacement.

The next step will be consideration of longer-term investment priorities across the health estate. It is as part of this phase that an investment strategy for primary care will be developed, considering both priorities across the primary care estate and delivery model. This will include consideration of whether innovative finance models could support a wider programme of work across health.

While there is also a commitment to review the Scottish Government's Infrastructure Investment Plan pipeline, until this NHS whole-system planning work is complete – considering need across the whole of the NHS estate – I cannot confirm the scale or value of any such primary care investment programme. I will update the Committee on output of that work, which I expect in the later part of this year.

On the matter of wider support for primary care, the 2025-26 Scottish Budget includes over £2.2bn in resource funding for primary care, aiming to improve capacity, patient access, and reduce demand on acute services. This investment will support essential reforms across all primary care disciplines. At least 10% of the £100m reform fund will be allocated to enhancing General Practice services, with £10.5m currently earmarked. This funding will enable GPs to focus on frailty and other population health issues, improving care within local communities.

These measures will drive lasting change for patients over the next 18 months, with plans to scale and replicate them in future budgets.

Sustainable NHS reform requires shifting more care to primary and community settings, with a focus on better outcomes for individuals. The increased funding will ensure that GPs and services in the community, have the resources to play a greater role in the health system.

Yours sincerely

NEIL GRAY