Centre for Sustainable Delivery

NHS SCOTLAND

Modernising Patient Pathways

Annual Report 2025/2026

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Foreword

Welcome to the Modernising Patient Pathways Programme (MPPP) Annual Report for 2025/2026. MPPP is part of the Centre for Sustainable Delivery (CfSD) and supports improvements in planned care across NHS Scotland. We work closely with frontline clinical teams to help make services more sustainable and effective for patients and staff. Our team brings expertise in redesigning how care is delivered, sharing best practice, and supporting services to balance the demand for care with the capacity available.

Over the last year, NHS Scotland has seen continued demand for planned care. At the same time, there has been more focus on making services work in a way that can last, be efficient, and improve over time. To support this, MPPP has been working to turn national ambitions into real, practical improvements that can be measured. This means helping services make changes that benefit patients while also being realistic and workable for staff to deliver every day.

This is reflected in the acceleration of high-impact approaches across Scotland. In 2025/2026, over 244,000 outpatient appointments were managed through Active Clinical Referral Triage (ACRT) and opt-in pathways. At the same time, more than 115,000 patients used Patient Initiated Review (PIR) to get care when they needed it. These new ways of working are reshaping how services manage demand. They help avoid unnecessary appointments, give patients a better experience, and free up capacity for those who need it most.

Our work has grown beyond just designing care pathways. Now that a strong foundation of national clinical pathways has been established, the focus is on making sure they are used everywhere to consistently delivery high quality, timely care. Our Specialty Delivery Groups and clinically focused improvement workstreams, bringing together over 2,000 clinicians, managers and stakeholders, continue to provide the engine for this work. They help share ideas, reduce unwarranted variation, and support a “once for Scotland” approach - so people get the same high standard of care wherever they are.

To help make these changes work on a larger scale, we have strengthened how we support delivery. For example, the national Heat Map now helps us better track progress and see where extra support is needed. New groups, like the Outpatient Improvement Group, and tools like the forthcoming Active Dissemination Framework, are also helping health boards turn evidence into real changes in practice.

This work supports the direction set by the Scottish Government and NHS Scotland. This includes making planned care more sustainable, improving efficiency, and bringing services together across primary and secondary care settings. We are now focusing not just on creating national approaches, but on making sure patients, carers and staff benefit from them in the same way across every health board.

Looking ahead, our priority is clear: to get the most from what has already been developed. We will do this by helping services put effective approaches into everyday practice, using data to guide improvements, and working together across organisations. This will help improve patient journeys and make sure people can access the right care at the right time, in a way that suits their needs.

Laurence Keenan
National Associate Director - Modernising Patient Pathways

The Modernising Patient Pathways Team

Modernising Patient Pathways Programme

2025/2026 at a glance

16 Specialty Delivery Groups (SDGs) and 4 additional clinically focused improvement work streams with over **2,000** members and stakeholders.

93 pathways and resources published and available to Health Boards to implement.

244,000 referrals returned to Primary Care with advice and/or patients added to Opt-In pathways as a result of Active Clinical Referral Triage (ACRT).

115,870 patients added to Patient Initiated Review (PIR) pathways.

£71m in cost avoidance for Health Boards and 5.5m patient travel miles saved through the implementation of ACRT and PIR.

100+ individual Heat Map submissions from Health Boards.

5% increase in the numbers of Cataracts done per list, resulting in almost **4,000** additional procedures in 2025/2026

MPPP resources to support clinicians accessed on average **2,000** times every week.

1,000 Health Professionals attending 5 National Clinical Pathways Webinars (not including those accessing the recording retrospectively), with an average satisfaction score of **4.8/5**.

Pathways and Processes: Implementing High Impact Approaches

Pathways and Resources

We use our Specialty Delivery Groups (SDGs) to bring experts together and agree the best, most effective patient pathways for high-volume procedures, conditions and patient groups. This shared approach helps ensure patients receive the right care, in the right way, every time.

Multi-disciplinary SDG members approve these pathways on behalf of their Health Board and play a key role in putting them into practice locally, making sure improvements are felt by patients and staff across Scotland.

Each pathway is developed using a clear, robust CfSD process. This ensures they are clinically sound, based on evidence, and shaped with input from the right people – including Primary Care – at every stage.

Pathways are also regularly reviewed and updated, so they continue to reflect the latest evidence and best practice. This means patient care keeps improving and remains consistent wherever it is delivered.

Progress in 2025/2026

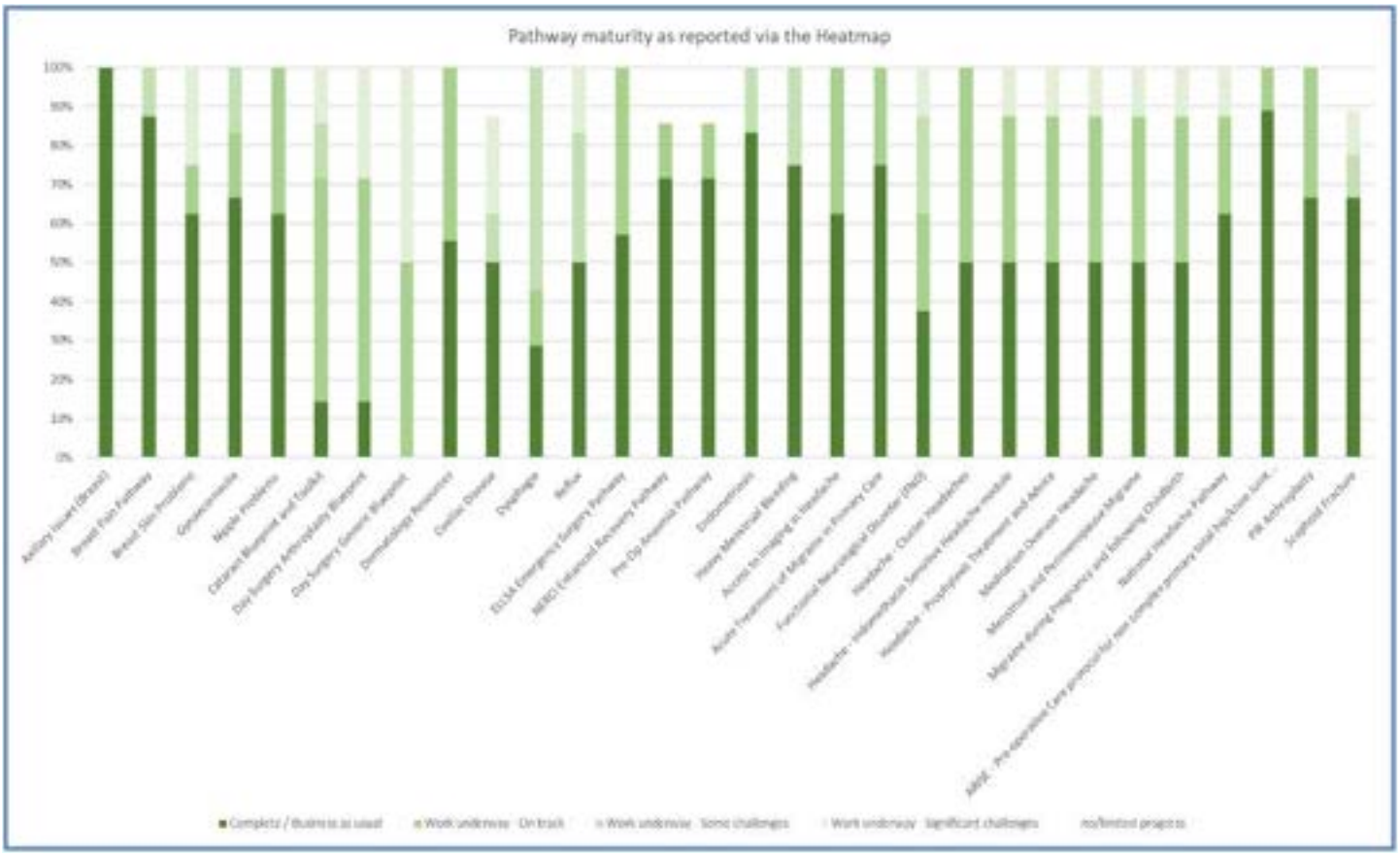
During 2025/2026, 19 new pathways and resources were published by the SDGs. A full list of these resources is included in Appendix 1.

Alongside developing key patient pathways for common procedures and conditions – such as the national Inguinal Hernia and Carotid Endarterectomy pathways – we also provide a wide range of practical support to improve care.

This includes clinical resources to help Primary Care teams manage treatment and make appropriate referrals (for example, the Molluscum Contagiosum dermatology guide), as well as accessible information for patients and carers through NHS Inform (such as pages on acne, alopecia and hand osteoarthritis).

We also produce detailed blueprints, toolkits and frameworks that set out clear, practical steps for putting improvements into action. These include major pieces of work like the Framework for Perioperative Services, which supports areas such as theatre scheduling, protecting planned care, pre-operative assessment and team development, as well as the Competency Framework for Specialist Nursing in Dermatology.

Progress in putting these pathways into practice is tracked through the Heat Map. While this reflects local views on how well pathways are being adopted, it also creates an important opportunity for Health Board leads to work closely with services – supporting implementation, identifying challenges, and helping to remove barriers so that patients benefit as quickly as possible.



The Future

A number of key pathways and resources are still being developed, as set out in the SDG sections later in this report. These will be completed and published in 2026/2027.

Our focus remains on active sharing and ensuring adoption of existing and new pathways and resources (‘active dissemination’). This means making sure the guidance and resources we have already produced are used consistently across Scotland. By doing this, we can ensure more patients benefit from modern, high-quality care, and that the improvements we have developed deliver their full impact.

Active Clinical Referral Triage (ACRT) and Opt-in

ACRT

ACRT refers to the enhanced process of vetting referrals from primary and secondary care.

A senior clinical decision-maker (e.g. a Consultant or Advanced Practitioner) reviews each patient's electronic record, including imaging and laboratory results, and triages to the most appropriate, evidence-based pathway.

We can measure the impact of ACRT using information from Health Board Heat Map returns. Health Boards report how many referrals are sent back to Primary Care with advice for patients or GPs, and how many patients are added to opt-in pathways. This is currently the only reliable way we measure ACRT at a national level.

At the moment, we are not able to measure some of the wider benefits of ACRT. These include patients being moved straight to treatment or tests, being seen by nurses or other health professionals, being referred to a different specialty, or receiving extra clinical advice while waiting for an outpatient appointment.

Opt-In

One outcome of ACRT is Opt-in.

The Opt-in process aims to improve patient understanding and support shared-decision making.

Following triage, patients are provided with clinical information about their condition and possible options for care – including self-management - through appropriate resources such as booklets or websites.

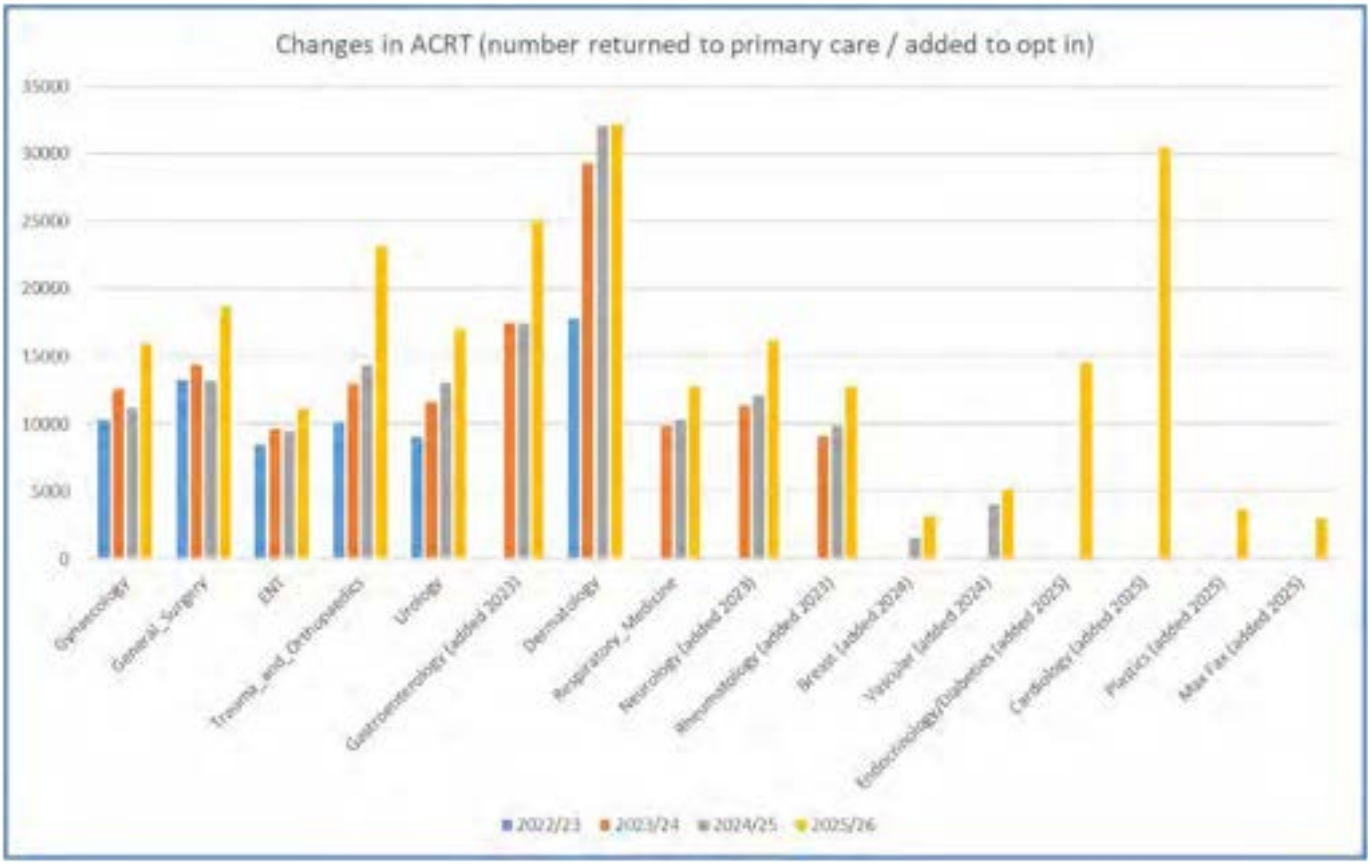
The patient is then empowered to decide if and when to contact the service about their problem.

Progress in 2025/2026

Further gains were made in relation to both ACRT.

- A total of 244,000 outpatient appointments were returned to Primary Care with advice and/or added to Opt-in pathways – a 65% increase on 2024/2025.
- This equates to £50.5 million in cost avoidance and 3.2 million miles of patient travel avoided.

It should be noted that the number of Specialties for which ACRT data was captured via the Heat Map increased in 2025/2026 (which accounts for part of the increase in the total appointment saved), all Specialties increased the numbers compared to last year.



The Future

Although the data shows considerable improvements overall in the patients benefiting from ACRT, it also shows variation between Health Boards.

During 2026/2027, we will encourage Health Boards to review and improve their local processes that support ACRT. For the first time, Heat Map data will capture monthly figures. This will help Boards track their progress more closely throughout the year.

We are also introducing national benchmarks for the first time (see table 1) so Boards can consider their performance and identify areas of improvement. There remains variation in how Health Boards use SCI gateway and local patient administration systems (e.g. Trak Care). Because of this, these figures should be used as a guide rather than a mandate. If, however, these levels were achieved across all Boards it would result in a further 104,000 saved appointments.

Patient Initiated Review (PIR)

Patients who will not benefit from being offered routine follow-up appointments are offered a reliable self-referral process for issues related to their specific condition. This includes written guidelines on how to re-engage directly with the appropriate hospital service, without requiring a new referral from their GP.

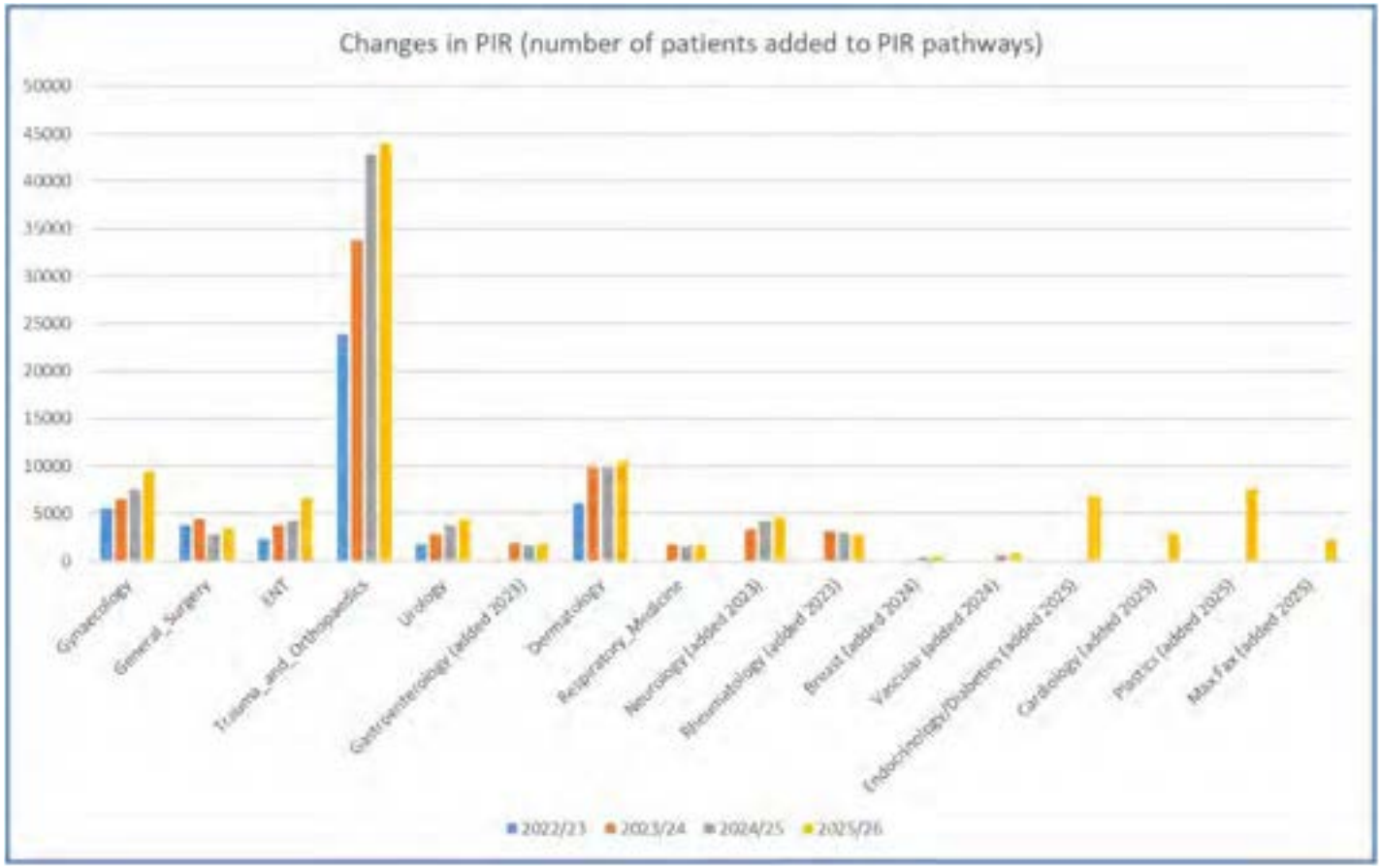
PIR processes have the potential to improve services by eliminating unnecessary routine appointments both face-to-face and virtual - simply by sharing information, agreeing on a management plan for each individual, and facilitating access to the service. PIR also applies to patients with chronic conditions who remain under Secondary Care but do not require routine reviews and would benefit from a direct-access, self-referral pathway.

ACRT and PIR: Actions for Health Boards

- ACRT: To review processes including:
  - Ensuring Clinicians have job-planned time allocated to undertake ACRT
  - Checking standard operating procedures to support ACRT
  - Reviewing ACRT training, digital and administrative processes support ACRT (e.g. use of template letters or content, where appropriate)
  - Exploring use of the wider team (e.g. Advanced Practitioners) in ACRT
  - Regular comparative feedback of ACRT outcomes to individual members of the triaging team.
- PIR: Consider further opportunities for increasing PIR (in particular where New to Return ratios and / or DNA rates are high)
- Both ACRT and PIR: Review end of year Heat Map performance against benchmarks below to consider focus areas for 2026/2027.

Progress in 2025/2026

- In 2025/2026 a total of 115,870 patients were added to PIR pathways – a 33.5% increase on the previous year.
- This is the equivalent of £20.5 million in cost avoidance and 2.3 million miles of patients (based on the assumption that each PIR patient would otherwise attend one appointment).



The Future

We believe there is still a big opportunity for Patient Initiated Review (PIR) to free up appointments and allow more patients to take control of when they receive care.

Over the coming year, the Specialty Delivery Groups (SDGs) will continue to focus on increasing the use of PIR. They will also look at related areas, such as the balance between new and follow-up appointments, and missed appointment (DNA) rates.

As with ACRT, we are introducing benchmark figures to help Health Boards understand what good looks like. We know that reaching these levels will be a significant step forward for many Boards, as they are based on the best performance currently seen.

However, if all Boards were able to reach these achievable levels, it could free up around 174,000 additional appointments – helping more patients get care when they need it.

Benchmark figures

The following table gives benchmark figures for Health Board comparison. Both figures are based on Health Board performance as reported in the 2025/2026 Heat Map (data up to December). Given the progress made in ACRT a 65 percentile performance is given. For PIR a more challenging 80% is given.

Table 1: Benchmark figures for ACRT and PIR in 2026/2027

	ACRT Proportion back to referrer +/- opt-in pathway (additional appointments saved*)	PIR As a proportion of return OP activity (additional appointments saved*)
Gynaecology	9.7% (6877)	12.4% (16,368)
General Surgery	7.9% (11,518)	5.7% (20,957)
ENT	9.2% (4664)	8.1% (7590)
Orthopaedics	11.6% (14,675)	24.1% (41,367)
Urology	16.4% (5536)	6.9% (13,524)
Gastroenterology	26.4% (4772)	3.0% (4108)
Dermatology	27.6% (8186)	4.9% (9298)
Respiratory Medicine	23.2% (6902)	4.0% (4734)
Neurology	24.7% (5819)	6.0% (9697)
Rheumatology	34.2% (6843)	3.7% (5780)
Breast Surgery	7.5% (-)	2.7% (-)
Vascular Surgery	18.4% (746)	5.8% (-)
Endocrinology and Diabetes	39.2% (10,053)	6.7% (10,152)
Cardiology	32.3% (17,643)	8.2% (9473)
Plastic Surgery	10.9% (26)	14.4% (20,155)
Oral / Maxilo-facial	5.3% (-)	5.0% (936)

*Due to the way these figures are calculated there are a few specialties which would not see increased savings.

Patient focused booking

Evidence so far shows that when services use Patient Focused Booking (PFB), around 14% of patients no longer need an appointment. This helps reduce wasted appointments and lowers missed appointment (DNA) rates by between 3.1% and 6.6%. It also makes the care process more focused on what works best for patients.

Progress in 2025/2026

Through the Outpatient Improvement Group (OPIG), work has been carried out to promote PFB and explain the steps needed to put it in place. A pilot project also showed that it is possible to collect and compare PFB data at a national level.

The Future

We will continue to support services to adopt PFB, with the aim of making it the standard approach for all routine services. From 2026/2027, progress on PFB will be tracked through the MPPP Heat Map.

Primary Care Secondary Care Interface and Active Dissemination

Primary Care Secondary Care Interface Delivery Group

The Primary Care Secondary Care Interface Delivery Group was established in 2023, with its key function to facilitate early primary care engagement in the development of CfSD National Clinical Pathways. Membership continues to be reviewed and expanded to ensure multi-professional representation from across primary care.

Progress in 2025/2026

Active Dissemination

The Active Dissemination Short Life Working Group was established to develop a strategy to promote the deployment and implementation of the CfSD National Clinical Pathways. The Group has agreed the Active Dissemination Framework, which will be published in in early 2026/2027.

We continue to work in partnership with Healthcare Improvement Scotland to use the Right Decision Service (RDS) platform as key mechanism for ensuring our pathways are available to Primary Care at the point of care.

- In 2025/2026 MPPP pages on the RDS were accessed 111,005 times – averaging over 2,000 hits per week.

Where Health Boards have referral information systems other than RDS (e.g. RefHelp in NHS Lothian), the Boards are encouraged to ensure equivalent information is available or to link directly to relevant RDS content.

National Clinical Pathways Webinar Series

As part of Active Dissemination, a National Clinical Pathways webinar series is now live, which provides information about clinical updates on guidance and new or revised referral pathways. These online educational events provide an opportunity for shared learning, informal discussion and questions and answer sessions.

The first webinar took place in December 2024, with 5 taking place over 2025/2026, and 8 in total. Topics have included:

- Symptomatic Breast Pathways
- National Headache Pathway
- Gastroenterology Pathways (Upper and Lower GI)
- Digital Dermatology
- Quantitative Faecal Immunohistochemical Testing
- Scottish Referral Guidelines for Suspected Cancer
- Dermatology Pathways and Resources
- FND (Functional Neurological Disorder) (In Collaboration with the Scottish Government)

Over 700 delegates, across primary and secondary care, have attended our webinars to date, with an average satisfaction score of 4.8 out of 5.

Future webinars are planned throughout 2026/27, including Respiratory Pathways, Lower Limb Disease and Gynaecology Pathways.

Recordings of past webinars and the registration details of future sessions can be accessed via National Clinical Pathway Webinar Series.

The Future

The upcoming publication of the Active Dissemination Framework will provide a structured approach to supporting pathway implementation. This includes encouraging SDG members to engage directly with local Primary Care interface groups.

To support from a national level, the National Clinical Pathway Webinar Series will continue throughout the year, focusing on SDG-developed pathways and including content from wider CfSD programmes.

Improving Outpatient Services – Outpatient Improvement Group

In May 2025, the Outpatient Improvement Group (OPIG) was formed to support Health Boards in achieving sustainable and measurable improvements in outpatient services. Membership is made up of information analyst, health records and access team representatives across most Health Boards.

The Outpatient Improvement Group works closely with Specialty Delivery Groups within the Modernising Patient Pathways Programme, but with a cross-cutting remit around key processes supporting outpatients:

- Vetting outcomes to get the best out of Active Clinical Referral Triage.
- Approaches to using DCAQ (Demand, Capacity, Activity and Queue) routinely with services.
- Patient Focused Booking (potentially 14% freed up capacity from removals; with a further reduction of DNAs).
- Waiting List Management - including data cleansing and interrogation of New and Return Waiting Lists.
- Clinic Utilisation - reporting of vacant slots and management of rebooking appointments.
- Clinic Templates e.g. numbers of new slots versus return.
- Getting data from PAS / TRAK.
- On-day cancellations and DNAs.
- Waiting List Validation.

Outpatient Improvement Group: Actions for Health Boards

- Implement Patient Focused Booking for all routine new services
- Ensure booking teams have access to clinic utilisation reports showing gaps in clinics 1-2 days in advance.
- Regular service management meetings with Specialties reviewing demand, capacity, activity and queues.
- Availability (and review) of comparative triage outcomes (e.g. % back to referrer) available by Consultant
- Engage with NECU and/or undertake local waiting list validation (with the potential to remove 8% for admin validation and up to 20% for clinical validation).

Progress in 2025/2026

The Outpatient Improvement Group has met regularly since May 2025 and Health Boards have shared examples of good practice being carried out across outpatient services in NHS Scotland.

This work includes being able to report how well clinic capacity is being used in each specialty, increasing the use of Patient Focused Booking (PFB) across Health Boards, and using approaches like booking-in-turn to help patients who have been waiting the longest.

Some Health Boards have shown how helpful automated waiting times dashboards can be. These tools support day-to-day decisions and help teams manage services more effectively. CfSD has worked with individual Boards to encourage them to develop and use similar dashboards locally.

The group also carried out 2 surveys looking at clinic profiles and how PFB is used across 3 specialties. This has helped build a clearer picture of the differences in appointment lengths and clinic session times.

The information gathered on PFB has been particularly useful, and it is now included as part of regular Heat Map reporting.

The Future

In 2026/2027, the Outpatient Improvement Group will focus on:

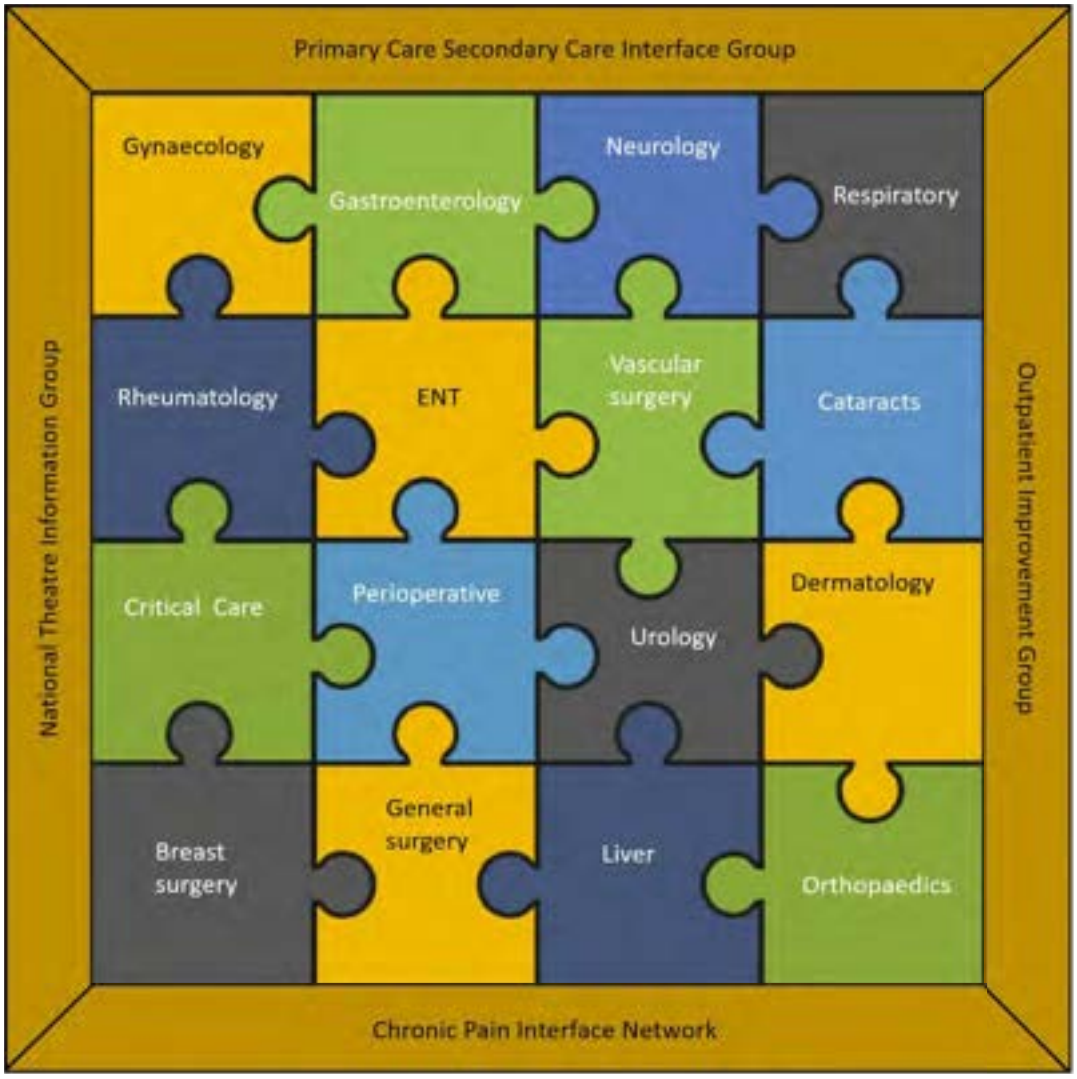
- Meeting with Health Boards every 2 months to discuss how to improve outpatient services
- Discussing and progressing key topics such as how well clinic capacity is used and how Patient Focused Booking (PFB) is being put into practice. From 2026/2027, PFB for new routine patients will be measured through the Heat Map.
- Discussing important areas including recording outcomes of ACRT, opt-in pathways, how Patient Initiated Review (PIR) is recorded, and how follow-up appointments are managed.

Encouraging Health Boards to share progress and examples of successful changes, so others can learn from what works well.

Specialty Delivery Groups

The Centre for Sustainable Delivery's (CfSD) Specialty Delivery Groups (SDGs) exist to:

- Support, innovate and develop high-quality services across Scotland;
- Reduce unwarranted variation;
- Promote best-in-class services; and
- Sustainably improve waiting times for non-urgent care



Progress in 2025/2026

SDGs continue to be the cornerstone of our strategy for encouraging improvement locally and delivering change nationally. During 2025/2026 we have repeated confirmed membership with Heat Map Leads and CfSD Champions ensuring that at any point the Health Board senior team are aware of who is attending SDG meetings on behalf of the Board, and will be ready to support implementation of SDG resources and pathways.

While SDGs provide an invaluable forum to share ideas across Scotland, they also provide an opportunity to engage at UK level and during 2025/2026 many SDGs, including Gastroenterology, Perioperative, Urology and the Outpatient Improvement Group have received presentations from UK bodies such as GIRFT and English Hospital Trusts. SDGs have established formal and informal links to UK wide professional bodies (such as British Association of Urological Surgeons, British Association of Day Surgery and British Association of Dermatologists) thereby widening and strengthening the Scottish engagement in these associations.

The Outpatient Improvement Group has provided an important link for the SDGs to the members of the access, information and booking teams to help realise benefits to high impact actions such as implementation of ACRT, PIR and Patient Focused Booking.

SDGs: Actions for Health Boards

- Review nominated representation regularly
- Appreciative enquiry: Support nominated representation with implementation of pathways and actions locally
- Consider how nominated representatives feedback to wider team (e.g. at a local department performance meeting)
- Consider how local governance structures support implementation, e.g. Are there meetings that replicate SDG structures locally? Are there opportunities for nominated representatives from different specialties to meet locally?

Case Study: Reflecting SDG Structures locally
NHS GGC

Key SDG Structures are mirrored by local governance in GGC. For example the Perioperative Improvement Group and Outpatient Improvement Group in GGC reflect the PDG and OPIG respectively. Locally these provide an opportunity for the nominated lead to engage with wider colleagues (across the GGC sectors) with the support the local leadership (Heat Map Leads and CfSD Champions).

The Future

During 2026/2027 we will continue to reinforce and embed the SDG model across Scotland, continuing to emphasise the key role of the nominated representatives and importance of support from Heat Map Leads and CfSD Champions (for example as part of updating Terms of Reference in quarter 1, all groups will discuss these key functions).

SDGs will continue to develop pathways where these are already in development or highlight as significant impact, but focus for many groups will shift to ensuring the robust adoption of pathways already published and associated high impact actions.

Given the significant challenges facing many Specialties there will be a focus on productivity (i.e. delivering more or better care, within the same resource), albeit with an ongoing emphasis on delivering high quality, safe and sustainable care.

Breast (Symptomatic)

Progress in 2025/2026

ACRT and PIR

- ACRT: Improving access to appointments by reducing demand by 3086 referrals (74% increase on last year).
- PIR: Capacity for additional 449 appointments through patients added to PIR pathways (3% increase on last year.

Pathways

The Sub-Specialty Delivery Group (SSDG) continued to embed the following established Breast national pathways, which all have been uploaded to the Right Decision Service (RDS) platform:

- Axillary Issues
- Breast Pain
- Breast Skin Problems
- Gynaecomastia
- Nipple Problems

A number of demonstrative videos were also added to the above toolkits to support consistent understanding and implementation.

Breast Surgery: Actions for Health Boards

- Review performance for ACRT and PIR (as reported in the Heat Map) to consider whether there is further opportunity for improvement.
  - ACRT benchmark 7.5% back to referrer / opt-in
  - PIR benchmark 2.7% of all return appointments
- Ensure the 5 pathways are embedded in local practice, including links to patient resources on NHS inform.
- Consider whether the new Breast Pain patient video (once published) can support patient-led locally.

Clinical Leadership

The CfSD Clinical Lead for (Symptomatic) Breast and Chair of the Sub-Specialty Delivery Group, Mr Matthew Barber, stepped down from his role in December 2025. We thank Mr Barber for his commitment to his role over the years. Dr Karen Gray, Consultant Radiologist and Associate Medical Director within NHS Lanarkshire, was appointed to the role in February 2026.

The Future

In 2026/2027, the (Symptomatic) Breast SSDG will focus on:

- Reducing unwarranted variation by aligning Health Boards around consistent, evidenced-based ACRT and pathways including direct access clinics.
- Supporting workforce resilience by sharing models of care and mitigating reliance on mutual aid.
- Improving pathway flow and performance against 31 and 62-day cancer standards, through Embedding shared learning.

Cataract

Since 2000, it has been recommended that at least 1 cataract procedure is undertaken every 30 minutes with a higher volume of 10-14 procedures being undertaken on cataract-only lists in bespoke centres (Action on Cataracts, NHS Executive, 2000). Since establishing the Cataract Sub-Specialty Delivery Group (CSSDG) in August 2022, work has been on-going to support improvement at a national level to achieve this aim, providing direction, tools, and support to Health Boards to enable consistent, sustainable improvement in cataract service delivery.

This programme of work has included collaboration with Healthcare Improvement Scotland (HIS), the Royal College of Ophthalmologists (RCOphth), the Royal College of Surgeons of Edinburgh (RCSEd), Antimicrobial Resistance and Healthcare Acquired Infection (ARHAI) Scotland, the NHS Scotland Academy (NHSSA), NHS Education for Scotland (NES), National Services Scotland (NSS), Public Health Scotland (PHS) and the CfSD's Planned Care Ophthalmology team and Green Healthcare Scotland (formerly the National Green Theatres Programme).

Progress in 2025/2026

The SDG-led national improvement programme has developed a number of resources and tools to achieve transformative and sustainable improvement, with emphasis now moving to adoption and embedding these principles locally.

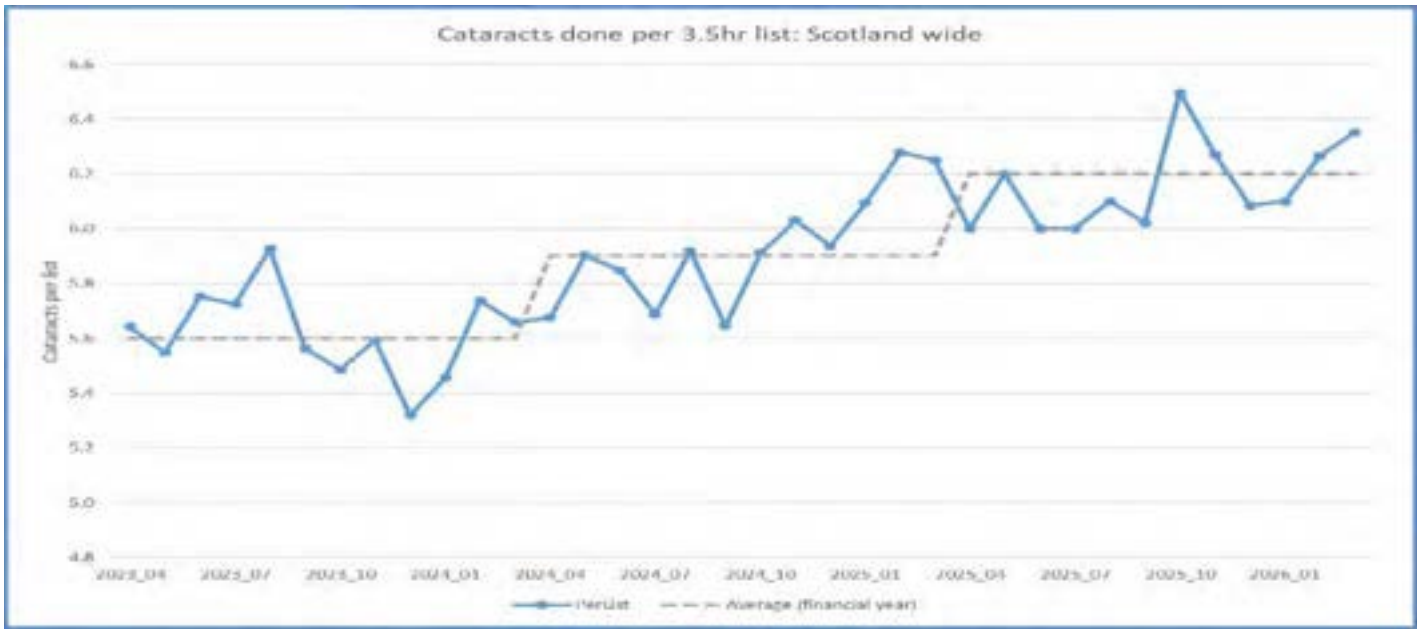
Cataract: Actions for Health Boards

- Ensure all actions within the Cataract Blueprint are embedded in local practice.
- Review data to ensure progress towards 8 cataracts per list (or higher) / 1 cataract every 30 minutes.
- Adopt principles in ISBCS toolkit (once published).

Progress against the Blueprint

The progress against the published Improving the Delivery of Cataract Surgery in Scotland: a Blueprint for Success demonstrates:

- Cataracts per list continues to gradually improve overall for Scotland and most units show an upward trend. For the 2025/2026 on average health boards are doing 6.2 cataracts per 3.5 hour list (adjusted to account for health boards with longer/shorter operating sessions).
- The number of cataracts done on cataract-only lists in total also continues to rise with 39,851 cataracts done on cataract-only lists in 2025/2026, compared to 32,619 and 35,905 in the previous financial years.
- National Theatre Information Group (NTIG) data on Discovery shows 5224 cataracts done as Immediate Sequential Bilateral Cataract Surgery (ISBCS) on cataract-only lists with a further 670 on mixed lists, i.e. 5894 in total across 16 different hospital sites.



Immediate Sequential Bilateral Cataract Surgery

A Task and Finish Group was established in 2024/2025 to develop an implementation guide for Immediate Sequential Bilateral Cataract Surgery (ISBCS).

Evidence indicates that up to 60% of cataract patients in NHS Scotland may be eligible for ISBCS.

Publication of the ISBCS Implementation Guide is imminent and has received endorsement from the Royal College of Ophthalmologists. It also includes clear guidance on clinical coding for ISBCS with a new clinical coding standard published in February 2026.

This guide will also be incorporated into an updated 2nd edition of the published Cataract Toolkit.

The Future

In 2026/2027, the Cataract SSDG will focus on:

- Continuing to drive increases in the number of cataracts carried out on cataract-only lists to improve efficiency and throughput.
- Collaborating with the University of Aberdeen's Health Economics Research Unit (HERU) on an 18 month Discrete Choice Experiment (DCE) Study to explore patient preferences for proceeding with ISBCS by examining the trade-offs patients are willing to make when deciding on this treatment.
- Publishing the ISBCS Implementation Guide and incorporating this into a refreshed version of the Cataract Toolkit.

Case Study: Cataract Service Improvement
NHS Borders

In 2025/2026, NHS Borders delivered a multi-disciplinary quality improvement programme to improve cataract theatre efficiency, redesigning the pathway through standardised processes, improved flow, introduced hybrid nursing roles and more efficient surgical trays. This almost doubled throughput to up to 8 cataract surgeries delivered per half-day theatre list, reducing waste and costs, and enabled the introduction of Immediate Sequential Bilateral Cataract Surgery (ISBCS).

Critical Care

The Scottish Critical Care Specialty Delivery Group brings together key multidisciplinary stakeholders to provide a national forum for the discussion and development of the diverse range of critical care services provided across Scotland. This includes island boards, rural general hospitals and smaller district general hospitals.

In addition to nominated Health Board representation, the group includes representation from the following organisations and areas:

- Scottish Acute Nursing Directors
- Scottish Directors of Allied Health Professionals (SDAHP)
- Pharmacy, including the National Acute Pharmacy Network
- Scottish Ambulance Service (SAS) ScotSTAR
- Scottish Intensive Care Society Audit Group (PHS SICSAG) and Scottish National Audit Programme (SNAP)
- NHS National Services Scotland (NSS) Procurement
- Scottish Intensive Care Society (SICS)
- Scottish Advanced Critical Care Practitioner (ACCP) Training Network
- Organ Donation in Scotland
- CfSD - Unscheduled Care and Green Healthcare Scotland teams

Critical care: Actions for Health Boards

- Implementation of the Small and Remote Critical Care pathway.

Progress in 2025/2026

Pathways and Workstreams

Small and Remote Pathway (Critical Care Support in Smaller Remote and Rural Critical Care Units)

The Small and Remote Pathway (formerly known as Remote and Rural) has now been published on the Right Decision Service platform. This pathway will also include a supporting document around the key capabilities for high dependency critical care units in small and remote hospitals.

Post ICU Recovery Pathway

A multi-disciplinary pathway development group has been established to develop a national Post ICU (Intensive Care Unit) Recovery Pathway. Results from the joint CfSD / SICS (Scottish Intensive Care Society) Post ICU Recovery Survey will support to inform the development of this work. Both the survey and the proposed scope of this pathway were presented to the SICS Networking Event in Stirling in March 2026.

Team Service Planning

To develop an understanding of Team Service Planning, at each meeting 2-3 Health Boards are asked to provide an overview of their service to understand the variation in service models, staffing, skill mix and innovative approaches to Critical Care provision across all Health Boards. Updates have now been provided by the majority of Health Boards.

The SDG have also received updates in relation to the following:

- Equipment and Consumables (NHS National Services Scotland Procurement)
- Pharmacy Workforce Summary Data (National Acute Pharmacy Network)
- Organ Donation in Scotland
- NHS Green Healthcare Scotland

Measurement and data

Measurement and data continues to be collected via the Public Health Scotland (PHS) Scottish Intensive Care Society Audit Group (SICSAG). The following data / dashboards are presented at quarterly SDG meetings on an on-going basis:

- ICU/HDU, ICU and Cardiac ICU/HDU admissions (sub-categorised into elective vs non-elective issues)
- Delayed discharges (including > 4-hour, 24 hour delays)
- Patients discharged home from ICU
- Night time discharges.

The Future

In 2026/2027, the Scottish Critical Care Specialty Delivery Group will focus on:

- Implementing and embedding the Small and Remote pathway, including the formation of Service Level Agreements (SLAs) between Receiving and Referring Hospitals
- Developing the Post ICU Recovery Pathway, with the intention to complete to March 2027
- Exploring the reasoning behind delayed discharges based on the data available
- Continuing the programme of updates from Health Boards on their services and workforce

Case Study: CfSD / SICS Post ICU Recovery Survey

The aim of this survey was to understand the current status of post ICU Recovery Services in NHS Scotland, the opportunities to develop and expand our networks and also look into educational opportunities.

The results of this survey have provided a baseline position to both the CfSD Scottish Critical Care Specialty Delivery Group and the Scottish Intensive Care Society across Critical Care Services in NHS Scotland.

Dermatology

Progress in 2025/2026

ACRT and PIR

The SDG has maintained a strong emphasis on Active Clinical Referral Triage, working closely with the Accelerating National Innovation Adoption (ANIA) team, to implement the Digital Dermatology pathway. This includes ensuring image capture at the point of referral and supporting Health Boards to develop robust photo-triage processes.

- ACRT: Improving access to appointments by reducing demand by 32,424 referrals (3% decrease on last year).
- PIR: Capacity for an additional 10,080 appointments through patients added to PIR pathways, (1% increase on last year).

Dermatology: Actions for Health Boards

- Review performance for ACRT and PIR (as reported in the Heat Map) to consider whether there is further opportunity for improvement, including ensuring consistent adoption of the new ACRT in Dermatology guide.
  - ACRT benchmark 27.6% back to referrer / opt-in
  - PIR benchmark 4.9% of all return appointments
- Ensure that all pathways available via the RDS platform are embedded in local practice, including an awareness in Primary Care and use to support consistent ACRT.
- Ensure adoption of Digital Dermatology pathway.
- Implementation of the nursing framework.
- Embedding NHS Inform information on Acne and Alopecia into Primary and Secondary care processes.

Workstreams

Digital Resources

The SDG has expanded the range of resources available on the Right Decision Service (RDS), with the launch of the Photosensitivity and Molluscum Contagiosum modules. Each module outlines information regarding how these conditions can be managed in Primary Care and when referral to Secondary Care is likely to be beneficial.

This adds to the resources previous available which cover: Actinic Keratosis, Acne Alopecia, Atopic Eczema, Atopic Eczema (paediatric), Basal Cell Carcinoma, Benign Lesions, Bowen's Disease, Fungal Nail Infections, Hyperhidrosis, Melanoma, Nummular Discoid Eczema, Pruritis, Psoriasis, Rosacea, Squamous Cell Carcinoma, Urticaria, Viral Warts, and Vitiligo.

In 2025/2026, Dermatology modules on RDS received 58,660 hits.

The SDG is continuing its collaboration with NHS Inform to develop patient information resources, with work underway to develop a module around Benign Lesions, offering reassurance and self-management advice to patients.

Competency Framework for Dermatology Specialist Nurses (Level 6 and 7)

A new Nurse Competency Framework for Specialist Nurses in Dermatology, jointly developed by NES and CfSD, was published in March 2026. This framework provides a consistent approach to the specialty specific competencies at level 6 and 7 in Dermatology Nursing. It is intended that the framework will provide a model to underpin future training, work-based learning, appraisal, and personal development for Specialist Dermatology Nurses, and in turn ensure sustainability of services and improve waiting times for non-urgent care.

Digital Dermatology and the CfSD National Elective Coordination Unit

The SDG continues to support and embed the new Digital Dermatology pathway. In particular, the SDG has provided a forum for improving the quality of ACRT in Health Boards.

Most recently, it has published guidance on ACRT implementation in Dermatology to help realise the potential benefit of the Digital Dermatology pathway in Scotland:

- Implementing Active Clinical Referral Triage in Dermatology Services in NHS Scotland: A Guide

The SDG continues to work closes with the CfSD National Elective Coordination Unit (NECU) to ensure Health Boards are supported in reducing the number of patients on dermatology waiting lists.

The Future

In 2026/2027, the Dermatology SDG will focus on:

- Further developing the published Nurse Competency Framework into a teaching module, liaising with Higher Education Institutions and NHS Education for Scotland, as well as developing a competency self-assessment / sign-off template for nurses to use within their roles and services.
- Reviewing and refreshing the published resources on the Right Decision Service and including additional images within modules to support with diagnosis.
- Additional resources, including a Primary Care resource on hidradenitis suppurativa and patient facing (NHS Inform) pages on benign lesions.
- Working with stakeholders to develop standardized letter templates and vetting outcomes to ensure consistent and efficient vetting, advice and reporting.
- Continuing to build on engagement with Health Boards and the on-going promotion of published national resources.

Ear, Nose, and Throat (ENT)

Progress 2025/2026

ACRT and PIR

- ACRT: Improving access to appointments by reducing demand by 10,966 referrals (11% increase on last year).
- PIR: Capacity for an additional 6,394 appointments through patients added to PIR pathways (30% increase on last year).

ENT: Actions for Health Boards

- Review performance for ACRT and PIR (as reported in the Heat Map) to consider whether there is further opportunity for improvement.
  - ACRT benchmark 9.2% back to referrer / opt-in
  - PIR benchmark 8.1% of all return appointments
- Review local pathways for high volume procedures in relation to GIRFT pathways
- Consider use of procedure rooms and outpatients to increase flow.
- Apply principle of High Flow surgery (as published in the Periop Framework).

Workstreams

Digital Imaging Pilot for ENT Primary Care Referrals

ENT services across NHS Scotland are experiencing high referral volumes, variable referral quality and extended waiting times.

In 2025/2026, the CfSD funded the purchase of equipment to support a pilot in a number of GP practices within NHS Lanarkshire. This pilot is exploring how digital photography can be used to improve the quality of referrals and make Active Clinical Referral Triage (ACRT) more effective. A Task and Finish Group has been formed to deliver and manage this pilot. The pilot will consider whether attaching an image to an ENT referral will improve the quality of ACRT. The aim is to see if more patients can be safely managed without needing a hospital appointment – either by returning them to their GP with advice or directing them to other care pathways – while making sure this does not add extra pressure to GP practices.

Group A Strep Pilot – Community Pharmacy Scotland

In December 2025, in collaboration with Community Pharmacy Scotland (CPS), the CfSD provided funding for a pilot within Glasgow for patients to attend community pharmacies for tests to identify Group A Strep (GAS) (with antibiotics prescribed if required). A similar pilot in Wales reported that this had resulted in a reduction in both demand in General Practice and A&E attendances as well as positive patient feedback. Outputs from this pilot will be used to inform the design and costings of a larger national pilot for the introduction of GAS tests in Scottish community pharmacies.

The Future

In 2026/2027, the ENT SDG will focus on:

- Exploring the opportunities for Advance Practice roles in ENT and reviewing the models used by Boards and available data.
- Investigate the use of procedure rooms for minor ENT operations.
- Progressing with the Digital Imaging and Group A Strep pilot projects.

Gastroenterology

Progress in 2025/2026

ACRT and PIR

- ACRT: Improving access to appointments by reducing demand by 24,278 referrals (37% increase on last year).
- PIR: Capacity for an additional 1,633 appointments through patients added to PIR pathways (3% decrease on last year).

Gastroenterology: Actions for Health Boards

- Review performance for ACRT and PIR (as reported in the Heat Map) to consider whether there is further opportunity for improvement.
  - ACRT benchmark 26.4% back to referrer / opt-in
  - PIR benchmark 3.0% of all return appointments
- Ensure all published pathways are embedded in local practice.

Pathways

The Gastroenterology SDG has published the following pathways:

- Dysphagia
- Inflammatory bowel disease (IBD)
- Irritable bowel syndrome (IBS)
- Reflux

Further pathways and resources will be published shortly including:

- Coeliac Disease Pathway: Based on the previously published pathway, updated to include the adult 'no-biopsy strategy).
- Iron Deficiency Anaemia (IDA) Pathway: including the qFIT (Quantitative Faecal Immunohistochemical Testing) Consensus Document.
- Lower Gastrointestinal (GI) Toolkit: Providing a guiding framework to support primary care in the identification, testing, treatment and referral for patients who present with Lower GI symptoms as well as being an educational resource signposting to information to help clinicians better support patients with their GI conditions.

The Future

In 2026/2027, the Gastroenterology SDG will focus on:

- Promoting published national pathways and supporting health boards with the implementation.
- A deep-dive with Health Boards to understand vetting and waiting list validation
- Publishing the new pathways and resources mentioned above.

General Surgery

Progress in 2025/2026

ACRT and PIR

- ACRT: Improving access to appointments by reducing demand by 16,911 referrals (21% increase on last year).
- PIR: Capacity for additional 3,281 appointments through patients added to PIR pathways (8% increase on last year).

General Surgery: Actions for Health Boards

- Review performance for ACRT and PIR (as reported in the Heat Map) to consider whether there is further opportunity for improvement.
  - ACRT benchmark 7.9% back to referrer / opt-in
  - PIR benchmark 5.7% of all return appointments
- Implementation of the inguinal hernia pathway.

Pathways

Inguinal Hernia

The national pathway for Inguinal Hernia was published in August 2025. It focuses on ensuring that those who require an urgent referral are seen first, reducing the number of referrals which are of limited clinical value, and therefore reducing the waiting time for those who require referral to another service.

Biliary Disease

Development is underway for a national pathway for Biliary Disease, focusing on patients diagnosed with routine Biliary Colic. The pathway will give patients the option to opt-in for surgery and will support primary care to provide the information required for efficient vetting by secondary care services. The pathway is nearing completion and will be published in early 2026/2027.

The Clinical Lead for the General Surgery SDG, Ms Aileen McKinley, retired from her role in December 2025. We thank Ms McKinley for her valuable contributions and effort to progressing the General Surgery Specialty Delivery Group.

The Future

The General Surgery Specialty Delivery Group was paused in February 2026, to focus on surgical sub-specialty work, including the publication of the Biliary Disease pathway.

Gynaecology

Progress in 2025/2026

ACRT and PIR

- ACRT: Improving access to appointments by reducing demand by 13,895 referrals (20% increase on last year).
- PIR: Capacity for additional 9,164 appointments through patients added to PIR pathways (20% increase on last year).

Gynaecology: Actions for Health Boards

- Review performance for ACRT and PIR (as reported in the Heat Map) to consider whether there is further opportunity for improvement.
  - ACRT benchmark 9.7% back to referrer / opt-in
  - PIR benchmark 12.4% of all return appointments
- Ensure local adoption and implementation of published pathways (PMB, HMB and Endometriosis, plus incontinence once published in 2026/27).

Pathways

Post-Menopausal Bleeding Pathway

- The Gynaecology SDG developed and published the national Post-Menopausal Bleeding Pathway in December 2025, which has been uploaded to both the Right Decision Service platform and to the CfSD Website.

Endometriosis Pathway

- The Gynaecology SDG undertook a review of the national Endometriosis Pathway, with the updated version published onto the Right Decision Service platform in February 2026.

The Future

In 2026/2027, the Gynaecology SDG will focus on:

- Developing the national Urinary Incontinence Pathway, which is nearing completion and submission for internal governance approval.
- A potential collaboration with the Scottish Government's Women's Health Plan team in respect of guidance for menopause care.
- Reviewing the national Heavy Menstrual Bleeding Pathway in quarter 4 of 2026/27.
- Hosting webinars for Primary Care to support the dissemination and implementation of both published and forthcoming pathways.
- Increasing the role of specialist nursing in gynaecology, addressing both service structure and a competency framework.

Liver

Progress in 2025/2026

Liver: Actions for Health Boards

- Although Liver ACRT and PIR data is not captured separately from Gastroenterology ACRT and PIR data and therefore not possible to share specific numbers, Health Boards should still review their ACRT processes and consider PIR for all relevant pathways.

Pathways

The Liver SDG is currently developing the following national pathways:

- Genetic Haemochromatosis Pathway: The pathway will provide a streamlined, integrated approach between primary care, secondary care and the Scottish National Blood Transfusion Service (SNBTS) to deliver an accessible, equitable and quality service across NHS Scotland.
- Advanced Liver Disease Pathway: This will improve care for patients diagnosed with Advanced Liver Disease to and to unwarranted variation.
- Metabolic Dysfunction Associated Steatotic Liver Disease (MALSD) Pathway: This pathway will provide advice on primary care identification and management of MASLD, together with guidance for secondary care pathways and the interface between them both.

The Future

In 2026/2027, the Liver SDG will focus on:

- The development and publication of the Genetic Haemochromatosis, Advanced Liver Disease and MASLD Pathways.
- Addressing and investigating the cause of extended waiting times for FibroScan within Health Boards.
- Exploring the possibility for ‘one stop’ clinics within hepatology services.

Neurology

Our Neurology Specialty Delivery Group includes nominated representation from all Health Boards providing Neurology Services in Scotland. Boards are asked to nominate representatives across Clinical Leadership, Service Management, Nursing and Allied Health Professions.

The SDG has strong links with the National Advisory Committee for Neurological Conditions and includes third sector representation

Progress in 2025/2026

ACRT and PIR

- ACRT: Improving access to appointments by reducing demand by 15,755 referrals (29% increase on last year).
- PIR: Capacity for additional 4,572 appointments through patients added to PIR pathways (1% increase on last year).

Neurology: Actions for Health Boards

- Review performance for ACRT and PIR (as reported in the Heat Map) to consider whether there is further opportunity for improvement.
  - ACRT benchmark 24.7% back to referrer / opt-in
  - PIR benchmark 6.0% of all return appointments
- Ensure local adoption and implementation of published pathways (Headache, Functional Neurological Disorder).
- Ensure that the published Neurology ACRT factsheets are embedded in local vetting practices.
- Engage with the programme of Board calls with MPPP Neurology team in 2026/2027.

Pathways

Facial Pain Pathway

The Facial Pain Pathway was developed in 2025/2026 by a multi-disciplinary Pathway Development Group, with expertise from a wide range of specialties and professional roles. The Pathway will soon be issued for consultation and it is anticipated that it will be published during spring 2026.

Epilepsy Pathway

A multi-disciplinary Pathway Development Group was established to develop a new national Epilepsy Pathway, with publication anticipated in late summer 2026.

Headache Pathway

The existing national Headache Pathway undertook a scheduled review in 2025/2026. Some minor edits were made to reflect changes to medication guidance, with the refreshed Pathway receiving governance approval in December 2025. It is currently awaiting publication.

Factsheets

Four additional Neurology factsheets, developed to support Primary Care decision making and referral, have been developed and are awaiting imminent publication.

Functional Neurological Disorder (FND) in Focus Webinar

In November 2025, in collaboration with the Scottish Government, a webinar was hosted to showcase emerging approaches to supporting people with Functional Neurological Disorder (FND), share practice and encourage discussion and thinking on service development. Over 300 people attended this session across clinical networks, service management, the third sector and policy teams. This followed the publication of the national FND Pathway in 2024/2025.

Clinical leadership

The CfSD Clinical Lead for Neurology and Chair of the Neurology Specialty Delivery Group, Dr Richard Davenport, stepped down from his role in December 2025. We thank Dr Davenport for his valuable commitment to his role over the years. Dr James McDonald, Consultant Neurologist within NHS Fife, was appointed to the role in February 2026.

The Future

In 2026/2027, the Neurology SDG will focus on:

- Further development and publication of the Facial Pain and Epilepsy Pathways.
- Commencing development of new national pathways for Parkinson's Disease and Benign Symptoms.
- Continuing to build on engagement with Health Boards and the on-going promotion of published national resources.

Orthopaedics

The Trauma and Orthopaedic (T&O) Programme is delivered in collaboration with CfSD's Planned Care Team through a monthly National Orthopaedic Delivery Group (NODG) meeting and the quarterly Scottish Orthopaedic Specialty Delivery Group (SOSDG) meeting.

Progress in 2025/2026

ACRT and PIR

- ACRT: Improving access to appointments by reducing demand by 22,779 referrals (50% increase on last year).
- PIR: Capacity for additional 41,570 patients appointments through patients added to PIR pathways (7% decrease on last year).

Orthopaedics: Actions for Health Boards

- Review performance for ACRT and PIR (as reported in the Heat Map) to consider whether there is further opportunity for improvement.
  - ACRT benchmark 11.6% back to referrer / opt-in
  - PIR benchmark 24.1% of all return appointments

In 2025/2026, a range of activities were undertaken, including:

- Supporting the delivery of the National Orthopaedic Plan to maximise capacity and improve access, working with Health Boards to meet activity targets and reduce waits for patients.
- Commencing the development of a national pathway in respect of Hip & Knee Osteoarthritis, in collaboration with clinical communities across NHS Scotland.
- Embedding Care Opinion insights into improvement work.
- Strengthening Orthopaedic content on NHS Inform for patients.
- Leading the T&O Peer Review cycle to share national learning to support improvement in patient care and outcomes.
- Applying GIRFT (Getting It Right First Time) principles to reduce variation and improve efficiency.
- Supporting audits, reporting and research for the Scottish Arthroplasty Project (SAP), Scottish Hip Fracture Audit (SHFA), and Fracture Liaison Service (FLS) and advanced Scan for Safety with SAP and Public Health Scotland (PHS).
- Strengthening waiting times performance and future capacity planning across Scotland.

The Future

In 2026/2027, the Trauma & Orthopaedics Programme will focus on:

- Continued development of the National Trauma and Orthopaedic Plan with key stakeholders to align national priorities with redesign efforts that improve patient access, care and outcomes.
- Providing national data and Health Board intelligence to support planning.
- Monitoring delivery against funded activity targets.
- Continuing the T&O Peer Review cycle to drive shared learning.
- Strengthening and standardising national pathways and resources, including the Hip & Knee Osteoarthritis pathway, the revision of the arthroplasty consensus statement and improved post-operative care and Venous Thromboembolism (VTE) guidance.
- ACRT and PIR, which remain core national priorities.
- Engaging with Health Boards to reduce unwarranted variation and improve flow across outpatient and perioperative pathways.
- Updating NHS Inform content.
- National Treatment Centre (NTC) pathway improvements.
- Continuing to provide advice on waiting-times performance and future capacity requirements
- Progressing the national arthroplasty revision network and supporting standardisation and optimization of virtual fracture clinic models.
- Supporting national audit programmes with monitoring, reporting and the development of standards.
- Delivery of national events to improve T&O outcomes across Scotland.

Perioperative

The Perioperative Delivery Group (PDG) was established in November 2023, bringing together key clinical, operational and managerial leaders from across perioperative services in NHS Scotland with a remit to develop a national set of perioperative principles for Scotland with the aims of:

- Maximising flow through perioperative services
- Maximising productive time in theatres
- Reducing the time patients wait for perioperative services.

Progress in 2025/2026

Framework for Perioperative Services

In June 2026, the Perioperative Delivery Group published the Framework for Perioperative Services, underpinned by 4 supporting principles documents, focusing on:

- Scheduling
- Pre-Operative Assessment
- Protecting Planned Care
- Wider Perioperative Team Development

The above Framework also includes 2 additional sections on High-Volume / High Flow and Data for Improvement.

> For the years I have been around theatres, this is the most digestible and thorough toolkit than I can recall.
>
> Unit Operational Manager, Theatres and Anaesthetics NHS Scotland Health Board

A Self-Assessment Tool was also developed to assist Health Boards to benchmark their current position and support the development of local action plans for the implementation with regard to the Framework.

In August 2025, a national event was hosted in Stirling to formally launch the Framework and to bring together perioperative leaders across NHS Scotland to share insights, generate ideas, and plan actions for implementing the Framework. 76 delegates attended the event, across 12 Health Boards as well as representation from the CfSD and NHS Scotland Academy.

This information is also available format: nhs-scotland-flash-report-on-perioperative-delivery-group-day.pdf

Clinical leadership

In June 2025, the Clinical Lead for the Perioperative Delivery Group, Ms Brenda Wilson, retired from her role. We thank Brenda for her leadership and valuable contributions to the development of the Perioperative Framework for NHS Scotland. Dr Lindsay Hudman, Consultant Anaesthetist in NHS Greater Glasgow and Clyde, was appointed as Clinical Lead in July 2025.

National Theatres Information Group (NTIG)

In conjunction with the Perioperative Delivery Group, MPPP have partnered with Public Health Scotland to establish governance for operating theatre data, via the National Theatre Information Group (NTIG), whose remit includes:

- Key definitions
- Exploring new visualisations and delivery mechanisms
- Strengthening links with operational teams to support local improvement

Progress in 2025/2026 included refreshing definitions for the key measures relating to productive theatre time and development of new visualisations – including a view of fallow theatre sessions. The programme for 2026/27 includes ensuring these refreshed definitions are applied consistently across all NTIG dashboards and increasing the availability of theatre data to the operational teams who need to act on it for improvement.

The Future

In 2026/2027, the PDG will focus on:

- Continue with a programme of site visits to health boards to support implementation of the Perioperative Framework.
- Develop national competencies for pre-operative assessment practitioners in collaboration with NHS Education for Scotland (NES) and Getting It Right First Time (GIRFT).
- Redesign and refine perioperative education resources on TURAS in collaboration with NES.
- Support NES to establish TURAS as the single, trusted platform that supports perioperative career progression and capability, aligned to the Perioperative Framework and focused on addressing identified workforce gaps without duplication.
- Develop overarching principles for moving activity outwith of a traditional theatre environment in collaboration with ARHAI Antimicrobial Resistance and Healthcare Associated Infection) Scotland.
- Optimise readily available data and use of data to identify areas of improvement in the system, and support for the design and testing of a national perioperative data dashboard through NTIG.
- Support to identify improvement opportunities via the PDG/SDGs and Health Board visits in relation to Scheduling processes and High-Volume High-Flow.
- Raise awareness of Perioperative Framework via networks and stakeholders.

Respiratory

Progress in 2025/2026

ACRT and PIR

- ACRT: Improving access to appointments by reducing demand by 12,427 referrals (18% increase on last year)
- PIR: Capacity for an additional 1,659 appointments through patients added added to PIR pathways (5% increase on last year).

Respiratory: Actions for Health Boards

- Review performance for ACRT and PIR (as reported in the Heat Map) to consider whether there is further opportunity for improvement.
  - ACRT benchmark 23.2% back to referrer / opt-in
  - PIR benchmark 4.0% of all return appointments
- Ensure local adoption and implementation of asthma pathway.

Pathways and Workstreams

The Respiratory Specialty Delivery Group published the Severe Asthma Pathway. This has recently been promoted via the National Clinical Pathway Webinar series.

Also published in the Obstructive Sleep Apnoea Diagnostic Pathway.

Development is underway in relation to the following pathways Chronic Obstructive Pulmonary Disease (COPD) pathway (including a care bundle data-collection to support implementation), chronic cough, and interstitial lung disease.

Sunrise Device Evaluation

In collaboration with the University of Strathclyde, the CfSD funded a study of the single-sensor Sunrise Device and Mutli-sensor Home Sleep Apnoea Testing (HSAT). These are home wearable devices for diagnosing Obstructive Sleep Apnoea. Area of focuses included diagnostic efficiency, resource utilisation and associated cost consequences and patient outcomes. The results of this study are due to be published imminently.

Mandibular Realignment

The CfSD have funded a pilot in NHS Greater Glasgow and Clyde to explore the provision of Mandibular Realignment Appliances (MRA) using intraoral scanners and 3D printing. The pilot aims to identify patients suitable for MRA use to treat mild Obstructive Sleep Apnoea, explore a sustainable service model for provision of MRA and to capture the patient experience of this pilot.

The Future

In 2026/2027, the Respiratory SDG will focus on:

- The development of the pathways outlined above
- Supporting the above MRA pilot
- Reviewing the outcomes of the Sunrise Device Evaluation

Rheumatology

Progress 2025/2026

ACRT and PIR

- ACRT: Improving access to appointments by reducing demand by 12,308 referrals (24% increase on last year).
- PIR: Capacity for additional 2,615 appointments through patients added to PIR pathways (14% decrease on last year).

Rheumatology: Actions for Health Boards

- Review performance for ACRT and PIR (as reported in the Heatmap) to consider whether there is further opportunity for improvement.
  - ACRT benchmark 34.2% back to referrer / opt-in
  - PIR benchmark 3.7% of all return appointments
- Adopt and embed Hand OA pathway (once published).
- Engage with Rheumatology Early Inflammatory Arthritis National Audit workstream as supported by SDG.

Pathways and Workstreams

The following pathways are in development:

- Hand Osteoarthritis Pathway (Hand OA): This is nearly complete. To complement the pathway an NHS Inform, a patient resource has been developed and is already available for patients to use.
- Fibromyalgia Pathway: This work is being undertaken in collaboration with CfSD's Chronic Pain Interface Network (CPIN).

Rheumatology National Data

In 2024/2025, a Data Short-Life Working Group was established to explore the development of a national dataset for Rheumatology services across NHS Scotland. There has been agreement on a national dataset for Early Inflammatory Arthritis in Scotland, with testing currently taking place across 4 Health Boards.

The Future

In 2026/2027, the Rheumatology SDG will focus on:

- Publishing and supporting implementation of the Hand OA and Fibromyalgia pathways.
- Establishing a national data set for Early Inflammatory Arthritis in Scotland.
- Forming a Task and Finish Group to develop standardized and generic competencies aligned with Transforming Roles papers 8 (Nursing) and 9 (Allied Health Professionals).

Case Study: Arthritis UK Primary Care Meeting Birmingham

In May 2025, Dr Lindsay Robertson, Consultant Rheumatologist at NHS Grampian and Clinical Lead for Rheumatology within CfSD along with Fiona McCurdy, Senior Occupational Therapist at NHS Grampian and member of the Hand OA Pathway Development Group, were invited to present on the development of the national Hand OA Pathway at the Arthritis UK Conference in Birmingham.

Urology

Progress in 2025/2026

ACRT and PIR

- ACRT: Improving access to appointments by reducing demand by 16,460 referrals (23% increase on last year).
- PIR: Capacity for additional 4,123 appointments through patients added to PIR pathways (3% decrease on last year).

Urology: Actions for Health Boards

- Review performance for ACRT and PIR (as reported in the Heatmap) to consider whether there is further opportunity for improvement.
  - ACRT benchmark 16.4% back to referrer / opt-in
  - PIR benchmark 6.9% of all return appointments
- Ensure local adoption and implementation of published pathways (BPH and UTI, plus Ureteric Stone Pathway and further pathways once published in 2026/27).

Pathways

Urinary Tract Infection (UTI) Pathway

In 2025/2026, the Urology SDG developed and published the national Urinary Tract Infection (UTI) Pathway, which has been uploaded to the Right Decision Service platform.

Benign Prostate Hyperplasia (BPH) Pathway

The SDG also developed and received internal governance approval for the national Benign Prostate Hyperplasia Pathway, which is awaiting publication to the Right Decision Service platform.

The Future

In 2026/2027, the Urology SDG will focus on:

- Developing and publishing the national Ureteric Stone Pathway, which is nearing completion.
- Supporting the publication of the national pathways for Oncocytoma and Complex Renal Cysts.
- Hosting webinars for Primary Care to support the dissemination and implementation of published and soon to be published pathways.
- Developing the national Nephrectomy Dashboard.
- Revisiting day case rates across Urology, one-stop working and addressing the variation in coding for specific procedures.
- Producing a framework for nursing competencies across levels 2-8, with the support of an established Task and Finish Group, formed from nursing representatives across NHS Scotland.

Vascular Surgery

The Vascular Surgery Specialty Delivery Group brings together key clinical, operational and managerial experts from across NHS Scotland and the Scottish Government to develop a number of 'Once for Scotland' pathways. Membership includes a nominated Clinical, Nursing and Managerial lead from all Health Boards providing a Vascular Surgery service in Scotland.

Progress in 2025/2026

ACRT and PIR

- ACRT: Improving access to appointments by reducing demand by 4,956 referrals (22% increase on last year).
- PIR: Capacity for additional 755 appointments through patients added to PIR pathways (28% increase on last year).

Vascular: Actions for Health Boards

- Review performance for ACRT and PIR (as reported in the Heatmap) to consider whether there is further opportunity for improvement.
  - ACRT benchmark 18.4% back to referrer / opt-in
  - PIR benchmark 5.8% of all return appointments
- Ensure local adoption and implementation of published pathways.
- Engage with programme of Board calls with MPPP Vascular team in 2026/27.

Pathways

Chronic Limb Threatening Ischaemia Pathway
The existing national pathway for Chronic Limb Threatening Ischaemia underwent a scheduled review during 2025/2026, with no substantive changes required.

Venous Leg Ulcer
The national pathway for Venous Leg Ulcer also underwent a scheduled review during 2025/2026, with updates to encourage the early use of compression regardless of ABPI (Ankle-Brachial Pressure Index) and to make 'red flags' (indicating the need for referral more prominent within the document.

Carotid Endarterectomy (CEA) Pathway
The national pathway for Carotid Endarterectomy was published in July 2025.

Clinical Leadership
The CfSD Clinical Lead for Vascular Surgery and Chair of the Vascular Surgery Specialty Delivery Group, Mr Douglas Orr, stepped down from his role in July 2025. We thank Mr Orr for his valuable commitment to his role over the years. Mr Graeme Guthrie, Consultant Vascular Surgeon within NHS Tayside, was appointed to the role in December 2025.

The Future

In 2026/2027, the Vascular SDG will focus on:
- Developing national pathways for Aortic Dissection and Thoracic Outlet Syndrome.
- Exploring a new process / pathway for the access and management of amputation rehab services, maximizing and strengthening the linkages between services and disciplines.
- Continuing to work with the CfSD Green Healthcare Scotland (GHS) team to adopt lean theatre tray principles.

Other Workstreams

Cancer Prehabilitation

Ambition 3 of the Scottish Government Cancer Strategy 2023–2033 commits to ensuring that every person diagnosed with cancer in Scotland is provided with timely, effective and individualised care to best prepare them for treatment, beginning with prehabilitation.

During 2025/2026, the MPPP Cancer Prehabilitation Programme has focused on strengthening national consistency, enabling early identification of need, and laying the foundations for sustainable, digitally enabled implementation across Scotland.

Progress in 2025/2026

Significant progress has been made in establishing a Once for Scotland approach to cancer prehabilitation screening, supporting equity, consistency and scalability across tumour groups and Health Boards. Building on learning from the national pilot in 2024/2025, a nationally agreed screening approach has been developed to support early identification of physical, nutritional and psychological needs, enabling appropriate stratification to universal, targeted or specialist prehabilitation intervention – ensuring the person living with cancer is supported by the right people, at the right place, at the right time.

The CfSD Cancer Prehabilitation Screening Pathway was approved during 2025/2026, providing a clear, standardised pathway to support integration of prehabilitation screening within cancer pathways at the point of diagnosis (or earlier where appropriate). This pathway aligns with the co-produced Macmillan Prehabilitation for people with cancer: Clinical and Implementation Guidelines (2025) and the Scottish Government Key Principles for Implementing Prehabilitation Across Scotland (2022), and identifies requirement for collaborative delivery across NHS, third sector and community partners, supporting more consistent delivery across Scotland.

> Screening is absolutely necessary and something we had been looking at in our own pathway anyway, so we welcomed testing a national tool. We would like to make this standard practice in our pathway.
>
> Clinician

> I had no problem answering the questions. I was in shock about being told I had cancer but it was explained to me that answering questions was necessary to help me be as fit and prepared as I could be for what was to come. The consultant had also told me how important this was so I had no issue if it was going to help me.
>
> Patient

To enable implementation, a suite of national resources have been developed and published. This includes the Right Decision Service (RDS) Cancer Prehabilitation Pathway Toolkit, which brings together guidance, pathway recommendations and screening tools (digital and non-digital) to support use locally. Hosting these resources on RDS supports accessibility for clinical teams and aligns cancer prehabilitation with wider national pathway infrastructure.

Alongside pathway and resource development, a National Cancer Prehabilitation Event was held in March 2026. This collaborative event, delivered in partnership between the Centre for Sustainable Delivery (CfSD), Scottish Government and Macmillan, brought together delegates from across the NHS and partnership organisations. The event focused on supporting local implementation of cancer prehabilitation and provided dedicated space for collaboration, shared learning and the development of clear, practical take away actions to support delivery at Board and service level.

In parallel, work has progressed on the development of a national minimum core data set for cancer prehabilitation. This will enable services to consistently evidence impact, support quality improvement, and inform future modelling of capacity and demand across different levels of prehabilitation intervention. The data set has been designed to support national consistency while allowing flexibility for local services to collect additional data where required.

The Future

In 2026/2027, the Cancer Prehabilitation Programme will focus on:

- Supporting implementation of the national cancer prehabilitation screening pathway at Health Board level, working closely with Boards, cancer networks and delivery partners to embed screening within routine cancer pathways.
- Piloting digital innovation to improve the efficiency, accessibility and experience of the screening process, alongside exploration of digital requirements across the full prehabilitation pathway, from screening and referral through to intervention and outcomes.
- Progressing the national minimum core data set, including testing, refinement and alignment with existing national data infrastructure, to support robust measurement of impact and inform sustainable service planning.
- Through these priorities, the programme will continue to support delivery of the Scottish Government Cancer Strategy ambition, enabling equitable, person centred and evidence based cancer prehabilitation across Scotland.

Case Study: Advancing Cancer Prehabilitation across Scotland – From National Vision to Local Implementation

In March 2026, a national event was held in Stirling, delivered in partnership by the Centre for Sustainable Delivery, the Scottish Government and Macmillan Cancer Support in relation to cancer prehabilitation.

The event brought together over 100 colleagues from Health Boards in NHS Scotland and partner organisations to showcase best practice examples, introduce the new national implementation toolkit and to share strategic updates. Health Boards in attendance were supported to develop local action plans to facilitate change and to encourage implementation of personalised, multi-modal prehabilitation for patients receiving treatment for cancer.

Enhanced Recover After Surgery (ERAS)

Enhanced Recovery After Surgery (ERAS) ensures that people are as prepared as possible before receiving treatment and receive standardised, evidence-based interventions before, during, and after surgery.

The aim of these national pathways in Orthopaedics, Colorectal Surgery and emergency surgery is to ensure all patients in each hospital site receive the highest level of care. Data gathered is used to continuously improve the pathway on an ongoing basis.

Progress in 2025/2026

Arthroplasty Rehabilitation In Scotland Endeavour (ARISE)

The ARISE programme continues to improve early mobilisation and discharge from hospital across Boards. Data is now routinely being published in the annual Scottish Arthroplasty Project report and shared with all teams. Future work aims to support continued reductions in hospital stays and same day surgery.

National Enhanced Recovery Colorectal Initiative (NERCI)

NERCI has demonstrated a clear impact in reducing morbidity and mortality following surgery (see Cancer Mortality in Scotland). While data has remained stable over recent years, future work is looking to explore where further improvements can be made and consider the impact of robotic surgery on outcomes.

Emergency Laparoscopic and Laparotomy Scottish Audit (ELLSA)

ELLSA has continued to demonstrate the benefit of a national data set and published its report in October 2025 on TURAS, capturing data gathered in 2024:

- ELLSA Annual Report 2024
- ELLSA Infographic 2024

Further engagement is required for data collection and development of a standardised national pathway is underway.

Chronic Pain

A Chronic Pain Interface Network (CPIN) was established by CfSD, with its inaugural meeting taking place in November 2024. Members include professionals from across Primary Care and Specialist Chronic Pain services, including GPs, Associate Medical Directors, Clinical Directors and Project Managers.

The CPIN provides a platform for members to share case studies highlighting processes and approaches that support multidisciplinary team working in Primary Care for patients living with chronic pain.
It will also aims to:

- Demonstrate the impact of Chronic Pain case studies.
- Investigate options to support Interface Working between local Pain Teams, Primary and Secondary Care.
- Understand the impact of implementing multi-disciplinary teams in Primary Care and investigate associated changes to Secondary Care referrals.
- Support provision of person-centred, value based care close to home - including prescribing and deprescribing specific medication.
- Share resources such as guidelines, continual professional development, consultation, deprescribing and non-pharmacological resources.
- Provide peer support.

Progress in 2025/2026

The Primary Care Chronic Pain Toolkit has now been approved through the CfSD governance process. A wide range of stakeholders helped to shape it, and their feedback has been included in the final version. The toolkit will be available on the CfSD website and the Right Decision Service.

It also includes “More Harm Than Good” patient information leaflets. These were originally developed by Midlothian and the Thistle Foundation. There was national agreement to adopt them, and they have been adapted into standard NHS Scotland versions. They will be available on the CfSD website, the Right Decision Service and NHS Inform.

The Scottish Government’s Quality Prescribing Guidance for Chronic Pain (2026–2029) has now finished its consultation period and is due to be published in the first quarter of 2026/27. This guidance is designed to give clear, practical advice to primary care clinicians supporting people with chronic pain. It focuses on safe and effective prescribing, teamwork across different professionals, and the importance of good communication to provide high-quality care.

Initial conversations have taken place with NHS Fife & GG&C colleagues in relation to a Patient Facing Chronic Pain RDS Toolkit. This work will developed by the Scottish Pain Pharmacy Network with proposed links to the CfSD Primary Care Chronic Pain Toolkit.

The first Fibromyalgia Pathway Development Group meeting took place in January 2026. This Group has been established to create a holistic approach to the diagnosis and management of Fibromyalgia across healthcare services in Scotland. This covers the patient journey from initial assessment through to creating a comprehensive, individualised symptom management plan. This work is being led by the Rheumatology SDG and is in collaboration with the Chronic Pain workstream.

In addition to the above, our CfSD Chronic Pain Clinical Lead has supported around the following:

- Provided education and training for interested clinicians, GP Practices, Clusters, Health and Social Care Partnerships and national organisations such including Public Services Delivery Scotland (PSD, formally NHS Education for Scotland).
- NHS Lanarkshire for Chronic Pain to be added into the Long Term Conditions strategy
- National Educational Modules on Turas via the National Pain Educational Group
- Deprescribing and Drugs of Concern via PSD
- Presentations given at the RCGP UK event and Glasgow University on the management of Chronic Pain in Primary Care

The Future

In 2026/2027, the Chronic Pain workstream will focus on:

- Publication of the Primary Care Chronic Pain Toolkit (including the More Harm Than Good Patient Information Leaflets).
- Implementation and Measurement of the Primary Care Chronic Pain Toolkit with pilot Health Boards.
- Create national Gabapentinoid Patient Information Leaflets in collaboration with the Scottish Pain Pharmacy Network.
- Continue providing education and training for interested individual clinicians, GP Practices, Clusters, HSCPs and national organisations such as NES to promote level 2.5 working.
- Support the creation of a Patient Facing resource by the Scottish Pain Pharmacy Network and ensure links to the CfSD Primary Care Chronic Pain Toolkit.
- Continue to expand the Chronic Pain Interface Network and target low attendee Health Boards.

Prostate Cancer – Patient Recorded Outcome Measures (PROMS)

A discovery and development project was started by CfSD (funded by the Value Based Health and Care Programme) to help deliver against action point 5 in the Value Based Health and Care plan ("The Scottish Government and delivery partners will explore digital capture and use of Patient Reported Outcome Measures (PROMs) and specific outcome measures to drive improvement and better value care").

As part of this and with assistance from Public Health Scotland Data Driven Innovation, a pilot digital system was established (REDCap) to collect patient reported outcome measures after prostate cancer treatment (PROMS) (2022-2025). The system is currently being used by 5 health boards / 7 clinical services to collect PROMS from patients having treatment for prostate cancer. As of 16 January 2026, there are now 2400 patients enrolled in the system, increasing every day.

Colleagues in Public Services Delivery Scotland (PSD, formally National Services Scotland and NHS Education for Scotland), the University of Edinburgh, the Innovative Health Care Delivery Programme (IHDP), the University of Strathclyde, Public Health Scotland (PHS), Edinburgh Cancer Informatics, the Scottish Government Cancer Rehab Unit and the PSD National Digital Platform team have all contributed to this project.

Progress in 2025/2026

Information Governance
We investigated the information governance implication of our proposed data architecture. We propose that such data architecture will become a common paradigm for the organisation and consumption of clinical data going forward.

Data and Clinician Engagement (including collection)
A Data Analyst from the University of Edinburgh was identified to work on this project, particularly looking into how Prostate PROMS data could be visualised in a dashboard format that could then be interpreted by clinicians. Data linkage has now been achieved and clinicians were asked for feedback on data sharing via invited comments and a structured survey. The first draft version of the Clinician facing Dashboard was shared with key stakeholders for feedback as a static html file.

Dashboard Development and Hosting
An SBAR has now been created to explore and establish the long term hosting solution for this dashboard. Recommendations included within the SBAR are currently being explored.

NSS: RedCap to Clinical Portal PDF National Integrated Platform (NIP)
The primary aim was to develop a link between REDCap and the NSS National Integrated Platform to allow the sharing of completed PROMs questionnaires (completed by the patient) as PDF copies which will then be stored as a clinical document locally. Progress is currently being made to complete this work within priority health boards.

The Future

In 2026/2027, the Prostate Cancer PROMS project will focus on:

- Further investigation in relation to the hosting of the dashboard. Data Analyst resource has been identified via the University of Edinburgh / PHS to maintain and update the flex dashboard into FY2026/2027.
- The project team will aim to complete the real document transfers within priority Health Boards in relation to the National Integrated Platform (NIP. Following this, the workstream will be concluded.
- Once the above NIP work has been completed, the project team will look to confirm next steps for project handover and a Project Summary document will be written to capture the progress made to date.

Appendix 1: Complete list of MPPP Pathways and Resources

Breast (symptomatic)				
	CfSD Website Link	**Right Decisions**	**Other links**	**Notes**
Axillary Issues	https://www.nhscfsd.co.uk/media/4czb4tjo/axillary-issues-pathway.pdf	https://www.rightdecisions.scot.nhs.uk/breast-pathways/axillary-issues/		
Breast Pain	https://www.nhscfsd.co.uk/media/i43ld1g0/mppp-breast-pain-pathway-v2-0-1.pdf	https://rightdecisions.scot.nhs.uk/breast-pathways/breast-pain-pathway-update/		
Breast Skin Problems	https://www.nhscfsd.co.uk/media/tgwfh2sj/nhs-scotland-breast-skin-problems-pathway-v1-october-2023.pdf	https://rightdecisions.scot.nhs.uk/breast-pathways/breast-skin-problems/		
Gynaecomastia	https://www.nhscfsd.co.uk/media/2b1d3pav/nhs-scotland-gynaecomastic-pathway-v1-9-august-2023.pdf	https://rightdecisions.scot.nhs.uk/breast-pathways/gynaecomastia/		
Nipple Problems	https://www.nhscfsd.co.uk/media/zlffg405/nhs-scotland-nipple-problems-pathway-v1-october-2023.pdf	https://rightdecisions.scot.nhs.uk/breast-pathways/nipple-problems/		

Cancer Prehabilitation				
	CfSD Website Link	**Right Decisions**	**Other links**	**Notes**
Cancer Prehabilitation for Patients		https://www.rightdecisions.scot.nhs.uk/can-cer-prehabilitation-for-patients/		
Cancer Prehabilitation for Healthcare Professionals		https://www.rightdecisions.scot.nhs.uk/cancer-prehabilitation-for-healthcare-profes-sionals/		

Cataract				
	CfSD Website Link	**Right Decisions**	**Other links**	**Notes**
Improving the Delivery of Cataract Surgery in Scotland: A Blueprint for Success	https://www.nhscfsd.co.uk/media/5sofmknr/cataract-surgery-blueprint-2022.pdf			
Improving the Delivery of Cataract Surgery in Scotland: Blueprint Toolkit	https://www.nhscfsd.co.uk/media/1dqm3x4w/cataract-surgery-blueprint-toolkit-v1-april-2023.pdf			
Improving the Delivery of Cataract Surgery in Scotland: A Guide for Implementing Immediate Sequential Cataract Surgery	https://www.nhscfsd.co.uk/media/szspnj3o/improving-the-delivery-of-cataract-surgery-in-scotland-a-guide-for-implementing-immediate-sequential-bilateral-cataract-surgery.pdf			
HIS Cataract Surgery Standards	(Link to HIS site)		https://www.healthcareimprovementscotland.scot/wp-content/uploads/2024/02/20231215-Cataract-surgery-standards-v2-0-Final.pdf	HIS Resource, MPPP sponsored
Cataract Surgery Including High Flow Care Pathways/ Infection Prevention and Control Principles	(Link to NSS site)		https://www.nhscfsd.co.uk/media/vjfd4dxy/2023-08-21-cataract-ipc-care-pathway-v1-1.pdf	NSS (ARHAI) resource, MPPP sponsored
Rapid Review of the Literature Post-cataract surgery endophthalmitis	(Link to NSS site)		https://www.nhscfsd.co.uk/media/qpydymxl/2023-07-26-cataract-swlg-rr-v10.pdf	NSS (ARHAI) resource, MPPP sponsored. Also linked in 'compendium'.

Additional cataract publications

The following are output documents from task and finish groups rather than resources, but may have relevant recommendations for Boards.

	CfSD Website Link	Right Decisions	Other links	Notes
Optometry Task and Finish Group (OTFG): Report and recommendations	https://www.nhscfsd.co.uk/media/vwihpvyd/final_cataract-optometry-task-and-finish-group-report-oct-23.pdf			
Cataract Whole Perioperative Team Development Group Summary and Recommendations	https://www.nhscfsd.co.uk/media/hsgl05z3/report-and-recommendations-v4-3rd-november-jt.docx			
Cataract surgery Task and Finish Group The Contribution of Human Factors and Ergonomics to Optimising Clinical Work Design	https://www.nhscfsd.co.uk/media/bdrhnk5c/the-contribution-of-human-factors-and-ergonomics-to-optimising-clinical-work-design.pdf			

Critical Care

	CfSD Website Link	Right Decisions	Other links	Notes
Small and Remote Pathway	https://www.nhscfsd.co.uk/media/4k2dmmvw/nhs-scotland-small-and-remote-pathway-2026.pdf	https://www.rightdecisions.scot.nhs.uk/critical-care-pathways/high-dependency-unit-hdu-critical-care-small-and-remote-pathway/		
Key Capabilities for High Dependency Critical Care Units in Small and Remote Hospitals	https://www.nhscfsd.co.uk/media/lbrjxpqp/nhs-scotland-key-capabilities-for-high-dependency-critical-care-units-in-small-and-remote-hospitals-2026.pdf	https://www.rightdecisions.scot.nhs.uk/critical-care-pathways/key-capabilities-for-high-dependency-critical-care-units-in-small-and-remote-hospitals/		

Day surgery

	CfSD Website Link	Right Decisions	Other links	Notes
The Day Surgery Pathway: A Blueprint for day surgery in Scotland	https://www.nhscfsd.co.uk/media/omyorsrf/day-surgery-blueprint-v10.pdf			
The Arthroplasty Day Surgery Pathway: A blueprint for day surgery in Scotland	https://www.nhscfsd.co.uk/media/plqdrihp/arthroplasty-day-surgery-blueprint-v10.pdf			
Day Surgery: Criteria Led Discharge for Registered Practitioners Clinical Competence Workbook	https://www.nhscfsd.co.uk/media/bt5ltm0h/day-surgery-criteria-led-discharge-for-registered-practitioners-clinical-competence-workbook.pdf			MS Word version also available.

Dermatology				
	CfSD Website Link	**Right Decisions**	**Other links**	**Notes**
Acne		https://rightdecisions.scot.nhs.uk/dermatology-pathways/acne/		
Actinic Keratosis		https://rightdecisions.scot.nhs.uk/dermatology-pathways/actinic-keratosis/		
Alopecia		https://rightdecisions.scot.nhs.uk/dermatology-pathways/alopecia/		
Atopic Eczema		https://rightdecisions.scot.nhs.uk/dermatology-pathways/atopic-eczema/		
Atopic Eczema (Paediatrics)		https://rightdecisions.scot.nhs.uk/dermatology-pathways/atopic-eczema-paediatric/		
Basal Cell Carcinoma		https://rightdecisions.scot.nhs.uk/dermatology-pathways/basal-cell-carcinoma/		
Benign Lesions		https://rightdecisions.scot.nhs.uk/dermatology-pathways/benign-lesions/		
Bowens		https://rightdecisions.scot.nhs.uk/dermatology-pathways/bowens/		
Fungal Nail Infections		https://rightdecisions.scot.nhs.uk/dermatology-pathways/fungal-nail-infections/		
Hyperhidrosis		https://rightdecisions.scot.nhs.uk/dermatology-pathways/hyperhidrosis/		
Melanoma		https://rightdecisions.scot.nhs.uk/dermatology-pathways/melanoma/		
Mollescum Contagiosum		https://www.rightdecisions.scot.nhs.uk/dermatology-pathways/molluscum-contagiosum/		
Nummular discoid eczema		https://rightdecisions.scot.nhs.uk/dermatology-pathways/nummular-discoid-eczema/		
Photosensitivity		https://www.rightdecisions.scot.nhs.uk/dermatology-pathways/photosensitivity/		
Pruritus		https://rightdecisions.scot.nhs.uk/dermatology-pathways/pruritus/		
Psoriasis		https://rightdecisions.scot.nhs.uk/dermatology-pathways/psoriasis/		
Rosacea		https://rightdecisions.scot.nhs.uk/dermatology-pathways/rosacea/		
Squamous Cell Carcinoma		https://rightdecisions.scot.nhs.uk/dermatology-pathways/squamous-cell-carcinoma/		
Urticaria		https://rightdecisions.scot.nhs.uk/dermatology-pathways/urticaria/		
Viral Warts		https://rightdecisions.scot.nhs.uk/dermatology-pathways/viral-warts/		
Vitiligo		https://rightdecisions.scot.nhs.uk/dermatology-pathways/vitiligo/		

Gastroenterology

	CfSD Website Link	Right Decisions	Other links	Notes
Coeliac Disease		https://www.rightdecisions.scot.nhs.uk/gastroenterology-pathways/coeliac-dis-ease/		
Dysphagia Pathway (secondary care)	https://www.nhscfsd.co.uk/media/55ooun2v/dysphagia-pathway.pdf	https://www.rightdecisions.scot.nhs.uk/gastroenterology-pathways/dysphagia/		
Inflammatory Bowel Disease (IBD)	https://www.nhscfsd.co.uk/media/bzhb04z4/inflammatory-bowel-disease-ibd-pathway.pdf			
Irritable Bowel Syndrome (IBS)	https://www.nhscfsd.co.uk/media/kp3fzslf/irritable-bowel-syndrome-ibs-pathway.pdf	https://www.rightdecisions.scot.nhs.uk/gastroenterology-pathways/irritable-bow-el-syndrome-ibs/		
Reflux	https://www.nhscfsd.co.uk/media/cmxl05u4/reflux-pathway.pdf	https://www.rightdecisions.scot.nhs.uk/gastroenterology-pathways/reflux/		

General Surgery

	CfSD Website Link	Right Decisions	Other links	Notes
ELLSA: Emergency Surgery Resource			https://learn.nes.nhs.scot/13211	
Inguinal Hernia	https://www.nhscfsd.co.uk/media/iaaemahb/inguinal-hernia-national-pathway.pdf	https://www.rightdecisions.scot.nhs.uk/general-surgery-pathways/inguinal-hernia/		
NERCI: Enhanced Recovery Resource			https://learn.nes.nhs.scot/10038	(Link to NES site)
Pre-Op Anaemia Pathway			https://learn.nes.nhs.scot/12220	(Link to NES site)

Gynaecology (+ obstetrics)

	CfSD Website Link	Right Decisions	Other links	Notes
Endometriosis		https://www.rightdecisions.scot.nhs.uk/gynaecology-pathways/endometriosis/		
Enhanced Recovery for Obstetric Surgery in Scotland (EROSS) - Resources			https://learn.nes.nhs.scot/9047	(Link to NES site)
Heavy Menstrual Bleeding		https://www.rightdecisions.scot.nhs.uk/gynaecology-pathways/heavy-menstru-al-bleeding/		
Post-Menopausal Bleeding		https://www.rightdecisions.scot.nhs.uk/gynaecology-pathways/post-menopau-sal-bleeding/		

IV Fluids

	CfSD Website Link	Right Decisions	Other links	Notes
IV Fluids Prescribing: Calculator and Guidance		https://rightdecisions.scot.nhs.uk/iv-fluids-prescribing-calculator-and-guidance/		

Neurology				
	CfSD Website Link	Right Decisions	Other links	Notes
Functional Neurological Disorder	https://www.nhscfsd.co.uk/media/oc3bl5ss/fnd-national-pathway.pdf	https://rightdecisions.scot.nhs.uk/neurology-pathways-including-headache/functional-neurological-disorder-fnd/		
National Headache Pathway - including: • Acute Treatment of Migraine in Primary Care • Headache Prophylaxis / Treatment advice • Access to Imaging in Headache • Migraine During Pregnancy and Following Childbirth • Menstrual and Perimenopause Migraine • Medication Overuse Headache • Cluster Headache • Indometacin Sensitive Headache Guidance	https://www.nhscfsd.co.uk/our-work/modernising-patient-pathways/specialty-delivery-groups/neurology/national-headache-pathway/	https://www.rightdecisions.scot.nhs.uk/neurology-pathways/headache/		
Neuro GP Factsheet: Benign Sensory Symptoms	https://www.nhscfsd.co.uk/media/1dipgb2x/benign-sensory-symptoms-v2.pdf	https://rightdecisions.scot.nhs.uk/neurology-pathways-including-headache/gp-factsheets/benign-sensory-symptoms/		
Neuro GP Factsheet: Essential tremor	https://www.nhscfsd.co.uk/media/sd3ak33j/essential-tremor-v2.pdf	https://rightdecisions.scot.nhs.uk/neurology-pathways-including-headache/gp-factsheets/essential-tremor/		
Neuro GP Factsheet: Facial pain referrals to neurology		https://rightdecisions.scot.nhs.uk/neurology-pathways-including-headache/gp-factsheets/facial-pain-referrals-to-neurology/		
Neuro GP Factsheet: Multiple sclerosis (MS)	https://www.nhscfsd.co.uk/media/4rlin3xz/multiple-sclerosis-v2.pdf	https://rightdecisions.scot.nhs.uk/neurology-pathways-including-headache/gp-factsheets/multiple-sclerosis-ms/		
Neuro GP Factsheet: Muscle twitches and cramps		https://rightdecisions.scot.nhs.uk/neurology-pathways-including-headache/gp-factsheets/muscle-twitches-and-cramps/		
Neuro GP Factsheet: Phantosmia	https://www.nhscfsd.co.uk/media/r0fpz1g3/phantosmia-v2.pdf	https://rightdecisions.scot.nhs.uk/neurology-pathways-including-headache/gp-fact-sheets/phantosmia/		
Neuro GP Factsheet: Probable mild axonal peripheral neuropathy	https://www.nhscfsd.co.uk/media/iz5m3lt0/peripheral-neuropathy-v2.pdf	https://rightdecisions.scot.nhs.uk/neurology-pathways-including-headache/gp-factsheets/probable-mild-axonal-peripheral-neuropathy/		
Neuro GP Factsheet: Restless legs syndrome (RLS)	https://www.nhscfsd.co.uk/media/mksf5tik/restless-legs-v2.pdf	https://rightdecisions.scot.nhs.uk/neurology-pathways-including-headache/gp-factsheets/restless-legs-syndrome-rls/		
Neuro GP Factsheet: Vertigo and dizziness	https://www.nhscfsd.co.uk/media/k12awfwi/vertigo-and-dizziness-v2.pdf	https://rightdecisions.scot.nhs.uk/neurology-pathways-including-headache/gp-factsheets/vertigo-and-dizziness/		

Orthopaedics

	CfSD Website Link	Right Decisions	Other links	Notes
ARISE: Preoperative care protocol for non-complex primary hip/knee joint replacement pathway	https://www.nhscfsd.co.uk/media/3sfbrwzc/cfsd-arise-statement-version-02.pdf			
PIR Arthroplasty	(Link to NES page)		https://learn.nes.nhs.scot/53393	
Scaphoid fracture	https://www.nhscfsd.co.uk/media/m10obpqi/cfsd-suspected-scaphoid-pathway-v1-f nal.pdf			
Statement Regarding Universal Arthroplasty Review Programmes	https://www.nhscfsd.co.uk/media/pp2kgrgv/consensus-statement-arthroplasty-followup-v2-nov21.pdf			

Perioperative

	CfSD Website Link	Right Decisions	Other links	Notes
Framework for Perioperative Services in Scotland	https://www.nhscfsd.co.uk/media/iixlxloe/a-framework-for-perioperative-services-in-scotland.pdf			
Scheduling Principles				
Pre-operative Assessment Principles	https://www.nhscfsd.co.uk/media/5ekpkw1n/pre-operative-assessment-principles.pdf			
Protecting Planned Care Principles	https://www.nhscfsd.co.uk/media/htnhqovk/protecting-planned-care-principles.pdf			
Wider Perioperative Team Development Principles	https://www.nhscfsd.co.uk/media/xa0phe2f/wider-perioperative-team-development-principles.pdf			
Health Board Self-Assessment Tool	https://www.nhscfsd.co.uk/media/4freymro/self-assessment-tool.docx			

Rheumatology

	CfSD Website Link	Right Decisions	Other links	Notes
Rheumatology Follow-up (Return) Outpatients (NHS Grampian case study)	https://www.nhscfsd.co.uk/media/pf5cq1jw/rheumatology-case-study-returns-nhs-grampian-110522.pdf			

Respiratory

	CfSD Website Link	Right Decisions	Other links	Notes
Obstructive Sleep Apnoea		https://www.rightdecisions.scot.nhs.uk/respiratory-pathways/obstruc-tive-sleep-apnoea-diagnostic-pathway/		
Severe Asthma	https://www.nhscfsd.co.uk/media/dwabx5gq/nhs-scotland-severe-asthma-pathway-february-2026.pdf	https://www.rightdecisions.scot.nhs.uk/respiratory-pathways/severe-asthma/		

Urology

	CfSD Website Link	Right Decisions	Other links	Notes
National Urology Referral and Management Pathways Visible Haematuria Non-Visible Haematuria			https://learn.nes.nhs.scot/63716	(Link to NES page)
Benign Prostatic Hyperplasia	https://www.nhscfsd.co.uk/media/sk2bjymd/nhs-scotland-benign-prostatic-hyperplasia-pathway-january-2026.pdf	https://www.rightdecisions.scot.nhs.uk/urology-pathways/benign-prostatic-hyperplasia-pathway/		
Recurrent Urinary Tract Infection	https://www.nhscfsd.co.uk/media/pulf3fce/nhs-scotland-recurring-urinary-tract-infection-pathway.pdf	https://www.rightdecisions.scot.nhs.uk/urology-pathways/recurrent-urinary-tract-infection/		

Vascular surgery

	CfSD Website Link	Right Decisions	Other links	Notes
Abdominal Aortic Aneurysm National Pathway	https://www.nhscfsd.co.uk/media/j2fpmg1s/nhs-scotland-abdominal-aortic-aneurysm-national-pathway.pdf	https://rightdecisions.scot.nhs.uk/vascular-surgery-pathways/abdominal-aor-tic-aneurysm-national-pathway/		
Carotid Endarterectomy Pathway	https://vi_ew.offi_ceapps.li_ve.com/op/vi_ew.aspx?src=https%3A%2F%2Fwww.nhscfsd.co.uk%2Fmedia%2Fnb3dmfm3%2Fnhs-scotland-carotid-endarterectomy-pathway.docx&wdOrigin=BROWSELINK	https://www.rightdecisions.scot.nhs.uk/vascular-surgery-pathways/carotid-endarterectomy-cea/		
Chronic Limb Threatening Ischaemia national Pathway	https://www.nhscfsd.co.uk/media/objeo1ch/nhs-scotland-chronic-limb-threatening-ischaemia-national-pathway-v12-october-2023.pdf	https://rightdecisions.scot.nhs.uk/vascular-surgery-pathways/chronic-limb-threat-ening-ischaemia-national-pathway/		
Intermittent Claudication national Pathway	https://www.nhscfsd.co.uk/media/fhmfw4fx/intermittent-claudication-pathway.pdf	https://rightdecisions.scot.nhs.uk/vascular-surgery-pathways/intermittent-claudi-cation-national-pathway/		
Venous Leg Ulcer	https://www.nhscfsd.co.uk/media/cw2be3gt/nhs-scotland-venous-leg-ulcer-national-pathway.docx	https://rightdecisions.scot.nhs.uk/vascular-surgery-pathways/venous-leg-ulcer/		

Other pathways and resources

	CfSD Website Link	Right Decisions	Other links	Notes
Active Clinical Referral Triage (ACRT) & Discharge Patient Initiated Review (PIR) Toolkit	https://www.nhscfsd.co.uk/media/i4zmi4eh/active-clinical-referral-triage-and-discharge-patient-intitiated-review-toolkit.pdf			
Further individual case studies	https://www.nhscfsd.co.uk/our-work/all-national-pathways/case-studies-posters-and-presentations/			

Appendix 2: 2026/2027 Priorities

SDG / Workstream	Pathways – Promotion and Implementation	New Pathways to be developed	Processes	Workforce	Innovation
Breast	• Breast Skin Problems. • Breast Pain. • Gynaecomastia. • Nipple Concerns. • Axillary Issues.		• ACRT. • PIR.		
Cancer Prehabilitation	• National Cancer Prehabilitation Screening Pathway. • Cancer Prehabilitation Toolkit (for Patients and Healthcare Professionals).				• National Core Data set for Cancer Prehabilitation. • Pilot of Digital resources.
Cataract	• Immediate Sequential Bilateral Cataract Surgery. • Cataract Blueprint.		• 2nd Edition of the Blueprint Toolkit. • Optometry efficiency and productivity within Hospital Eye Services.	• Cataract Immersion Training (in collaboration with NHS Scotland Academy).	• National Data Measurement.
Chronic Pain		• Primary Care Chronic Pain Toolkit. • More Harm Than Good Patient Information Leaflets. • Gabapentinoid Patient Information Leaflets.		• GP Cluster Training	
Critical Care	• Small and Remote	• Post ICU Recovery and Rehabilitation.	• Discharge Data/Patterns.	• Pharmacy workforce.	• Links with Unscheduled Care and Green Healthcare Scotland. • Collaboration with NSS Procurement.
Dermatology	• Promoting published dermatology resources on the Right Decision Service and NHS Inform. • Ongoing development of Primary Care resource.	• Work with NHS Inform to develop patient information.	• ACRT. • PIR. • Development of nationally agreed template letters. • Standardisation of vetting outcomes across Scotland.	• Developing the competency framework for nursing into an accredited training resource. • Developing a bid to support Health Boards in respect of the Portfolio Pathway route for resident doctors to become consultants.	• Supporting implementation of digital dermatology in primary care. • Review of Green Theatre principles applicable to outpatient biopsies.
ENT			• ERAS for Tonsillectomy. • ACRT. • PIR.	• Workforce review within ENT services across Scotland, with a view to extend Nursing / AHP roles.	• Procedure room activity. • G4 Strep Pilot within community pharmacy. • Primary Care Digital Image referrals pilot.
	• Dysphagia • Inflammatory Bowel Disease (IBS). • Irritable Bowel Syndrome (IBD). • Reflux Pathway.	• Iron Deficiency Anaemia. • Lower GI. • Coeliac. • Upper GI Toolkit.	• ACRT. • PIR. • Increasing virtual appointments • Reviewing clinic templates, vetting practices and waiting list validation across Health Boards to share good practice.		

SDG / Workstream	Pathways – Promotion and Implementation	New Pathways to be developed	Processes	Workforce	Innovation
Gynaecology	• Endometriosis • Heavy Menstrual Bleeding. • Post Menstrual Bleeding. • Urinary Incontinence and Prolapse.	• Menopause Information Pack. • Review of Heavy Menstrual Bleeding Pathway.	• PIR • Patient Focused Booking. • Day case rates.	• Specialist nursing capacity within Gynaecology.	• Measurement of implementation of published Gynaecology Pathways via the CfSD Heat Map.
Liver		• Haemochromatosis • Metabolic Dysfunction-Associated Steatotic Liver Disease (MASLD). • Early Detection of Liver Disease.			• IQILS (Improving Quality in Liver Services) bid consideration.
Neurology	• Headache. • Functional Neurological Disorder. • GP Factsheets.	• Epilepsy. • Facial Pain. • Parkinson's Disease and associated movement disorders. • Benign Neurological Symptoms.	• ACRT • PIR	• Clinical Nurse Specialist roles.	• Understanding pathway implementation across Health Boards.
Outpatient Improvement	• N/A	• N/A	• Development of an Outpatient Framework. • Patient Focused Booking for routine new outpatient appointments. • Clinic Utilisation reporting.		• Supporting Health Boards with outpatient redesign.
Perioperative	• Framework for Perioperative Services in Scotland.		• Protecting Planned Care. • Scheduling. • Preoperative Assessment. • High Volume/High Flow. • National Theatres Information Group (NTIG). • High Volume/High Flow.	• Perioperative education collaboration with NHS Education for Scotland.	• Sustainability.
Primary Care / Secondary Care Interface	• National Clinical Pathways Webinar Series.		• Development of Active Dissemination Framework. • PCSCI Delivery Group • Primary Care Referral Rate data.		
PROMS			• National Digital Platform – Information Governance. • Clinical Data Collection.		• National Digital Platform development. • PHS Data Management / RedCap.
Respiratory	• Chronic Obstructive Pulmonary Disease (COPD). • Severe Asthma.	• Chronic Cough. • Interstitial Lung Disease (ILD). • Obstructive Sleep Apnoea.	• ACRT. • PIR. • Patient Focused Booking	• Identify workforce gaps and opportunities.	• Sunrise Device Evaluation • Mandibular Realignment pilot.
Rheumatology		• Musculoskeletal Conditions - Hand Osteoarthritis. • Musculoskeletal Conditions – Fibromyalgia. • Gout.	• ACRT. • PIR. • Establishment of a national dataset for Rheumatology in Scotland.	• Advanced Practice – AHPs • Advanced Practice – Nursing.	

SDG / Workstream	Pathways – Promotion and Implementation	New Pathways to be developed	Processes	Workforce	Innovation
Urology	• Benign Prostate Hyperplasia. • Urine Tract Infections.	• Complex Renal Cysts. • Oncocytoma • Ureteric Stone Pathway.	• One Stop clinics. • Day Case rates.	• Development of Advanced Practitioner Roles in urology. • Urology Nursing Competencies	• Nephrectomy Dashboard. • Urine Dip Tests for bladder cancer.
Vascular Surgery	• Abdominal Aortic Aneurysm. • Carotid Endarterectomy. • Chronic Limb Threatening Ischaemia. • Intermittent Claudication. • Venous Leg Ulcer.	• Aortic Dissection. • Amputation / Rehab services. • Thoracic Outlet Syndrome.	• ACRT • PIR		• Green Vascular – Carbon Savings. • Data Capture.

Appendix 3: Links for further information

SDG / Workstream	Links to relevant webpage	National Improvement Advisor	Clinical Lead 2024/2025
Breast	http://www.nhscfsd.co.uk/our-work/modernising-patient- pathways/specialty-delivery-groups/symptomatic- breast/	Iain Jack	Dr Karen Gray
Cataract	http://www.nhscfsd.co.uk/our-work/modernising-patient-pathways/specialty-delivery-groups/cataract/	Rosanne Macqueen	N/A
Critical Care	Under development	Martin Cardno	Dr Rory Mackenzie
Dermatology	http://www.nhscfsd.co.uk/our-work/modernising-patient-pathways/specialty-delivery-groups/dermatology/	Stephanie McNairney	Dr Fiona MacDonald
Ear, Nose and Throat (ENT)	http://www.nhscfsd.co.uk/our-work/modernising-patient-pathways/specialty-delivery-groups/ear-nose-and-throat/	Claire Rush	Dr Andy Chin
Gastroenterology	http://www.nhscfsd.co.uk/our-work/modernising-patient-pathways/specialty-delivery-groups/gastroenterology/	Claire Rush	Dr Robert Boulton-Jones
Gynaecology	http://www.nhscfsd.co.uk/our-work/modernising-patient-pathways/specialty-delivery-groups/gynaecology/	Katie Aitken	Dr Lucky Saraswat
Liver	Under development	Claire Rush	Dr Andrew Fraser
Neurology	http://www.nhscfsd.co.uk/our-work/modernising-patient-pathways/specialty-delivery-groups/neurology/	Stephanie McNairney	Dr James McDonald
Orthopaedics	http://www.nhscfsd.co.uk/our-work/modernising-patient-pathways/specialty-delivery-groups/orthopaedics/	Margaret Wood Lech Rymaszewski	Mr Edward Dunstan Mr Christopher Gee
Perioperative	https://www.nhscfsd.co.uk/our-work/modernising-patient-pathways/specialty-delivery-groups/perioperative/	Rosanne Macqueen	Dr Lindsay Hudman
Respiratory	https://www.nhscfsd.co.uk/our-work/modernising-patient-pathways/specialty-delivery-groups/respiratory/	Kimberly Shields Anna Betzlbacher	Dr Tom Fardon
Rheumatology	http://www.nhscfsd.co.uk/our-work/modernising-patient-pathways/specialty-delivery-groups/rheumatology/	Rosanne Macqueen	Dr Lindsay Robertson
Urology	http://www.nhscfsd.co.uk/our-work/modernising-patient-pathways/specialty-delivery-groups/urology/	Katie Aitken	Dr Karina Laing
Vascular Surgery	http://www.nhscfsd.co.uk/our-work/modernising-patient-pathways/specialty-delivery-groups/vascular-surgery/	Stephanie McNairney	Mr Graeme Guthrie
Cancer Prehab	N/A	Katie Lyon	N/A
Chronic Pain	https://www.nhscfsd.co.uk/our-work/modernising-patient-pathways/specialty-delivery-groups/chronic-pain-interface-network/	Martin Cardno	Dr Kieran Dinwoodie
Primary Care Secondary Care Interface	N/A	Kimberly Shields	Dr Stuart Sutton
Outpatient Improvement	N/A	David Bond	N/A

CfSDMPPP@nhs.scot

www.nhscfsd.co.uk

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