



# Manifesto for the Scottish Parliament election 2026

## Our Vision:

We believe everyone in Scotland deserves fair, compassionate, person-centred healthcare - no matter where they live or what they earn.

Strong general practice is the backbone of the Scottish NHS. If properly supported, general practice has enormous potential to reduce health inequalities and transform lives.

NHS general practice should be at its best where it is needed the most.

## The Challenge:

Scotland faces a health crisis rooted in poverty and inequality.

- People in the poorest communities develop long-term illness 25 years earlier than those in the wealthiest.
- Ill health, trauma, addiction, insecure housing, fuel and food insecurity all hit the poorest hardest.
- GP practices in deprived areas face the most complex health needs - but too few staff and too little time.
- This fuels the inverse care law: those who need care the most get the least.
- Poverty harms people, communities, the economy - and the NHS itself.

**This must change.**

# Our Calls to Action:

## 1. Fund general practice fairly - where need is highest.

We support the RCGP [call](#) to **increase core general practice funding**, as a percentage of overall NHS spend, so that we can maximise the unique role general practice plays in addressing health inequalities

- We support a '**proportionate universalism**' approach when allocating resources, so that services are available to everyone (universalism), but at a scale and intensity matched to the level of need (proportionate).
- We believe that the **current funding formula for general practice should be updated and improved**, to better support progress around health inequalities. We call for urgent review of this.

## 2. Prioritise relational continuity and quality - not just speed of access.

- We call for a much-needed shift from prioritising **speed** of access (unless clinically needed) to equally prioritising **quality** of access.
- This means:
  - prioritising **relational continuity of care** (seeing the person that knows you best, over time, to build trust and understanding) for those people who really need it. This is known to be particularly important when caring for more vulnerable patients
  - Ensuring GP practice teams **have enough time** to discuss the things that are important to the people they care for. This can only happen if we grow the workforce in areas of highest need.
- We call for routine **mitigations to reduce the risk of digital exclusion** in an increasingly digital world
- **We do not support the model of walk-in centres. They will increase the risk of mistakes by fragmenting care and will worsen health inequalities. We call on all parties to abandon this non-evidence-based approach.**

## 3. Grow and train the workforce in areas of highest need.

- We call for both a '**levelling up**' and **further growth of GP workforces in areas of highest need**, to address the inverse care law and provide quality care for patients with high levels of complex needs, including the consideration of weighted practice list sizes (higher GP: patient ratios in poorer areas)
- We call for a **growth in the teaching and training placement opportunities in 'Deep End' practices**, which are currently under-represented.
- We call for **specific investment in the training of 'health equity informed' workforces** in general practice and across the wider NHS; skilled, confident and motivated to address health inequalities
- We call for investment in **sustainable, well-resourced multidisciplinary teams** in poorer areas (particularly practice nurses, district nurses, health visitors), with protected time for collaboration and learning together— to meet the needs of the most vulnerable patients.
- We call for **sustainable core funding** for key 'social support' roles, specifically **Community Link Workers and Welfare Advice workers**, which both play a vital role in modern, fair, inclusive general practice teams.

#### 4. Invest in ‘what works’ for more inclusive healthcare.

- We call for **successful pilot projects in general practice to be scaled up and sustained**, and for a move away from ‘pilotitis’. This includes pilots for additional funding to deprived area practices in the Glasgow area to address health inequalities ([current](#)), the whole family support worker pilot in Glasgow ([current](#)), specialist alcohol nurse pilots ([discontinued](#)), the Pioneer Programme GP fellowship pilot ([discontinued](#)), and the Govan SHIP programme pilot ([discontinued](#)).
- **Develop or extend ‘enhanced services’** (additional funding, allocated according to levels of local need) to address persisting health inequalities in the following areas: cancer, cardiovascular disease, additional language needs, homelessness, frailty, relational continuity - and more.

#### 5. Put child health first.

- Scotland has made a [legal commitment](#) to end child poverty by 2030. Along with early intervention and proactive support for vulnerable families, this is essential to improving Scotland’s future health.
- General practice has a key role to play, particularly through **coordination of care, advocacy and tailored team-working** (especially with health visitors, practice-based Welfare Advice workers, and Family Support workers). We call for adequate resource and workforces to allow us to play our part in addressing child poverty, to break the cycle of intergenerational poverty and poor health.

#### 6. Listen to communities.

- Policy must be shaped by people with lived and living experience.
- We call for **meaningful community involvement in policy, research, and service design**.
- We call for **long-term funding for vital community-based voluntary and third-sector organisations**

#### 7. Invest in primary care research that includes everyone.

- The patients we care for are often excluded from research because their needs are ‘too complex’; this means that research findings are often not applicable for those who may need them the most
- We call for **increased research funding in primary care**, equivalent to the investment in the English School of Primary Care Research, with a **focus on more inclusive research design and opportunities** to better understand and address persisting health inequalities.
- We call for **better data, and smarter use of data**, to drive understanding and progress of ‘what works’ to address health inequalities

#### 8. Protect health, protect the planet.

- We call for **green, energy-efficient general practice hubs**, with access to evidence-based ‘social prescription’ options for health and nature.
- We call for **better public transport** to healthcare, **better access to green spaces**, support and incentivisation of **low-carbon prescribing**, and **recycling and waste reduction** built into everyday practice.

#### 9. We support the Nordic Core Values of general practice, and call for them to be supported in Scotland.

- These [values](#) – trust, continuity, whole-person care, community grounding – are the foundation of a humane, effective health system. **Scotland should adopt and protect these values.**

Read more about the Scottish Deep End Project [here](#).