

THE GLOVES ARE OFF

**It's time to value
nursing properly**

Because Scotland's
health depends on it.

BRIEFING:
Better health
for everyone



Introduction

Improving the health and wellbeing of the people of Scotland is key to reducing inequality, driving economic growth and creating a sustainable future.

However the dial is moving in the wrong direction.



Healthy life expectancy at birth in Scotland has been decreasing over the past decade and the gap between healthy life expectancy in the most and least deprived areas is significant.

Non-communicable diseases, such as cancer, heart disease, diabetes and respiratory conditions are a leading cause of death. These are expected to rise by 21% by 2043¹. The underlying causes of ill health are often associated with social inequalities as well as unhealthy lifestyles including obesity, diet, lack of exercise, alcohol consumption and smoking. Estimates show that 43% of men and 48% of women over 65 have a limiting long-term physical or mental health condition². Figures from the 2024 Scottish health survey show that one in four people in Scotland are experiencing a mental health problem in any given year³.

Climate change is having an impact, undermining the building blocks of good health. Globally health and care services are thought to account for over 4% of greenhouse gas emissions⁴.

The nursing shortage is also being experienced globally. Scotland has a responsibility to invest in the domestic supply of registered nurses and nursing support workers, reducing the need for international recruitment while ensuring internationally educated nursing staff who do chose to make Scotland their home are welcomed and supported.

Action is needed to turn around the health of the nation and nursing staff play a vital role. From hospitals to homes, schools to GP practices, care homes to prisons, registered nurses and nursing support workers have unique access to promote health and deliver preventative care, in the places people spend their time.

**This election we're calling for
better health for everyone.**

Improving public health and the role of nursing in prevention and health promotion

The need to embed prevention across all health and social care services is widely recognised. It is one of the core principles of the Scottish government's Population Health Framework⁵, published in June 2025, which acknowledges the importance of the role of nursing.

However, rather than improving, some evidence suggests that in Scotland we are getting worse at prevention. One indicator, identified by Public Health Scotland to measure the success of health and social care integration, is the percentage of adults able to look after their health well. This measure sat at 95% in 2015-16 but dropped to 91% in 2023-24.

Financial pressures are hindering Integration Joint Boards (IJBs) on prevention. In 2024-25 IJBs had a funding gap of £457 million, with Audit Scotland concluding that IJBs are "reacting to short-term pressures, rather than pursuing longer-term transformation of services, to meet the financial pressures", which needed to include investment in prevention and early intervention.

Nurse-led interventions can have a significant impact on preventing or reducing poorer health outcomes. In addition to screening, vaccination and healthy living programmes such as smoking cessation, we have a raft of examples of excellence from our RCN Nurse of the Year Awards⁶. These nurse-led initiatives focus on prevention, early intervention and improving the health of their patients or client group. For example, the NHS Tayside school nurses who have been praised for their trauma informed, family focused interventions or the Renfrewshire learning disability assertive outreach team who have had significant success in helping long-term inpatients sustain placements in the community.

However, too often the funding for these approaches is short term and opportunities to scale up and replicate best practice are not realised.



The case for change

Improving public health and the role of nursing in prevention and health promotion *(continued)*

As well as the positive impact of investment in preventative services, there are clear negative impacts of not acting.

Poorer health outcomes for the population **cut across many portfolio areas**, including education, housing and welfare spending.

But for health services in particular, the continued reliance and demand on secondary services is simply not sustainable. Unless demand on services from an aging population with increasingly complex and often preventable needs is reduced, incredibly difficult conversations will have to be had about what the NHS in Scotland can, realistically, continue to deliver.

Mental health is as important as physical health and Scotland is widely considered as facing a mental health emergency, with lengthy waiting times and reports of needing to be 'at crisis point' before access to services is made available. Police Scotland has warned that the pressure on policing from mental health incidents is unsustainable. The mental health nursing workforce has a significant role to play in supporting people experiencing poor mental health, mental illness and substance misuse.



The case for change

Health in all policies

Health and social care needs are growing faster than available resources and services, due to an ageing population, falling healthy life expectancy and growing incidence of ill health. At the same time, it is being increasingly recognised that health care and health systems are not the main contributor to public health outcomes. The determinants of health and decisions in other policy areas play a greater role.

‘Health in all policies’ (HiAP) is an established approach to improving health and health equity outcomes through cross-sector action on the wider determinants of health. These include the social, environmental, economic, and commercial conditions in which people live and which impact on their health and wellbeing.

The World Health Organization defines health in all policies as ‘an approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts in order to improve population health and health equity’⁷.

Embedding an HiAP approach has the potential to create a range of positive impacts, including:

- identifying the full range of health improvement opportunities offered by a particular sector, and showing how that sector’s core activities are relevant to health
- supporting other sectors to achieve their own goals, such as creating good quality jobs, creating a wider positive impact beyond health improvement
- creating a healthier population which will bring further social and economic benefits to other sectors in the long-term
- providing practical mechanisms for incorporating health into policies by evaluating potential effects on health and vulnerable groups, leading to better policy outcomes.



Adopting such an approach can help to avoid policy decisions that could have **negative unintended consequences for population health outcomes and for those delivering health and social care.**

The Scottish government committed to adopting elements of an HiAP approach in its Population Health Framework, including developing and implementing a health lens approach to impact assessment as part of a wider HiPA approach by 2027, and improving consideration of health and health equity outcomes across existing impact assessment activity. More detail is required on how these commitments will translate into shaping policy decisions.

The case for change

International recruitment

International nursing staff have been integral to health and social care across the UK since the foundation of the NHS and they continue to make an invaluable contribution to health and social care in Scotland.

However, current policies and political rhetoric often fail to recognise the skill, dedication and value of internationally educated nursing staff. Current immigration policies, while reserved, have contributed to making the UK a less attractive and more hostile place to be an international nurse.

Many of our internationally educated members report experiencing racism and discrimination in their workplaces, both from the public and those they are caring for and from colleagues. They report being overlooked for promotion and having their experience and skills devalued. Within social care we are supporting members who are facing exploitation with employers weaponising people's immigration status⁸.

More must be done to support international nursing staff who have chosen to make Scotland their home. To make them feel welcome, to recognise their contribution and to allow them to thrive.

We must also look at the impact international recruitment is having globally.

Domestically, Scotland's health and social care workforce is facing a staffing crisis. However, middle and low-income nations internationally face even greater challenges in sustaining a well-staffed nursing workforce.

The Organisation for Economic Co-operation and Development (OECD) has reported that the UK now ranks among the member nations with the highest reliance on international recruitment of health and social care professionals⁹.

Our own analysis highlights Scotland's increasing reliance on internationally recruited staff to sustain its health and social care services. In the year ending March 2025, over 14% of newly registered nurses on Scotland's Nursing and Midwifery Council (NMC) register were trained overseas.

The independent care sector reflects a similar trend. Survey data from Scottish Care found that in some regions, member organisations reported that internationally recruited staff accounted for between 95% and 100% of the workforce.



Scotland's growing reliance on international recruitment reflects a **domestic nursing crisis caused by years of underinvestment and poor workforce planning.**

International recruitment *(cont.)*

WHO figures highlight a stark global disparity in nursing densities, with high-income countries averaging 100.4 nurses per 10,000 population, compared to just 9.3 in low-income nations. Despite accounting for just 17% of the global population, high-income countries are home to nearly half of the world's nursing workforce. Nurse densities are especially low in Africa, Southeast Asia and the Eastern Mediterranean- over 35% below the 2013 global median¹⁰.

Since 2021 Nigeria, India, the Philippines and Ghana have been the top source countries for internationally trained nurses joining Scotland's NMC register. Nigeria and Ghana are on the WHO's red list, where active recruitment is discouraged due to severe health system and workforce shortages, underscoring the ethical risks of reliance on these recruitment sources. Rapid outflows of skilled health workers weaken source countries' health systems, harm population health, and deepen global inequities.

Ethical recruitment policies that balance growing the domestically educated workforce with international responsibilities are required. These measures will help progress towards building a more sustainable nursing workforce for Scotland.



The case for change

Sustainability in health and care

Scotland declared a climate emergency in 2019. The country has witnessed rising temperatures, increased rainfall, and higher sea levels in the past decade, with the severity of extreme weather events expected to increase. This poses direct risks to population health and threatens the delivery of health and social care services¹¹.

Between 2030 and 2050, climate change is projected to cause an additional 250,000 deaths globally every year. In Scotland this will likely include increased injuries as a result of extreme weather events, greater incidences of disease, spread by the likes of ticks, and more deaths caused by extreme heat and cold.

Currently, services are **unprepared** to deal with the **increased service demand** and **disruption** resulting from climate-related events.



According to the Scottish government's own reporting, only 15 of Scotland's 22 health boards and partner organisations have developed climate adaptation plans¹². As average global warming nears 2°C, over 400 Scottish health and social care facilities will be at heightened risk of flooding, overheating, and poor ventilation.

Furthermore, health and social care services contribute significantly to emissions through pollution and waste. Health and care services globally account for approximately 5% of total greenhouse gas emissions. This equates to roughly the annual greenhouse gas emissions from 514 coal-fired power plants.

The delivery of health and care requires equipment and consumables that deplete natural resources and create harmful waste and by-products. This includes how we heat and supply energy to hospitals, manufacture and use consumables and equipment and how we manage the waste we create. Other factors such as the use of vehicles by staff, patients, procurement agencies and ambulances all contribute to pollution. All of these can increase the burden on health and disease, particularly in poor communities or those where inequalities exist.

The case for change

Sustainability in health and care *(cont.)*

There has been some progress. Between 1990 and 2021, Health Boards achieved a 64% reduction in building energy emissions. Additional progress has been made through initiatives such as Green Anesthesia Scotland, which led to the national removal of desflurane to mitigate its high global warming potential.

This progress deserves recognition, but a comprehensive response to the climate crisis is urgent. Without timely guidance and support to enable the health and social care workforce to adopt sustainable practices, services will remain both vulnerable to climate impacts and an ongoing contributor to global emissions.

Nursing is uniquely placed to advocate, educate and lead solution-based action to mitigate the risks associated with climate change. It is essential that registered nurses and nursing support workers are enabled to practise sustainably and to contribute to the transformation of health and care services. As a member of the UK Health Alliance on climate change¹³, the RCN is calling for the next Scottish government to build a climate-resilient health system.

Urgent action is needed to reduce the sector's carbon footprint and excess waste, requiring **significant investment** in the promotion of sustainable practices across health and social care services.



This is essential for safeguarding the health of the nursing workforce, patients and the wider population. Prevention of future harms to health must be prioritised with expected increases in climate-related extreme weather and related illnesses. These measures are central to supporting international efforts to mitigate the detrimental effects of climate change on health.



Our manifesto calls for:

- Prioritisation and investment to improve public health, with a particular focus on preventing illness, supporting mental health and tackling health inequalities.
- Recognition of the key role of nursing in prevention and health promotion, with investment to grow and expand these vital nursing roles.
- A 'health in all policies' approach to be embedded to ensure that health is considered and prioritised in all policy development.
- Scottish government to ensure ethical international recruitment only, as well as sufficient support for internationally educated nursing staff who do chose to make Scotland their home.
- Sustainable practices in healthcare settings, focusing on reducing carbon footprints, waste and promoting climate-resilient healthcare infrastructure.

References:

- 1 Future burden of disease - ScotPHO
- 2 <https://www.scotpho.org.uk/population-groups/disability/data/limiting-long-term-health-conditions-and-illness/#:~:text=The%20Scottish%20Health%20Survey%20estimates,End%20of%20interactive%20chart>
- 3 Summary - The Scottish Health Survey 2024 - volume 1: main report - gov.scot
- 4 NHS Scotland - climate emergency and sustainability: annual report 2025 - gov.scot
- 5 Scotland's Population Health Framework - gov.scot
- 6 RCN Scotland Nurse of the Year Awards | RCN Scotland | Royal College of Nursing
- 7 WHO - Promoting Health in All Policies and intersectoral action capacities
- 8 Unreciprocated Care: why internationally educated nursing staff are leaving the UK | Publications | Royal College of Nursing
- 9 International migration of health professionals to OECD countries: International Migration Outlook 2025 | OECD
- 10 Density of nursing and midwifery personnel (per 10 000 population)
- 11 <https://www.nhscfsd.co.uk/news/nhs-scotland-first-in-world-to-clean-up-anaesthetic-gases/> / Climate change and health: what are the co-benefits of climate action? – SPICe Spotlight | Solas air SPICe
- 12 Scottish Climate Change Adaptation Programme: progress report 2023 to 2024
- 13 Building a Climate-Resilient Health System in the UK – UK Health Alliance on Climate Change



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For more information about our priorities for the next Scottish government, as well as information on how you can support our campaign, please visit:

rcn.org.uk/glovesoff