Royal College of Emergency Medicine

Scotland 2026 Election Manifesto

In 2024, nearly 80,000 people waited 12 hours or more in an Emergency Department (ED) in Scotland. This is unacceptable and our patients deserve better. Emergency Care must be provided in an equitable, safe, and timely manner, but increasing pressures on the system are making this an enormous challenge. As a result, patients are held in inappropriate spaces such as corridors while awaiting admission to a ward. Managing the ongoing needs of these patients alongside new ED patients is nearly impossible. The system is under great strain, but the problems are fixable.

We urge all political parties to revive Scottish EDs as the main lifeline during our most critical moments. We ask every political party to commit to:

1. Ending overcrowding in Emergency Departments

Scottish EDs face severe overcrowding due to a lack of inpatient hospital capacity and increasing numbers of delayed discharges. The shortage of available hospital beds means that patients are often held in corridors or other non-designated areas after their assessment – which is both unsafe and inhumane.

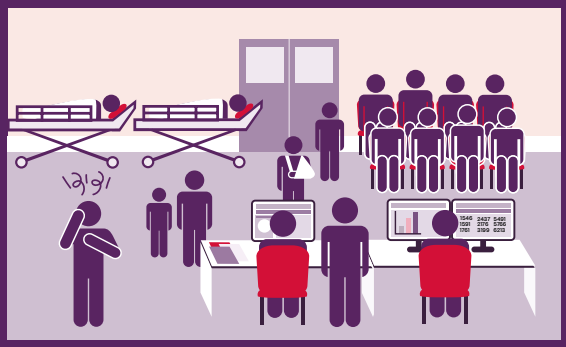
Compared to 2021, when the last Holyrood elections took place, **six times** more patients now wait over 12 hours to be either admitted, transferred or discharged from hospital. In 2024 alone, we estimate **818 excess deaths** in Scotland were due to delays to admission of over 12 hours. Our clinicians strive to provide safe, timely care, but overcrowding undermines standards and heightens the risk of errors.

While dire, this issue can be overcome through relatively inexpensive methods. Recently in NHS Lothian, unsafe ED pressures were recognised as a whole-system issue, with leadership shifting accountability beyond the department. Backed by funding for community capacity and driven by the single metric of hospital occupancy, senior leaders have coordinated services across the patient pathway towards reestablishing good flow through the system.

Whilst encouraging, the rest of the Scottish health boards still remain beholden to the government's narrow focus on the **four**-hour target and as such are limited in their approaches to tackle overcrowding. Focus must be shifted to bringing bed occupancy down to **RCEM's safe standard of 85%**. This can be achieved without necessarily opening new beds, as around 2,000 beds over the last year have been occupied across Scotland by patients who are medically well enough to leave hospital, but have yet to be discharged. If just 25% of these beds were freed up through improvements to the discharge process, it would allow patients to flow through the system faster, and in turn reduce overcrowding.

To end overcrowding, the next Scottish Government must:

1. Invest in social care services and workforce to reduce delayed discharges and free up hospital beds. We estimate an additional available 517 beds are required across Scotland to ensure flow through the system.
2. Place equal operational focus on 12-hour performance as four-hour performance. Patients should never have to experience a wait of this length.
3. Implement whole-system winter planning to mitigate seasonal pressure and ensure not all the burden is placed on EDs.



2. Providing Scotland with enough Emergency Medicine staff to deliver safe and sustainable care

Understaffing EDs leads to compromised care quality, extended waiting times, and increased litigation claims. Clinicians, stretched thinly due to the relentless pressure, often work less than full time or leave the specialty altogether due to burnout.

Responses from RCEM's Scottish EM Workforce Census indicate that 72% of EDs plan to expand consultant posts in the next two years – but by only 13 posts in total, covering just over a quarter of the estimated growth needed to meet demand and provide posts for those completing training. Without substantive roles, Scotland risks a workforce brain drain and a return to the NHS in Scotland spending millions on locum, bank, and agency staffing.

Reliance on temporary staffing is unsustainable and costly. Investing in permanent staff stabilises resourcing, reduces dependence on expensive temporary cover, and helps lower costs. In 2023/24, Scotland's Emergency Medicine litigation costs stood at £19 million. Investing in permanent staff can alleviate strain on the healthcare workforce, improve patient outcomes, and reduce financial burdens linked to both locums and litigation.

To rejuvenate the Scottish EM workforce, the next Scottish Government must:

1. Plan to increase full-time equivalent consultant posts with two to four consultants per major ED over six years. This must be across all of Scotland, not just the central belt.
2. When appropriate, incentivise doctors to enter substantive employment as SAS doctors rather than career locum working.
3. Implement an extensive recruitment and retention campaign to attract doctors to train, work and stay in Emergency Medicine.
4. Increase capacity across the NHS in Scotland to ensure that EM works well and that doctors do not leave the specialty or the country.

3. Resourcing NHS Scotland to ensure equitable care is provided throughout the Emergency Care system

EDs increasingly provide Emergency Care to the most vulnerable in the population. Yet it is these groups that are most affected by long wait times and overcrowding.

The current Scottish Government promised by summer 2025 that every Type-1 ED would have direct access to specialised frailty team staffing. That pledge has not been delivered. This is unacceptable – People aged 80 and over in Scotland have a 16.5% likelihood of waiting 12 hours or more, while for those aged 18-29 it is just 2.2%. A genuine commitment to frailty services does not require empty announcements, but investment in frontline expertise.

In Scotland, deprivation and geography work together to deepen inequalities in health and Emergency Care. People in the most deprived areas suffer worse health outcomes with premature mortality nearly four times higher among those in the most deprived areas compared to the least deprived. Remote and rural communities add another burden: long ambulance travel times and fewer specialist services. In Highland, for example, only about 55% of the population live within 45 minutes by road of a definitive critical care unit, compared to nearly 100% in the central belt.

These disparities are not just inconvenient. In critical cases, every minute counts. To address this, services must be planned and resourced in a way that reflects both the level of deprivation and the geographical realities of each community, ensuring fair access and better outcomes across Scotland.

To ensure equitable care across Scotland, the next Scottish Government must:

1. Commit investment for accessing frailty staff at ED font doors, prioritising input from geriatricians, advanced nurse practitioners, and other frailty specialists.
2. Align resource allocation for the NHS with local population needs.

About us and our work

The Royal College of Emergency Medicine is the single authoritative body for Emergency Medicine in the UK. Emergency Medicine is the medical specialty which provides doctors and consultants to Accident and Emergency Departments (EDs) in the NHS in the UK and to other healthcare systems across the world. The Royal College has nearly 15,000 members, who are clinicians in Emergency Departments working in the health services in England, Wales, Scotland, and Northern Ireland. Between them, they cared for nearly 20 million patients in 2024.

Most people do not plan to visit an ED, yet every single one of us will at some point. Whether for ourselves or a loved one, we all expect to be cared for in a dignified and safe way. Our Emergency Care system provides a vital service, ready to care for us when we need it most.