

Healthcare Science Service Transformation funding opportunity 2026

Please note that this funding is to support service-led transformation. It is not funding for individual professional development.

Scottish Government funding is available to healthcare scientists across NHS Scotland to build the knowledge, skills and capabilities needed to support planned service improvements and transformation of service delivery in alignment with the Scottish Government Health and Social Care Service Renewal Framework.

Applications must be based on an identified service need and a clearly defined change to service delivery that aligns with at least one of the five headings in the Scottish Government Health and Social Care Service Renewal Framework: Prevention, People, Community, Population or Digital. Examples are contained within appendix one.

- **Prevention:** Enabling earlier risk identification and intervention through advanced diagnostics, genomics, predictive technologies and other scientific innovations.
- **People:** Designing care around individual needs, circumstances and aspirations through personalised medicine, improved diagnostic pathways and better use of scientific data.
- **Community:** Bringing appropriate services closer to home through remote monitoring, wearable technologies, point-of-care testing, community-based diagnostics and other models that reduce reliance on hospital care.
- **Population:** Using analytics, modelling, service evaluation and population-level planning to meet local needs, reduce unwarranted variation and optimise available resources.
- **Digital:** Enabling the safe adoption of digital technologies, automation, artificial intelligence and data-driven approaches to modernise services and improve access, quality and efficiency.

The service should identify the education or training needed to build the knowledge, skills and capabilities required for the proposed change. The application must clearly explain how this learning will develop the necessary capability and enable the service change/improvement.

Applications must be submitted on behalf of a Healthcare Science service.

The funding will support a nominated healthcare scientist at Agenda for Change Band 6-9 within a service area to complete the identified education or training. The learning should be applied within the service area and, where appropriate, shared with relevant colleagues to support the sustainable implementation of the proposed change. A contribution of up to £5,000 is available towards programme or course fees and associated examination costs. Other costs, including travel and accommodation, are not eligible and should not be included in the amount being requested.

Who can apply?

Applications must be submitted on behalf of the Healthcare Science service with the approval of the relevant service manager.

Only one application may be submitted by each Healthcare Science service area within a Health Board. Where a service area includes separate paediatric and adult services, only one application may be submitted for that service area within the Health Board. For the purposes of this funding opportunity, a service area is defined in line with the Healthcare Science service categories set out in [Healthcare Science in Scotland: Redefining our Workforce](#).

The application should identify the Healthcare Scientist (at Agenda for Change Band 6–9) who will undertake the proposed education or training and explain why they are best placed to lead or support implementation of the planned service change.

The application should describe:

- the current service need or challenge;
- the proposed service improvement or redesign;
- how the proposed education or training will enable this change;
- how learning will be implemented within the service;
- anticipated benefits for patients, service users, staff and the wider service;
- the proposed education or training, including provider, delivery format, duration, expected time commitment and costs;
- the anticipated timescales and key milestones for applying the learning and progressing the proposed service change;
- how progress and impact will be measured.

Successful applications will demonstrate how the proposed service change, enabled by the funded education or training, will contribute to one or more of the following outcomes:

- supporting safe, effective and sustainable service redesign;
- building workforce capability for new or enhanced models of care;
- improving patient access, experience, outcomes or equity;
- enabling innovation, digital adoption, advanced practice or new ways of working;
- supporting services to respond to local, regional or national population needs.

Please note that although the education or training does not need to be completed within the 2026–27 financial year, all awarded funding must be invoiced by 31 March 2027.

What can be funded?

Funding may support education and training required to develop the capability needed to implement the planned service improvement. Examples include:

- postgraduate modules;
- postgraduate certificates, diplomas or master's level programmes;
- accredited professional development programmes;
- specialist technical training;

- digital, analytical or quality improvement training;
- leadership or change management programmes where these are integral to the proposed service change.

The proposed learning must clearly support delivery of the planned service improvement described within the application.

What is not funded?

Funding can only be used towards eligible programme or course fees and associated examination costs. It cannot be used for:

- equipment, consumables, software, licences or other service infrastructure costs;
- additional training and education materials, such as textbooks;
- backfill, locum cover or additional staffing costs;
- travel, accommodation or subsistence costs;
- routine mandatory, statutory or induction training;
- training that is not directly linked to a defined service improvement;
- education or training undertaken primarily for individual career development;
- Recognition of Prior Learning (RPL) assessments or associated fees;
- fees associated with equivalence routes, including IBMS or AHCS equivalence;
- conference attendance, study visits or networking events;
- retrospective costs for education or training already started or completed;
- training for more than one nominated member of staff from the same service area;
- education or training for which funding has already been secured through another route.

Completion and evaluation

As this funding is intended to support service renewal rather than individual development, evaluation will consider both the education or training undertaken by the nominated Healthcare Scientist and the extent to which the learning contributes to the planned service change.

The nominated Healthcare Scientist will be required to apply for a National Training Number (NTN) at the start of their education or training and complete the Healthcare Science exit survey process on completion. This will enable PSD Scotland's Healthcare Science Education team to record participation and evaluate the funded education or training.

The funded service will also be required to participate in a service impact evaluation. The anticipated timescales and key milestones provided in the application will be used by PSD Scotland's Healthcare Science Education team to determine an appropriate initial evaluation point. At this point, a Microsoft Form will be issued to assess how the learning has been applied; progress towards the planned service change; measurable or emerging benefits for patients, service users, staff and the wider service; barriers and wider learning; and opportunities to sustain or scale the change. The evaluation will also consider how the

learning has contributed to service renewal under the relevant Service Renewal Framework heading(s).

Where implementation is not sufficiently progressed to provide a meaningful evaluation at that point, the service area will be asked to provide updated implementation timescales, and a further evaluation point will be set.

Applying for an NTN, completing the exit survey and participating in the service impact evaluation will be conditions of accepting funding.

Application process and timeline

Applications open on 1 September 2026 and close on 31 October 2026 at 17:00. During this period, the application form will be available through the Healthcare Science website.

Before applying, Healthcare Science services and service managers should identify the planned service change and the capabilities required to deliver it before identifying suitable education or training. Services should engage early with relevant managers and education providers and consider how implementation and impact will be evidenced.

Application scoring

Applications will be reviewed and scored jointly by representatives from the PSDS Healthcare Science Education team and the Scottish Government Healthcare Science Policy team. Scoring will consider the strength of the proposed service change, the clarity of alignment with one or more of the five Service Renewal Framework headings, the relevance and appropriateness of the proposed education or training, the anticipated impact for patients, service users, staff and the wider service, and the extent to which the application demonstrates value for money and a credible and deliverable approach to implementing the proposed service change.

Applications will be assessed against the following criteria:

Criterion	What reviewers will consider
Service need	Is there a clear case for change?
Strategic alignment	Does the proposal align with one or more Service Renewal Framework priorities?
Education and training	Is the proposed education or training appropriate to develop the capability required, and is there a credible plan to embed and share the learning within the service?
Implementation	Is there a credible plan, with appropriate timescales and milestones, to apply the learning within the service?

Criterion	What reviewers will consider
Impact	Are the anticipated benefits for patients, service users, staff and the wider service clearly described, with an appropriate approach to measuring impact?
Deliverability	Is there a realistic and achievable plan to apply the learning and progress implementation of the proposed service change?
Value for money	Does the requested funding represent good use of public resources relative to the anticipated service benefit?

Further information

If you have any queries about this funding opportunity or you wish to discuss a potential application, please contact the Healthcare Science team at HCS@nes.scot.nhs.uk.

Appendix One: Healthcare Science examples aligned to the Health and Social Care Service Renewal Framework

We are particularly interested in projects and professional development activities that help deliver the ambitions of Scotland's Health and Social Care Service Renewal Framework.

Applicants should show how their proposed service improvement, innovation or leadership development could contribute to improving health and care services for patients, staff or communities.

The following examples are provided to illustrate the types of proposals that may be considered and to guide potential applicants.

Renewal principle	Illustrative Healthcare Science contribution
Prevention <i>Prevention across the continuum of care</i>	• Genomic screening and risk stratification to identify people at increased risk of inherited cancers or cardiovascular disease before symptoms develop. • AI-supported diagnostics to identify earlier signs of cancer, diabetic retinopathy, sepsis or clinical deterioration. • Expanded physiological surveillance for respiratory disease, cardiovascular health and metabolic disorders. • Point-of-care testing enabling earlier diagnosis, treatment and escalation. • Healthcare scientist-supported prevention clinics that use diagnostic data to identify risk and guide earlier intervention.
People <i>Care designed around people rather than systems or services</i>	• Personalised medicine using genomic and molecular diagnostics to guide treatment choices. • Individualised radiotherapy, nuclear medicine and physiological treatment planning. • Scientist-led diagnostic pathways that reduce unnecessary appointments and streamline the patient journey. • Clear communication of test results, uncertainty and risk to support shared decision-making.
Community <i>More care in the community rather than a hospital-focused model</i>	• Community diagnostic hubs providing imaging, physiological measurement, sample collection and selected testing closer to home. • Hospital at Home services supported by remote monitoring technology and Healthcare Science expertise. • Point-of-care testing in general practice, community pharmacies, care homes and remote settings. • Home-based sleep studies, cardiac monitoring and respiratory assessment. • Community audiology, respiratory physiology and other diagnostic services that reduce avoidable hospital attendance.
Population <i>Planning for populations rather than organisational boundaries</i>	• Epidemiological analysis using laboratory, genomic and diagnostic data to identify population health needs. • Evaluation and optimisation of population screening programmes. • Benchmarking diagnostic activity, quality and outcomes across NHS Boards to reduce unwarranted variation. • Using diagnostic and workforce data to support regional planning and analysis of health inequalities.

Renewal principle	Illustrative Healthcare Science contribution
Digital <i>Digital approaches reflecting societal expectations and system needs</i>	• Artificial intelligence for imaging, pathology workflows and diagnostic decision support. • Integrated platforms that connect laboratory, imaging, physiological and clinical data. • Remote patient monitoring through wearables and connected devices. • Automation, robotics, digital pathology and advanced analytics to improve quality, productivity and turnaround times.