

Rt Hon John Swinney MSP  
First Minister  
Scottish Government  
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Via email: [scottish.ministers@gov.scot](mailto:scottish.ministers@gov.scot); [firstminister@gov.scot](mailto:firstminister@gov.scot)

Date: 19<sup>th</sup> March 2026

Dear First Minister,

**Stealth withdrawal of Inch War Memorial Hospital in-patient beds and associated services – failure of due process, inequity, and risks to patient safety in rural Aberdeenshire**

I am writing on behalf of the Friends of Inch Hospital and Community SCIO, and in representation of the wider community of Inch and District, regarding the continued closure of in-patient beds at Inch War Memorial Community Hospital, the withdrawal of associated services (including the Minor Injuries Unit), and the current proposal to declare the hospital “surplus to requirements” with a view to disposal.

What has occurred in Inch represents the effective removal of a community hospital service from a rural population, without the impact assessment, transparency, or proportionate and independent community engagement required for what is, in substance, a major service change.

**A temporary pandemic closure has become an undeclared, unconsulted “stealth closure”**

Inch War Memorial Community Hospital was temporarily closed in March 2020 as a pandemic staffing measure. When wider health services resumed following the COVID-19 lockdowns, the hospital service in Inch was not reinstated. Instead, the building has remained “mothballed”, with little use made of it by health authorities, while virtually all services associated with it have been withdrawn from the community.

There has been strong and sustained local support for reopening, and the community has repeatedly raised concerns about the loss of in-patient beds, the MIU, and the removal of associated funding. We are now being asked to engage in an “impact assessment” process which is explicitly limited to the disposal of an empty building, rather than addressing the real impact of the service withdrawal that effectively occurred in 2020 without the required assessment or engagement.

**Flawed and altered needs assessment; exclusion of key stakeholders**

The needs assessment process used to inform the 2022 report to the Aberdeenshire Integration Joint Board (IJB) has been acknowledged as flawed, and apologies have been issued by both the HSCP and the IJB.

Of particular concern is the fact that, during finalisation of the needs assessment report, an additional option for a new hospital in Inverurie (Option 8) was inserted without stakeholder knowledge or agreement, and without having been discussed during the needs assessment process itself.

The process also excluded key stakeholders, including the local GP practice, from formal involvement beyond the provision of data. Surveys were overly complex and inaccessible to the general public, and the principal community meeting was not independently facilitated, instead being led with predetermined outcomes announced at the outset.

The consequence has been years of procedural activity without meaningful progress, no interim solution, and no credible plan for local in-patient or MIU provision.

Inequity and loss of local funding – Insch treated differently from other communities

We have been informed that the funding previously allocated to Insch War Memorial Hospital has been re-allocated into the general NHS Grampian funding pot. This has denied the Insch area the opportunities afforded to other communities.

By way of comparison, when Forres Community Hospital closed, a proportion of nursing, occupational therapy and physiotherapy resources was transferred into the local GP practice, mitigating the impact of closure and supporting enhanced care locally. No comparable reinvestment has been offered to Insch, despite multiple practical and cost-effective proposals being put forward by the community.

This represents a clear inequity, entrenching disadvantage for a rural population when compared with other NHS Grampian localities where service closure was accompanied by compensatory investment.

### **Risks to patient safety and system performance are already evident**

The loss of community hospital in-patient beds in rural Aberdeenshire has predictable and visible system consequences. Acute beds at Aberdeen Royal Infirmary become blocked by patients awaiting discharge, contributing to queuing ambulances and delayed handovers.

Locally, there is deep concern that excessive centralisation undermines effective community-based care, particularly for older and frail patients, despite Insch's long history of innovative, cross-sector working integrated with third-sector community organisations.

### **Engagement that appears designed to legitimise disposal rather than address the service loss**

Following guidance from Healthcare Improvement Scotland (HIS), the Aberdeenshire IJB initiated a project group with community representatives and practitioners. However, the stated direction of this work has become the declaration of Insch Hospital as “surplus to requirements” to facilitate disposal, rather than addressing the unresolved and fundamental question of whether due process was followed when the service was withdrawn and not reinstated.

At no point have the Friends of Insch Hospital or the wider community sought disposal as an outcome. Exploration of a Community Asset Transfer has consistently been described as a fall-back position only, to be considered once all options for reopening through the NHS have been fully exhausted and the hospital formally closed with ministerial approval.

### **Credible, community-backed solutions dismissed without transparency**

The Friends of Insch Hospital and Community SCIO have proposed solutions in good faith, including a proposal for a self-funded new build and, more recently, an offer to fund and construct an extension ward to maintain community bed provision in Insch.

This latter proposal was dismissed on the basis of alleged energy and maintenance costs which campaigners consider seriously misleading, and for which the underlying assumptions and source were not identified. It has been stated that these estimates were submitted by NHS Grampian to the then Cabinet Secretary for Health, Michael Matheson.

### **The role of HIS and the unresolved issue of “Major Service Change”**

We have sought clarification from HIS as to why the removal of a community hospital service, MIU and associated funding does not constitute a major service change requiring appropriate guidance and engagement. HIS has indicated that it has not yet given a view on disposal and that the HSCP intends to complete the Identifying Major Service Change template only after an Integrated Impact Assessment is completed and shared with HIS.

However, the central issue remains that the major service change arguably occurred when the service was withdrawn and not reinstated post-lockdowns. An assessment limited to the disposal of an empty building risks obscuring this fundamental failure of process. We note the comparison with Dumfries and Galloway, where a major service review is under way following the closure of community hospitals.

### **What we are asking you to do**

Given the failure of due process locally and the continuing risk to patient flow and rural care, we ask for urgent ministerial intervention and clear direction that:

1. A moratorium is placed on the disposal of Insch War Memorial Hospital until the service change is properly assessed and concluded.
2. Aberdeenshire HSCP and the Aberdeenshire IJB are required to assess the withdrawal and non-reinstatement of the hospital service (from 2020 onward) as the primary subject of assessment, not merely the disposal of an empty building.
3. An independent and proportionate impact assessment is commissioned, addressing the loss of beds, MIU and associated funding, including impacts on discharge pathways and acute bed pressures.
4. Meaningful, independently facilitated community engagement is mandated, including formal involvement of local clinicians and Insch Medical Practice.
5. Equity and local reinvestment are addressed, including consideration of repurposing resources in line with approaches previously applied elsewhere (including Forres).
6. Full transparency is provided regarding the evidence used to dismiss community-funded solutions, including the provenance and assumptions behind energy and maintenance estimates presented to Ministers.

We are not asking for special treatment. We are asking for lawful, fair and transparent decision-making, and for Scotland's rural communities to be treated with respect and seriousness.

We request a written response setting out what immediate steps will be taken, and which Minister and Director-General will assume responsibility for overseeing this matter. We would also welcome an early meeting with the relevant portfolio Ministers and officials.

Yours sincerely,

Graham Matthews  
**Chair**

For and on behalf of:

- Friends of Insch Hospital and Community SCIO
- Insch Medical Practice