



Healthcare  
Improvement  
Scotland

Community  
Engagement

# Guidance on identifying major health service changes

Key issues for NHS boards when considering the  
impact of proposed service redesign or change

March 2022

© Healthcare Improvement Scotland 2022  
Published March 2022

This document is licensed under the Creative Commons Attribution-Noncommercial-NoDerivatives 4.0 International Licence. This allows for the copy and redistribution of this document as long as Healthcare Improvement Scotland is fully acknowledged and given credit. The material must not be remixed, transformed or built upon in any way. To view a copy of this licence, visit <https://creativecommons.org/licenses/by-nc-nd/4.0/>

[www.hisengage.scot](http://www.hisengage.scot)

# Contents

Introduction .....2

Issues to consider .....4

Feedback and review.....7

# Introduction

NHS boards and Integration Joint Boards have a statutory duty<sup>1,2</sup> to involve people<sup>3</sup> and communities<sup>4</sup> in the planning and development of care services, and in decisions that will significantly affect how services are run.

The Scottish Government and COSLA's *Planning with People*<sup>5</sup> guidance sets out how NHS boards, Integration Joint Boards and Local Authorities should involve people and communities throughout the development, planning and decision-making process for service change. This is particularly important when a proposed service change will have a major impact. There is a specific requirement for NHS boards to formally consult on issues which are considered to be major service change. A full public consultation process is required for major changes and NHS boards' final recommendations are subject to Ministerial approval.

NHS boards can decide if a proposed change is a major service change themselves. This decision should be informed by the issues set out in this guidance. While Healthcare Improvement Scotland – Community Engagement (HIS-CE) can offer a view on whether the change can be classed as major, if a final decision is needed as to whether the proposals should be considered major, NHS boards can seek this from the Scottish Government.

There are specific requirements for public consultation on proposals that will have a major impact on people and communities, and HIS-CE is required to quality assure this process. For any service changes that are considered to be major, NHS boards should not start the consultation stage until HIS-CE has confirmed that their engagement to that point has been in accordance with *Planning with People*.

NHS boards' plans should take into account the time required by external organisations, for example Scottish Government, to provide a view on the impact of a proposed change and approval of the consultation process and proposal.

HIS-CE will not provide a view on whether a change is considered major if a decision on the proposals will be made by an Integration Joint Board (IJB); as the major service change decision-making process applies only to NHS boards. However, this guidance can also be used

---

<sup>1</sup> [National Health Service Reform \(Scotland\) Act 2004, section 7](#)

<sup>2</sup> [Public Bodies \(Joint Working\) \(Scotland\) Act 2014 and Planning and delivering integrated health and social care: guidance](#)

<sup>3</sup> By 'people' we mean patients, people experiencing and accessing health and social care services, carers and families.

<sup>4</sup> By 'communities' we mean a group of people who share a common place, a common interest, or a common identity. There are also individuals and groups with common needs. It is important to recognise that communities are diverse and that people can belong to several at one time.

<sup>5</sup> [Planning with People: Community Engagement and Participation Guidance \(2021\)](#), Scottish Government and COSLA

by IJBs when considering the potential impact on people and communities of any proposed changes to delegated health services.

Where a proposed service change by an NHS board would impact on people and communities in another NHS board area, the NHS boards concerned should work together throughout the process. The principles and good practice for effective engagement in *Planning with People* also apply to regional and national planning arrangements.

There are factors NHS boards may consider relevant, and which provide significant reason for change in care services, these could be workforce challenges and clinical standards. However, this guidance document concentrates on key issues that are relevant for identifying when a proposed service change might be classed as major, rather than on factors which are underlying reasons for the change proposal.

# Issues to consider

The following issues should be considered when identifying whether a proposed service change should be regarded as major. They are intended simply to provide a framework for discussion. Please note these issues are not ranked in order of importance. Some of the issues may appear to overlap, but each should be considered. Any evaluation as to what extent these issues apply will involve a level of subjectivity.

It is intended that NHS boards and other stakeholders (such as Scottish Government, community representatives and elected members) should consider each of the issues in the context of local circumstances. **As a general rule, the more issues that apply, the more likely it is that a service change should be considered as major.** There are prompts under each of the issues. These are not intended to be exhaustive, and NHS boards should consider what evidence they have from their engagement to date and whether they are at the right stage in the process to complete the major service change template.

## 1. Impact on patients and carers

- Consider the number of people that will be affected as a proportion of the local population, and assess the likely level of impact on patients, together with any consequential impact on their carers, for example length of hospital stay.
- Where it appears that a relatively small number of people are affected, it may still be necessary to consider the level of impact on those individuals, particularly where their health needs are such that they are likely to require to continue to access the service over a longer period of time.
- The impact of the proposed change on people who may experience discrimination or social exclusion should also be taken into account.

This should be informed by evidence from the equality impact assessment of the proposals and engagement to date with people – for example communities, people with lived experience, staff.

## 2. Change in the accessibility of services

- Consider whether the proposed change involves relocation, reduction or withdrawal of a service.
- Consider whether the proposed change will result in the closure of a hospital or care facility.
- Assess the likely impact of the proposed change in terms of transport in relation to patients, carers, staff, goods / supplies.

This should be informed by evidence from the equality impact assessment of the proposals, any assessment of transport and access issues, and engagement to date with people – for example communities, people with lived experience, staff.

### 3. Emergency or unscheduled care services

- Consider whether the proposals involve, or are likely to have a significant impact on, emergency or unscheduled care services, such as Accident and Emergency, Out-of-Hours or maternity services.
- Assess the potential impact on the delivery of services provided by the Scottish Ambulance Service.

This should be informed by evidence from any assessment of transport and access issues and, if applicable, discussions with the Scottish Ambulance Service.

### 4. Public or political concern

- Assess the likelihood that the proposals will attract a substantial level of public interest or concern, whether across the local population, or amongst particular patient groups or third sector organisations.
- Take account of any views expressed by local health forums, local community groups, community councils or elected representatives.
- Consider any views reflected in the local media or on social media forums, for example, Facebook.
- Are there likely to be complex evidence issues that could be open to challenge or dispute?

This should be informed by evidence from engagement to date with people – for example communities, people with lived experience and staff, on the development of the proposals.

### 5. Conflict with national policy or professional recommendations

- Do the proposals run counter to national policy, for example, National Clinical Strategy for Scotland<sup>6</sup>, which sets out proposals for transformational change in order to provide sustainable health and social care services fit for the future?
- Do the proposals align with specialist clinical group recommendations, for example, National Maternity and Neo-Natal Review?

### 6. Change in the method of service delivery

- Are changes proposed in relation to practitioner roles?
- Might there be changes in settings, such as moving a service from a hospital to a community setting, or vice versa; or other changes in the care process, for example, moving to 'one stop clinics' for services which have traditionally been provided separately: or moving from an inpatient service to day case?
- Has the proposed change been demonstrated to work in other areas? Identify whether there are examples of working models elsewhere, which would help to inform discussions.

---

<sup>6</sup> A National Clinical Strategy for Scotland, Scottish Government, February 2016, <https://www.gov.scot/publications/national-clinical-strategy-scotland/documents/>

## 7. Financial implications

- Consider in broad terms the level of investment, or savings, associated with the proposed changes.
- Consider assumptions around proposals to disinvest in services.
- Take account of the implications for the NHS boards involved and for other organisations such as Integration Joint Boards, Local Authorities.

## 8. Consequences for other services

- Assess whether the proposed local service change has emerged from a clinical model developed at a regional or national level.
- Consider any cumulative impacts the proposals could have on decisions about the development or location of other services, for example where there are public concerns on local hospital provision in the future.
- Consider how any vacated space may be used to support local people and the community
- Identify whether the proposals will impact on other NHS Boards and Integration Joint Board areas

If the proposals have emerged from a national or regional decision then there should be consideration of the feedback from any local equality impact assessment and engagement to date with people – for example communities, people with lived experience, staff.



# Feedback and review

Healthcare Improvement Scotland – Community Engagement welcomes feedback from people who have used this guidance so we can assess whether it has been helpful in identifying major service changes. We intend to review this guidance one year after re-issue on the basis of feedback received to decide whether any changes are necessary. Please send your views to:

[his.engageservicechange@nhs.scot](mailto:his.engageservicechange@nhs.scot)

You can read and download this document from our website.  
We are happy to consider requests for other languages or formats.  
Please contact our Equality and Diversity Advisor on 0141 225 6999  
or email [his.contactpublicinvolvement@nhs.scot](mailto:his.contactpublicinvolvement@nhs.scot)

Healthcare Improvement Scotland  
Community Engagement

National Office  
Delta House  
50 West Nile Street  
Glasgow  
G1 2NP

0141 241 6308

[info@hisengage.scot](mailto:info@hisengage.scot)

[www.hisengage.scot](http://www.hisengage.scot)