

Guidance on identifying major health service changes

Key issues for NHS boards and Integration Joint Boards when considering the impact of proposed service redesign or change

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Contents

[Introduction 2](#_Toc207893059)

[Issues to consider 4](#_Toc207893060)

[Template to be completed by NHS board and Integration Joint Board 5](#_Toc207893061)

[Feedback and review 10](#_Toc207893062)

# Introduction

NHS boards and Integration Joint Boards have a statutory duty[[1]](#footnote-2),[[2]](#footnote-3) to involve people[[3]](#footnote-4) and communities[[4]](#footnote-5) 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*[[5]](#footnote-6) 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 change to health or health-delegated services will have a major impact. There is a specific requirement for NHS boards and Integration Joint Boards to formally consult on proposals 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 and Integration Joint Boards can decide if a proposed change is a major service change themselves, and Healthcare Improvement Scotland can provide a view. This decision should be informed by the issues set out in this guidance.

*Planning with People* also outlines Healthcare Improvement Scotland’s legal duty to support, ensure and monitor the discharge of health bodies[[6]](#footnote-7)’ duties in respect of public involvement. This includes quality assuring their engagement and consultation on changes to delegated health services considered to be major.

While Healthcare Improvement Scotland 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 and Integration Joint 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 Healthcare Improvement Scotland is required to quality assure this process. For any service changes that are considered to be major, NHS boards and Integration Joint Boards should not start the consultation stage until Healthcare Improvement Scotland has confirmed that their engagement to that point has been in accordance with *Planning with People*.

NHS boards’ and Integration Joint Boards’ plans should take into account the time required by external organisations to provide a view on the impact of a proposed change and approval of the consultation process and proposal.

Where a proposed service change by an NHS board or Integration Joint Board would impact on people and communities in another NHS board and Integration Joint 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 and Integration Joint Boards may consider relevant, and which provide significant reason for change in care services, these could be financial constraints, 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, Integration Joint 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**. These are not intended to be exhaustive, and NHS boards and Integration Joint 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 [below](#Template).

The issues to consider are listed below. The hyperlinks will take you to the relevant sections in the template:

* [Impact on people and communities](#Impact)
* [Change in the accessibility of services](#Access)
* [Emergency or unscheduled care services](#Emergency)
* [Public or political concern](#Concerns)
* [Consequences for other services](#Consequences)

## Healthcare Improvement Scotland’s role

Healthcare Improvement Scotland will not provide a view on whether a proposed service change should be regarded as major until engagement with potentially affected people and communities has taken place, preferred options/model have been identified, and the relevant impact assessments have been completed. Once Healthcare Improvement Scotland has received all the information it needs, it will aim to provide a view within two weeks. This will take longer, around four to six weeks, if there has not been early discussion with HIS and we require further information. The comment boxes after each section in the template should be used to explain rationale for each assessment and include supporting information, evidence and data including:

* proportion of local population affected
* percentage of total number of people accessing the health and care service
* mitigating measures to be put in place
* distance
* socio-economic factors
* transport analysis, and
* alternative services

# Template to be completed by NHS board and Integration Joint Board

NHS boards and Integration Joint Boards should use the information from their planning and engagement to complete this template, which will help to determine whether a proposed service change should be regarded as major. Information will include an Equality Impact Assessment and other relevant impact assessments. They can then submit it to Healthcare Improvement Scotland (HIS) for a view. HIS will not provide a view until engagement with potentially affected people and communities has taken place, preferred options/model have been identified, and the relevant impact assessments[[7]](#footnote-8) have been completed.

## Assessment

|  |  |
| --- | --- |
| **NHS board(s)**  **Integration Joint Board(s)** |  |
| **Changes proposed**  *(in broad terms)* |  |
| **Information available**  *(list key documents - strategy papers etc)* |  |

## Impact on people and communities

### Assess the level of impact of the proposed changes on potentially affected people and communities (for example communities of interest or geographic, people with lived experience, staff)[[8]](#footnote-9)

* Consider the number of people that will be affected as a proportion of the local population
* Consider the level of impact on those individuals, particularly where their health needs are such that they are likely to continue to access the service over a longer period.

*Additional information/evidence*

### Assess the level of impact of the proposed changes on people and communities with a protected characteristic (for example disability, race, sex)

*Additional information/evidence*

## Change in the accessibility of services

### Assess the likelihood that the proposed changes will result in[[9]](#footnote-10):

a. Relocation Yes 🞏 No 🞏 Other (*please clarify*) ……………

b. Reduction Yes 🞏 No 🞏 Other (*please clarify*) ……………

c. Withdrawal Yes 🞏 No 🞏 Other (*please clarify*) ……………

d. Closure of a health Yes 🞏 No 🞏 Other (*please clarify*) ……………

and care facility

* Assess the likely impact of the proposed change in terms of transport in relation to people accessing health and care services, those working within health and care services, goods / supplies.

*Additional information/evidence*

* Describe what impact the proposed change(s) will potentially have on other services.

*Additional information/evidence*

## Emergency or unscheduled care services

### Assess the likely level of impact of the proposed changes on emergency or unscheduled care services (for example, Accident and Emergency, Out-of-Hours or maternity services).

* Assess the potential impact on the delivery of services provided by the Scottish Ambulance Service[[10]](#footnote-11).

*Additional information/evidence*

## Public or political concern

### Assess the likelihood that the proposals will attract a substantial level of public interest or concern[[11]](#footnote-12), whether across the local population, or amongst patient groups or third sector organisations.

* From earlier engagement feedback, take account of views expressed by people with lived experience, 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.

*Additional information/evidence*

### Are there likely to be complex evidence issues that could be open to challenge or dispute?

* Take into account alignment with relevant national developments, policies, legal issues
* Recommendations on clinical practice or data that may be interpreted differently by stakeholders

*Additional information/evidence*

## 

## Consequences for other services

### Assess the cumulative level of impact of the proposed changes on future decisions about the development or location of other services (for example, will other co-dependent services be impacted as a result of this proposed change?)

*Additional information/evidence*

### Assess the level of impact of the proposed changes on other NHS Boards and Integration Joint Board areas[[12]](#footnote-13) (for example, do patients from other NHS board areas use these services, consider frequency of contacts).

*Additional information/evidence*

## Conclusion

|  |  |
| --- | --- |
| Using the evidence provided in this template, does the NHS board/ Integration Joint Board consider this proposal to be a major service change?  (Provide reasons for your view.) |  |
| Date of completion |  |
| Name/ organisation |  |

Thank you for completing this template. This will now be considered, along with any supporting information it needs, by our governance structures. We will aim to provide a view on the category of change within two weeks. This will take longer, around four to six weeks, if there has not been early discussion with Healthcare Improvement Scotland and we require further information.

# Feedback and review

Healthcare Improvement Scotland 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 within one year after re-issue based on feedback received to decide whether any changes are necessary. Please send your views to:

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

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Please contact our Equality and Diversity Advisor on 0141 225 6999   
or email [his.contactpublicinvolvement@nhs.scot](mailto:his.contactpublicinvolvement@nhs.scot)

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1. [National Health Service Reform (Scotland) Act 2004, section 7](https://www.legislation.gov.uk/asp/2004/7/section/7) [↑](#footnote-ref-2)
2. [Public Bodies (Joint Working) (Scotland) Act 2014](https://www.legislation.gov.uk/asp/2014/9/2018-04-01) and [Planning and delivering integrated health and social care: guidance](https://www.gov.scot/publications/guidance-principles-planning-delivering-integrated-health-social-care/documents/) [↑](#footnote-ref-3)
3. By ‘people’ we mean patients, people experiencing and accessing health and social care services, carers and families. [↑](#footnote-ref-4)
4. 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. [↑](#footnote-ref-5)
5. [Planning with People](https://www.gov.scot/publications/planning-people-community-engagement-participation-guidance-updated-2024/documents/): Community Engagement and Participation Guidance (2024), Scottish Government and COSLA [↑](#footnote-ref-6)
6. Planning with People sets out how members of the public can expect to be engaged by NHS Boards, Integration Joint Boards and Local Authorities. The role of Healthcare Improvement Scotland covers NHS boards and Integration Joint Boards health-delegated services. [↑](#footnote-ref-7)
7. Equality Impact Assessment, Fairer Scotland Duty Assessment, and Island Impact Assessment, if appropriate. [↑](#footnote-ref-8)
8. 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. [↑](#footnote-ref-9)
9. 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 accessing health and care services and people working within health and care services. [↑](#footnote-ref-10)
10. This should be informed by evidence from any assessment of transport and access issues and, if applicable, discussions with the Scottish Ambulance Service. [↑](#footnote-ref-11)
11. This should be informed by evidence from engagement to date with people – for example communities, people accessing health and care services and people working within health and care services, on the development of the proposals. [↑](#footnote-ref-12)
12. 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 who have accessed health and care services and people working in health and care services. [↑](#footnote-ref-13)