NHS Delivery consultation questions

Section A: Establishing the new organisation to deliver national transformation: the case for change and immediate priorities

Scotland's health and social care system is at a pivotal point. The ambitions set out in the Population Health Framework and the Service Renewal Framework call for a decisive shift: from fragmented, siloed delivery to a more unified, prevention-focused, and digitally enabled system that delivers better outcomes for everyone. Currently, key national functions – such as digital transformation, workforce education, and service innovation – are delivered by multiple organisations, notably NHS Education for Scotland (NES) and NHS National Services Scotland (NSS). While both have made significant contributions, this separation has led to duplication, variation, and slower progress on national priorities.

Digital transformation and workforce development is central to this change. This means improving – and in some cases changing – how services and people work using technology. This includes making health records and electronic patient records easier to access across all areas of Scotland, helping people manage appointments online, supporting self-management of care, and using data to plan and improve services. It also involves ensuring digital services are inclusive, safe, and accessible to everyone. To lead this work, NHS Delivery will need strong capabilities in digital skills development, service design, change management, cyber security, and the ability to build and run national platforms that other organisations can use when delivering care. The Service Renewal Framework commits to a "national by default, local by exception" approach for major digital initiatives – meaning NHS Delivery would lead on digital systems unless there is a clear reason to do things locally.

To deliver this, Scottish Ministers are proposing the creation of a single national organisation – NHS Delivery – to drive forward digital transformation and system change, beginning with the merger of NES and NSS. This new body would provide clear leadership, accelerate innovation, and ensure that digital and workforce solutions are joined up and delivered consistently across Scotland.

Stakeholder views are sought on the organisation's strategic objectives and the early opportunities associated with its formation from day one. This includes consideration of which functions currently delivered elsewhere could be more effectively managed nationally.

Your responses will help shape the foundation of the new body and ensure it is set up to deliver immediate value while aligning with the SRF.

1. Do you agree that creating a new national organisation to drive forward digital transformation and system change – beginning with the consolidation of NES and NSS into one organisation – is the right approach to deliver the ambitions set out in Scotland's Population Health Framework and Service Renewal Framework?

Agree / Disagree / Don't know

Optional: Please explain your response.

Fellows working in Scotland had a range of views about the planned merger. While some indicated that they did not have major concerns about bringing the two organisations together, other Fellows stated strongly that they did not support the merger and had significant worries about the plan. These Fellows were alarmed that the case for change appeared to contain so little

focus on the fundamental importance of education and training of our health and social care workforce, even in relation to the arena of digital as it applied to staff and their upskilling. They emphasised in particular the value and impact of NES in this respect and its core business of the medical directorate and indicated that this seemed to be a significant missed opportunity to explicitly recognise, value and sufficiently resource education and training which was critical to underpinning safe patient care. Some said the Scottish Government had so far failed to clearly describe how this new organisation addresses the problems it had identified and where specifically education and training sits within this. Some also regretted the loss of 'education' in the organisation's name given its critical importance.

A number of Fellows who did not indicate opposition to the merger also wished to highlight what they considered was the effective work of NES. One based in the Highlands said NES had been effective in developing locally based training for physician specialties in the Highlands and this is something that had improved consultant recruitment in both Inverness and the rural hospitals of the Highlands. They said NES had also been very responsive to issues in rural health, culminating in their support and development of the rural credential. They suggested that NSS appears more focused on the central belt and seems less responsive to issues outside the central belt.

Some Fellows said the merger was a strong opportunity to re-focus the Scottish digital delivery strategy, which is fragmented. This fragmentation appears to be directly related to previous policy which suggests territorial boards should develop their own digital solutions with the exception of a steer towards the InterSystems TRAK PMS. However, the reality is that each board is negotiating and paying for software developments that would be much better organised and procured at a national level. The current system has led to slow implementation of ehealth solutions and Scotland finds its self well behind other nations in its ehealth infrastructure, with very limited access for patients, poor integration across hospitals and between primary and secondary care. This leads to poor productivity, lost information and an inability to take advantage of new developments such as AI.

2. A. Do you agree with the proposed strategic objectives for the new organisation (driving innovation, delivering Once for Scotland services, and streamlining structures)?

Agree / Disagree / Don't know

Optional: Please explain your response.

Some Fellows felt that the objectives were somewhat vague and general. They supported delivering Once for Scotland services but again expressed some scepticism relating to how the new organisation would achieve this.

2. B. Should the organisation consider additional strategic objectives?

Yes / No / Don't know

If yes, please specify.

Fellows suggested the objectives could reference clear targets on workforce and a context specific assessment of workforce across services, disciplines and regions to inform gaps and opportunities and describe the workforce required with support of appropriate education and training.

In addition, a commitment to work with key partners to develop service models to deliver care across relevant sectors and across Scotland was important.

3. Are there services or functions currently delivered by other Health Boards (in addition to what NES and NSS already do) that should be delivered only by NHS Delivery to improve consistency and reduce duplication? This includes consideration of capabilities that are perhaps fragmented across multiple bodies, where a clear lead organisation should be identified.

Free text response

<mark>Fellows indicated that discussion with Boards may identify areas for improved collaboration and streamlining.</mark>

4. What areas of national delivery could be improved by NHS Delivery to make services more efficient or better joined-up?

Please tick all that apply:

- <mark>Redesigning how services could be planned or improved</mark>

- <mark>Making better use of data and digital tools</mark>

- <mark>Improving supply chains or procurement</mark>

- <mark>Supporting shared back-office services like HR or finance</mark>

- <mark>Strengthening workforce development and training</mark>

- Other (please indicate below)

5. Are there any existing services, programmes, or functions currently delivered by NES or NSS that you believe could be stopped, scaled back, or redesigned (or handed over to another Health Board) to better align with current priorities and system-wide impact?

Examples may include legacy services, low-impact initiatives, or areas of duplication with other bodies.

Free text response

<mark>Again, Fellows indicated that discussion with Boards may identify areas for improved collaboration and streamlining.</mark>

6. Do you agree that NHS Delivery should lead the development of national digital capabilities (e.g. Electronic Health Records, digital inclusion, data architecture) for Scotland's healthcare system?

<mark>Yes</mark> / No / Don't know

Optional: Please explain your response.

7. Should NHS Delivery be tasked with improving data sharing, data access and interoperability across health and social care?

<mark>Yes</mark> / No / Don't know

Optional: Please explain your response.

8. Do you believe NHS Delivery should be tasked with the lead national support role in innovation development & adoption, service redesign, change management, improvement, and commissioning of health services?

<mark>Yes</mark> / Partially / No / Don't know

Optional: Please explain your response. This may include areas where fragmented delivery or unclear accountability currently limits impact.

<mark>Fellows said education and training should be at the forefront when innovation and development is taken forward.</mark>

Section B: Longer Term Opportunities and Future Evolution

This section explores how NHS Delivery could or should evolve over time, recognising its creation is a as a platform for ongoing transformation – enabling Scotland's health and social care system to adapt and thrive in the years ahead. As set out in the Population Health Framework and Service Renewal Framework, the future of health and care will be shaped by new technologies, changing population needs, and a relentless focus on prevention, equity, and person-centred care.

Unlike a traditional organisational launch, NHS Delivery will not be fully established from Day One. Instead, it will follow a phased approach, beginning with the consolidation of NES and NSS, and gradually expanding its remit and capabilities. This phased development allows for careful consideration of future roles, including potential support for delivery and improvement across the social care sector, in agreement with local government and with an appropriate interface with the National Care Service Advisory Board.

As the organisation matures, it is expected to strengthen its Once for Scotland capability – delivering consistent, scalable services – and to clarify how it interacts with other national and local bodies. All of this is subject to ongoing dialogue and agreement and may require further legislation and therefore further formal consultation in the future – this section should be read as an early exploration of what is possible and desirable. Stakeholders are invited to share views on which functions, and potentially which other organisations or bodies, could be integrated into a single national delivery capability. This includes identifying areas where consolidation could improve efficiency, reduce duplication, and enhance outcomes.

These questions are particularly important for helping us give thought to the long-term potential of the new organisation to becoming a single centre of excellence for national delivery, improvement and support that can fully deliver on the ambitions of the Service Renewal Framework, whilst recognising the need to understand the connections with other organisations. Your responses will help shape the Scottish Government's thinking on how best to shape a national organisation that is trusted, inclusive, and responsive to the evolving needs of Scotland's health and social care system, whilst recognising that further consultation and engagement will follow on the detail.

9. As NHS Delivery evolves in the longer term, what additional capabilities, functions or bodies should be considered for integration into a single national delivery capability that supports the aspirations of the Service Renewal Framework?

Free text response

This may include functions currently delivered by other national bodies, territorial Boards, or Scottish Government divisions, as well as organisations whose consolidation could improve

efficiency, reduce duplication, or enhance outcomes. We recognise you may feel it is too early to say, and that further consultation would be required.

<mark>Fellows agreed further consultation with all relevant stakeholders would be important here before further decisions were made.</mark>

10. What principles should guide decisions about future expansion of NHS Delivery's remit and structure?

Free text response

Examples might include:

Alignment with the Service Renewal Framework and Public Service Reform Strategy

Evidence of system-wide benefit

Avoidance of duplication

Stakeholder consensus

Legislative clarity and accountability

<mark>Fellows indicated improved education and training and better patient safety and experience should also be a guiding principle here.</mark>

11. What mechanisms should be put in place to review and adapt NHS Delivery's remit and performance post-launch?

Free text response

Suggestions may include:

<mark>Formal review after 12–24 months</mark>

<mark>Stakeholder engagement and feedback loops</mark>

<mark>Independent evaluation or audit</mark>

Legislative review or amendment

<mark>Fellows consider these options were appropriate.</mark>