

Consultation Response: NHS Delivery

November 2025

Introduction

We welcome the commitment to systemic change that is evident in proposals for a new national NHS delivery organisation. However, we are unclear if the proposals will bring the changes required to deliver the Service Renewal Framework and the Population Health Framework. Given that the proposed reforms relate to the wider health *system*, not just the health service, we have further reflections on how any new organisation might reinforce commitments related to prevention and meaningfully engage with third sector health organisations.

We have opted to share a written response rather than respond to the consultation questions which are prescriptive in nature and do not adequately reflect the broader points we wish to raise.

About Us

We are a movement for health creation working to reduce health inequalities to enable the people of Scotland to live well. We believe that health is more than the absence of illness, and together with our members and partners we champion this belief. We collaborate to provide the national voice for third sector health organisations in Scotland.

Through our policy work, Voluntary Health Scotland (VHS) seeks to ensure that the experiences, knowledge, and interests of our members and stakeholders are reflected in national decision-making about health inequalities and health creation. We regularly consult with our members to ensure that our policy voice and priorities are reflective of their views and interests.

Our Response

We would like to first recognise the positive engagements we at VHS have had with both NHS Education Scotland (NES) and NHS National Support Services (NSS). In 2023, VHS signed a memorandum of agreement (MOA) with NSS, affirming our joint intentions to build a relationship based on collaborative working. The MOA covered a range of areas, including sharing knowledge and learning around national, regional and local programmes and initiatives and exploring potential joint working opportunities around fair health and the right to health. The agreement ran until the 31st October 2025 and, whilst we would have liked greater opportunities for proactive engagement with NSS during this time, we welcome the commitment to partnership working that the MOA demonstrated.

We also have a productive relationship with NES through our management of the Scottish Community Link Worker Network (SCLWN). The Programme Manager has undertaken some effective partnership work with NES to support the learning of Community Link Workers, and NES are leading on the ongoing review of the CLW knowledge and skills framework.

Despite this engagement with the existing NHS bodies in question, we do not believe we are best placed to comment on whether or not the proposed approach to merge these two agencies is the best approach. We do however have some observations to inform the implementation of ambitions detailed in the consultation paper.

Firstly, the ambitions for change detailed in the [Service Renewal Framework](#) and the [Population Health Framework](#) that have initiated these proposals relate to the whole health *system* in Scotland, not just the health service. We believe this is important when considering the future structure and purpose of national NHS organisations. In his foreword for the Population Health Framework, the First Minister acknowledges that ‘the NHS is just one part of the whole system’ and recognises the role of wider agencies and sectors in preventing ill health. With this in mind, **any new national NHS organisation tasked with acting as ‘an enabler of transformational change across health and social care’ must have a remit that clearly addresses and responds to all corners of the health and care system, not just the NHS.**

Ambitions for change detailed in the Service Renewal Framework and the Population Health Framework are also centred around a shift to prevention. However, we do not feel that this is given appropriate recognition in the consultation document. It is acknowledged that a single delivery organisation could help to ‘embed prevention and equity’, but this is not explicitly recognised in the three strategic objectives for the proposed NHS delivery organisation. Instead, there is a focus on supporting innovation, delivering a ‘Once for Scotland’ approach, and streamlining structures.

Perhaps as a result of this, there is no explicit suggestion that the proposed new national body will support the shift to community-based care. As stated in our recent [Joint Statement](#)

[on Prevention](#) published with colleagues from The Health and Social Care Alliance, SCDC and Edinburgh Community Health Forum, third sector and community organisations have a vital role in designing and delivering primary, secondary and tertiary prevention interventions. A prevention-focused system which addresses health inequalities requires investment in community-based interventions. **As such, we would like to see more explicit reference to the role that any proposed new national body would play in the shift to prevention and community-based care.**

We agree with the consultation document that the current NHS infrastructure is fragmented and lacks clear lines of accountability. This reflects feedback we received from many of our members when identifying the priorities for our [Manifesto for Health Creation](#). For third sector organisations, NHS bodies can be difficult to navigate and it is often unclear how they can influence decision-making. One VHS member, RNIB, believes that streamlining the two bodies could provide opportunities, including ‘integrating systems to ensure a more consistent approach when providing inclusive communication to the public and workforce training.’

Third sector organisations also report that they struggle to access digital systems and data administered by the NHS. This is a particular issue for Community Link Workers who are often employed by third sector partners whilst working in primary care settings. Challenges accessing systems often limits the ability of third sector partners to access workforce development opportunities or provide quality, person-centred and safe care.

With this in mind, we agree that a unified, integrated, ‘One Scotland’ approach is required to bring about the ambitions for reform and renewal detailed in the Service Renewal Framework and the Population Health Framework. As previously mentioned, we do not feel best placed to comment on whether the merging of NHS Education Scotland (NES) and NHS National Services Scotland (NSS) is the best approach to this. **However, we do believe that a new national body with a ‘One Scotland’ ethos should have a clear role in unifying and engaging with *all* partners, as equals, in the wider health system to avoid duplication, ensure access to systems, and promote collaboration.** This will require significant structural and cultural change within the NHS beyond the proposals within this consultation.

Finally, it is acknowledged in the consultation document that bringing together NES and NSS will ‘unlock significant efficiencies’, and that over time these are expected to ‘generate financial savings’. We appreciate that this is an important consideration given the current precarious nature of public sector finances. However, there is a risk that streamlining these organisations could decrease capacity, and in turn lead to certain key priorities, such as research, training, and collaboration with the third sector, being deprioritised. Both of the NHS structures in question have a strong track record of engaging with wider partners and building strong relationships. It is vital that this is not lost.

In particular, the consultation document does not adequately reflect the vital role currently fulfilled by NES in providing learning opportunities for the wider health system. NES regularly

partner with third sector organisations to deliver educational opportunities, often related to health inequalities or community-based approaches. To mitigate against the potential loss of vital services, we would ask that any ‘financial savings’ achieved through this process be ring-fenced for activity that supports the shift to prevention and addressing health inequalities in Scotland’s health and care system. This would include partnership working with the third sector, and the continuity of existing research and training functions.

Conclusion

Whilst we do not believe we are best placed to comment on the proposed merger of NES and NSS, we do have a number of recommendations to inform the establishment of a new national NHS body. These recommendations reflect feedback from our members about their wider interactions with NHS bodies, as well as our own interpretation of ambitions in the Population Health Framework and Service Renewal Framework. Our recommendations are:

- That any new national NHS organisation tasked with acting as ‘an enabler of transformational change across health and social care’ must have a remit that clearly addresses and responds to all corners of the health and care system, not just the NHS.
- More explicit reference to the role that any proposed new national NHS body would play in the shift to prevention and community-based care.
- That any new national body with a ‘One Scotland’ ethos should have a clear role in unifying and engaging with *all* partners, as equals, in the wider health system to avoid duplication, ensure access to systems, and promote collaboration.
- That any ‘financial savings’ achieved through this process be ring-fenced for activity that supports the shift to prevention and the addressing of health inequalities in Scotland’s health and care system.

Further Information

If you require additional information about any of the points made in this briefing or if you would like to discuss them further, you can contact our Policy and Public Affairs Lead, Sarah Latto, by emailing sarah.latto@vhscotland.org.uk.