



Healthcare  
Improvement  
Scotland

# Scottish Approach to Change: Eight Steps of Change

Evidence Summary

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# Method

The Scottish Approach to Change has drawn on existing evidence, experience, and ongoing testing to support its ethos and approach. It has drawn on three key types of evidence:

- formal research including literature reviews, horizon scanning, and findings from various improvement and transformation initiatives
- experience from colleagues, leaders, and organisations with direct experience that have driven change in Scotland and beyond
- through real-world testing with partners in our Pathfinder sites and ongoing improvement and change programmes

The paper outlines the evidence from publications and formal research which has informed the development of the Steps of Change of the Scottish Approach to Change.

# Identify

## Purpose and rationale

The Identify step helps teams spot problems and opportunities early. It brings together data, staff insight, people's experience, and policy drivers to define the issue and decide who needs to be involved. Good early framing matters because it shapes later design and evaluation.

## What the evidence says

The evidence strongly supports the need to clearly identify your change, what you are trying to achieve and build support for this.

Evidence on large-scale system change suggests five useful principles at this stage: shared leadership, good feedback loops, attention to history, strong clinical engagement, and patient and family involvement.

It is important to be aware that the same change can have different effects in different places because local history, culture, leadership, and professional roles all matter. Early work should look at context as well as performance data.

Identification should be treated as an ongoing learning process rather than a one-off discussion. Regular use of data, staff feedback, and public insight helps teams spot good practice, pressure points, and inequalities more reliably.

In Scotland, engagement and people's rights should be built in from the start. This helps teams meet legal duties, judge what level of engagement is needed, and include people whose views are often missed.

## Endnotes

Main sources from the 'Scottish Approach to Change Reading List' ([LINK: XYZ](#)) for this section include Best et al (2012) - Large System Transformation in Health Care: A Realist Review; Tom Hardie, Tim Horton, Nell Thornton-Lee, Joe Home, Penny Pereira. (2022) - Developing learning health systems in the UK: Priorities for action, Scottish Government, *Planning with People* (2024).

# Understand

## Purpose and rationale

The Understand step turns initial ideas into a clear and workable problem. It helps teams explore the system, assess readiness, build an early programme theory, and narrow down the most promising options.

## What the evidence says

The evidence demonstrates the importance of understanding your change, the context in which you are working and building your knowledge of a problem.

The updated MRC framework highlights that teams should begin with a programme theory developed with stakeholders. They should also describe the context clearly and use methods that match the questions they need to answer. This helps avoid rushing into weak solutions or poor evaluations.

A realist approach strengthens this by asking what works, for whom, in what circumstances, and why. It encourages teams to think about how context influences outcomes at policy, organisational, and team levels.

Readiness is also important. If leadership, data, governance, or shared purpose are weak, change work can become confused and waste effort.

## Endnotes

Main sources from the 'Scottish Approach to Change Reading List' ([LINK: XYZ](#)) for this section include Skivington et al., MRC/NIHR (2021) new framework for developing and evaluating complex interventions; Coles et al. (2020) - The influence of contextual factors on healthcare quality improvement initiatives: A realist review; Healthcare Improvement Scotland, *Readiness for Change Toolkit*.

# Develop and Design

## Purpose and rationale

This step moves from understanding the problem to shaping realistic options. It supports co-design, helps teams decide what must stay the same and what can be adapted, and identifies the approvals and resources needed for testing.

## What the evidence says

The evidence supports the principles of designing and developing your change initiative as an essential step in change. The evidence demonstrates that without effective design and development, change is unlikely to succeed.

Evidence from the Health Foundation Spread Challenge shows that promising ideas often fail when moved to a new setting. A way to reduce this risk is to define the core parts of the model and the parts that can be adapted locally. They should also design with future adopters in mind.

The iPARIHS framework shows that design is both social and technical. Success depends not only on the idea itself, but also on facilitation, context, support, and feedback.

The evidence showcases that change programme design should also fit the organisation's wider quality management system. Aligning aims, roles, measures, and day-to-day management reduces duplication and makes change easier to support and assure.

## Endnotes

Main sources from the 'Scottish Approach to Change Reading List' ([LINK: XYZ](#)) for this section include Horton, Illingworth & Warburton, Health Foundation (2018) - The spread challenge; Harvey G, Kitson A. (2016) - PARIHS revisited: from heuristic to integrated framework for the successful implementation of knowledge into practice; Q Community, *Embedding and Sustaining Quality Management Systems*.

# Prototype and Test

## Purpose and rationale

This step uses iterative testing to see whether the design works in practice. It looks at what outcomes are achieved, what problems appear, what effort is needed, and what should be improved before wider use.

## What the evidence says

The evidence demonstrates the importance of testing as essential to developing insights, spotting issues, and reducing barriers.

Frameworks such as the MRC framework also support phased testing with clear outcomes and measures linked to how the change is expected to work. This is more useful than relying only on before-and-after results, which may not show what caused the change or who was affected.

The NASSS framework again supports a testing approach; its framework is for testing complexity across seven areas, including the intervention, the people using it, the organisation, and the wider system. It helps teams spot likely barriers early, such as digital exclusion, workflow problems, or clinical risk.

The evidence supports testing being used to learn, not just to prove success. It should show what works, for whom, and under what conditions.

## Endnotes

Main sources from the 'Scottish Approach to Change Reading List' ([LINK: XYZ](#)) for this section include Papoutsis, Greenhalgh & Marjanovic (2024) - Approaches to Spread, Scale Up, and Sustainability, Skivington et al., MRC/NIHR (2021) new framework for developing and evaluating complex interventions; Coles et al. (2020) - The influence of contextual factors on healthcare quality improvement initiatives: A realist review.

# Review for Implementation

## Purpose and rationale

This is a formal decision point. Based on the test evidence, teams decide whether to adopt the change, adapt and test again, or stop. This helps protect people, time, and resources.

## What the evidence says

The evidence demonstrates that it is important to build key decision points into change programmes to ensure positive decision-making.

The UK Government's Magenta Book says public sector decisions should be based on an evaluation that is planned, proportionate, and used in practice. It supports the review for implementation step in theory and practice.

In practice, this means judging the strength of the evidence, whether the results make sense given the programme theory, and whether the change is likely to have caused the outcomes. It is not enough to rely on simple before-and-after data.

Evidence on spread also shows that success in one place is not enough. Teams should also ask whether the model can be adopted elsewhere, whether it is clearly defined, and what support and infrastructure would be needed.

## Endnotes

Main sources from the 'Scottish Approach to Change Reading List' ([LINK: XYZ](#)) for this section include HM Treasury (2020) - Magenta Book: Central Government guidance on evaluation; Horton, Illingworth & Warburton, Health Foundation (2018) - The spread challenge.

# Define and Implement

## Purpose and rationale

If the decision is to adopt, this step defines how the change will work in practice. It covers processes, roles, skills, data, governance, and budget, and supports phased implementation so the change becomes part of normal service delivery.

## What the evidence says

The evidence demonstrates the importance of the define and implement step. It highlights the need to actively and positively plan how to shift from testing to implementation.

The iPARIHS framework suggests that implementation works best when facilitation is planned, evidence is useful locally, and the context supports change. Teams need people who can coach others, solve problems, and link learning into decision-making.

The NHS IMPACT work in England points to similar foundations: shared purpose, people and culture, leadership, improvement skills, and management systems. These help organisations implement more consistently and sustain benefits over time.

The Green Book adds that implementation plans should also show strategic fit, value for money, affordability, and deliverability. This is especially helpful when considering fairness, inequality, and place-based impact.

## Endnotes

Main sources from the 'Scottish Approach to Change Reading List' ([LINK: XYZ](#)) for this section include Harvey G, Kitson A. (2016) - PARIHS revisited: from heuristic to integrated framework for the successful implementation of knowledge into practice; Burgess and Downham (2025) - Evaluating the Impact of NHS IMPACT; HM Treasury (2020), *The Green Book*.

# Embed and Sustain

## Purpose and rationale

This step is about protecting the gains. It focuses on making the change part of routine practice, governance, and culture, while keeping the model under review so it stays effective over time.

## What the evidence says

Evidence suggests that sustainability often depends on what happens inside organisations. Key factors include leadership, staff support, training, supervision, and stable staffing. Wider issues such as funding and policy also matter but are often addressed less well.

Evidence also shows that few studies follow up on change for more than five years. This suggests that long-term success cannot depend on early enthusiasm alone and must be built into routine management and governance from the start.

Evidence confirms sustainability tools can help, but only if they are used consistently. A strong quality management system gives change a clear home by linking strategy, improvement, control, and assurance. Tools such as standard work, visual management, and leadership routines can help stop drift and support ongoing improvement.

## Endnotes

Main sources from the 'Scottish Approach to Change Reading List' ([LINK: XYZ](#)) for this section include Zurynski et al (2023) - Built to last? Barriers and facilitators of healthcare programme sustainability; Lennox L, Linwood-Amor A, Maher L, Reed J. (2020) - Making change last? Exploring the value of sustainability approaches in healthcare: a scoping review. Health Res Policy Syst; .Q Community, *Quality Management Systems: Resources to Help You Get Started*.

# Review for Spread

## Purpose and rationale

This step helps teams decide whether a change should spread, where it is most likely to work, and what support is needed to introduce it elsewhere. It also begins the next cycle of change in a new context.

## What the evidence says

The Evidence on spread and scale-up shows that successful spread is not just about sharing a model. It depends on support systems that help local teams adopt and adapt the change in real settings.

Evidence included in the Health Foundation's 'Spread Challenge' shows that success should be judged by uptake across different contexts, not just by reaching more sites. Spread works best when teams are clear about what must stay the same, what can change, and what support is needed.

There are many different models and examples of guidance on achieving spread. The NASSS approach for digital or pathway-wide changes is one example; it helps predict where spread may fail, such as system readiness, organisational complexity, or wider policy and funding barriers. These risks should be planned for before wider roll-out.

## Endnotes

Main sources from the 'Scottish Approach to Change Reading List' ([LINK: XYZ](#)) for this section include Papoutsis, Greenhalgh & Marjanovic (2024) - Approaches to Spread, Scale Up, and Sustainability; Tim Horton, John Illingworth and Will Warburton (2018) - The spread challenge: How to support the successful uptake of innovations and improvements in health care; James et al. (2021) - Spread, Scale up, and Sustainability of Video Consulting in Health Care .

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