



Healthcare
Improvement
Scotland

Citizens' Panel for health and social care

Survey on planning for healthcare services

June 2026

CP17



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Published June 2026

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Foreword

I am pleased to introduce the seventeenth Citizens' Panel report for health and social care in Scotland. This survey explores public views and experiences of **planning for healthcare services**, offering insight into how people understand planning decisions, how aware they are of changes affecting them and their communities, and the extent to which they feel involved in shaping those decisions.



The Citizens' Panel continues to be an important means of hearing directly from people across Scotland. The findings

in this report reflect the views of over 600 Panel members from all 32 local authority areas, providing a robust and representative picture of public perspectives. These insights are particularly valuable at a time when health and social care services are facing significant pressures and complex decisions about how best to plan and deliver care.

The findings highlight strong public interest in healthcare planning, alongside relatively low awareness of planning decisions and limited experience of involvement. Panel members express a clear wish to be better informed, to understand where and how decisions are made, and to be involved early and meaningfully—especially where changes affect their care, families or communities. There is also a clear expectation that planning decisions should be transparent, person-led and grounded in local need and accessibility.

This report provides important insight for NHS Boards, Health and Social Care Partnerships and national and sub-national bodies, supporting reflection on how planning, communication and engagement can be strengthened to better reflect public priorities.

I would like to thank all Citizens' Panel members for taking the time to share their views on this important topic. I am also grateful to the People's Experience Volunteers and Public Partners who supported the development of the survey, to Craigforth for undertaking the research, and to colleagues across Healthcare Improvement Scotland who contributed to this work.

We hope this report supports constructive discussion and practical action to improve how healthcare services are planned, communicated and shaped with people and communities at the centre.

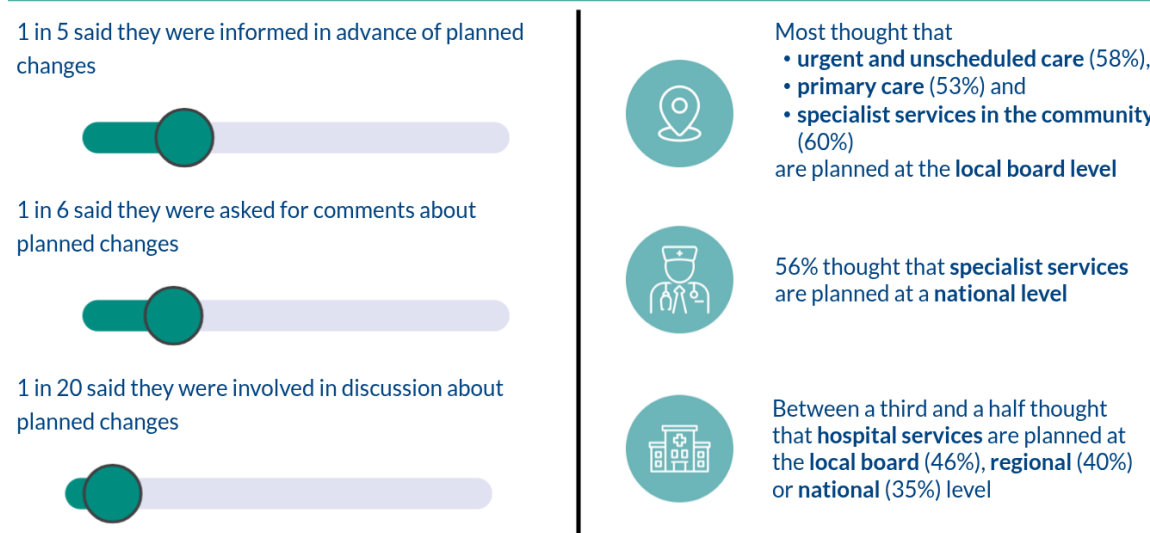
Suzanne Dawson
Chair, the Scottish Health Council

Citizens' Panel for Health and Social Care

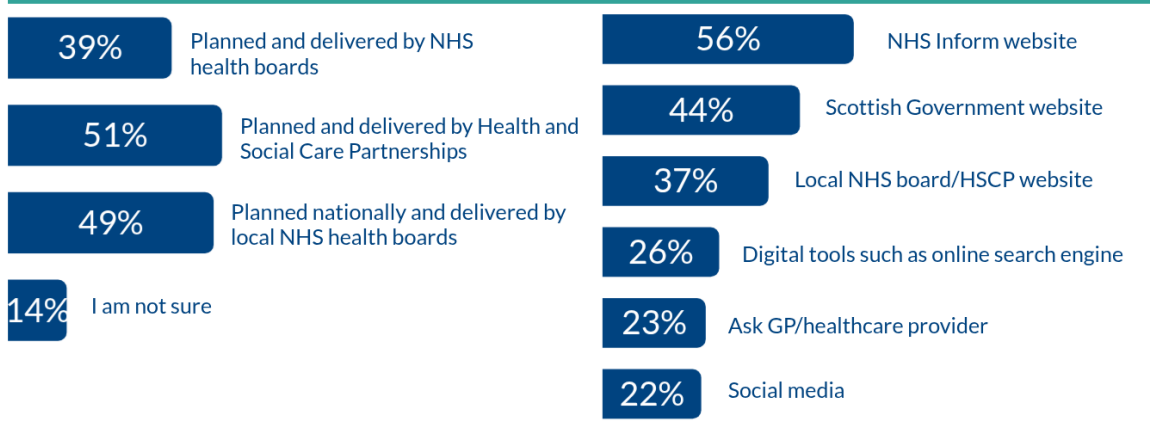
This infographic summarises the key findings from the seventeenth survey. We asked questions about: **planning for healthcare services.**

In total 603 Panel members responded to the survey by post, email or phone, which represents a 56% response rate.

Planning for healthcare services



How people think services are planned and delivered



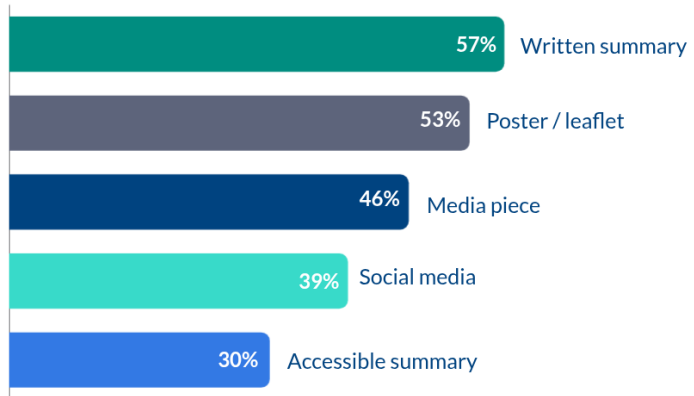
When is it important for people to be involved in planning decisions?



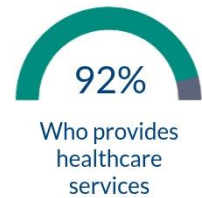
Public interest in healthcare planning decisions and information source preference



- Very interested 54%
- Somewhat interested 41%
- Not very interested 4%
- I don't know 1%



What is important to the public



What would you want those who make planning decisions to be thinking about when planning healthcare services?

Accessibility	People-Led	Efficiency and value	Local need
<p>"Be realistic about the challenges of accessing services when living in rural and distant communities."</p> <p>"Access to healthcare service without having to wait months upon months."</p>	<p>"People-led. What fits one doesn't always fit another so has to be fluid."</p> <p>"Consideration for the vulnerable, those not capable of using technology."</p>	<p>"Early diagnosis / intervention could save money and pain."</p> <p>"How to prevent waste, use the money saved to provide more efficient care."</p>	<p>"Investigate feelings of locals initially."</p> <p>"That they are accessible locally without having to travel to another site."</p>

Executive Summary

Background

The Citizens' Panel for Health and Social Care was established in 2016 as a nationally representative body of citizens. The Panel is an important means of capturing the views of a cross-section of the Scottish public, with regular engagement exercises over its lifespan having informed decisions about health and social care policy and services.

Panel membership is set at a level to support statistically robust analysis at a Scotland level. There were 1,081 active members across all 32 local authority areas at the time of the present survey. Membership is regularly refreshed (most recently in spring 2025) to ensure the Panel is representative of the wider population, and to boost under-represented locations or population groups. A profile of the Panel members is appended to this report.

This report presents findings from the seventeenth Citizens' Panel survey, conducted between December 2025 and February 2026. The survey sought views on planning for healthcare services.

A total of 603 survey responses were received, equivalent to a response rate of 56 %. This is sufficient to support robust analysis with overall results accurate to ± 4.0 %.¹ Key findings are summarised over the following pages. The body of this report sets out findings in more detail, and a profile of survey responses is appended.

Key findings

This report shows that people strongly want to be involved in the planning of healthcare services. This is particularly important at a time when new ways of planning services at a national and sub-national level are emerging. Findings from this report show the population wants to know where and when decisions are being made, what the impact of decisions will be on communities, and crucially how they can be involved in planning activities.

Awareness and involvement in service planning

Panel members were asked about their awareness of and involvement in planning of healthcare services. Key findings are summarised below.

- Around 1 in 7 respondents (13 %) were aware of planned changes to healthcare services that have or would affect them or their community
- Around a fifth of those who were aware of planned changes indicated that they were informed in advance, around 1 in 6 were asked for comments or feedback, and around 1 in 20 had been involved in discussions about planned changes

¹ Based on a 50% estimate at the 95% confidence interval.

- Around 1 in 10 respondents (9 %) had been involved or had influenced the planning of healthcare services.

How healthcare services are planned

Panel members were asked where they think planning decisions for different healthcare services are currently made. Key findings are summarised below.

- Most thought that the following services are planned at the local board level: urgent and unscheduled care services (58 %), primary care services (53 %) and specialist services provided in the community (60 %)
- Most thought that specialist services are planned at a national level (56 %)
- Between a third and a half, thought that hospital services are planned at the local board (46 %), regional (40 %) or national (35 %) level.

In terms of how planning decisions are currently made, Panel members were most likely to think that healthcare services are planned and delivered by Health and Social Care Partnerships (51 %) or are planned nationally and delivered by local Health Boards (49 %).

Nearly all respondents (99 %) felt that it is important for planners to consider how planned healthcare service changes will affect patients, carers and families. A large majority felt that it is important that public and patients are involved in planning decisions about healthcare services, especially when a planning decision affects their community (87 %) or affects services in their area (83 %).

A large majority (95 %) were interested in planning decisions for healthcare services that are relevant to them. The most commonly preferred options to receive information about healthcare planning decisions were written summary (57 %), a poster or leaflet (53 %), media piece (46 %) or short video (41 %).

Recommendations

All organisations involved in planning health and social care services in Scotland should use the findings from this Citizens' Panel report to inform and strengthen how they involve the public in planning activities. Healthcare Improvement Scotland should work with partners to consider how to take forward the specific points raised. Taken together, these actions aim to improve public understanding of healthcare planning, strengthen communication, and support more meaningful public and patient involvement in ways that reflect the priorities expressed by Panel members.

- **Use Citizens' Panel findings to inform planning approaches**
- **Improve public understanding of how planning decisions are made**
- **Strengthen early and meaningful public involvement**
- **Improve the accessibility and consistency of communication**
- **Build understanding of how people want to contribute**

Chapter 1: Introduction

This report presents findings from the seventeenth survey of the Citizens' Panel for health and social care.

Survey content

This survey focused on planning for healthcare services. Questions were developed by Healthcare Improvement Scotland. Draft questions were tested with members of the public, and final questions refined based on feedback. A copy of the survey questionnaire is provided at [Appendix 1: Survey questionnaire](#).

Survey fieldwork and response

The survey was issued to all 1,081 Panel members, with fieldwork running from week commencing 15 December 2025 to 6 February 2026. Survey methodology was based on members' communication preferences with a mix of email and postal surveys issued. However, all members had the opportunity to respond online, by post or by telephone.

A total of 603 responses were received by survey close, equivalent to a response rate of 56 %. This is a positive response, and crucially is sufficient to support statistically robust analysis at a national level. Overall survey results are accurate to ± 4.0 % based on a 50 % estimate at the 95 % confidence interval.

The profile of survey respondents is summarised at [Appendix 2: Profile of response](#). This indicates that survey responses under-represent those aged under 45, and those living in social or private rented accommodation. This is largely due to the profile of the Citizens' Panel membership as a whole, which under-represents these groups relative to the Scottish population. Survey data was weighted by age and housing tenure to minimise the impact of this imbalance.

It is also important to note that the Citizens' Panel may under-represent other groups who are at higher risk of exclusion. For example, national research² has identified a range of 'seldom heard groups' who experience psychological and learning barriers to take-up of social programmes. It is reasonable to assume that these barriers may also impact engagement with research processes. 'Seldom heard groups' include people with physical or mental health impairments, people with learning disabilities, vulnerable people, care experienced people, people from minority ethnic communities, mobile populations, and people with trauma experience. These groups may have different experiences of the issues being considered by Citizens' Panel surveys, and this should be borne in mind when interpreting survey findings.

² Scottish Government, ScotCen (2024), [Research into seldom-heard groups within the Scottish social security system](#).

Survey results

The report presents frequency results for 'closed' survey questions. Percentages are rounded to the nearest whole number and for some questions this means that percentages may not sum to 100 %. Similarly, aggregate figures (eg percentage of respondents answering 'strongly agree' or 'agree') may not sum to results presented in figures and tables. The total number of respondents to each question is shown as the 'base' or 'n: XXX'. This may vary due to question non-response, including where respondents are 'routed' past questions based on their previous answers.

Framework analysis has been used for open-ended responses to ensure a systematic approach. This involves identification of common themes through an initial review of written responses, with themes translated into discreet codes to be applied across the full set of written comments. Responses can be assigned more than one code where multiple points are raised. We also present illustrative direct quotes from written survey responses—these may have been lightly edited for clarity and brevity.

The remainder of the report presents survey findings on each topic in turn, with conclusions and recommendations set out at the end of each chapter. Analysis of survey findings has been produced by Craigforth, while conclusions and recommendations have been formulated by Healthcare Improvement Scotland.

Chapter 2: Awareness and involvement in service planning

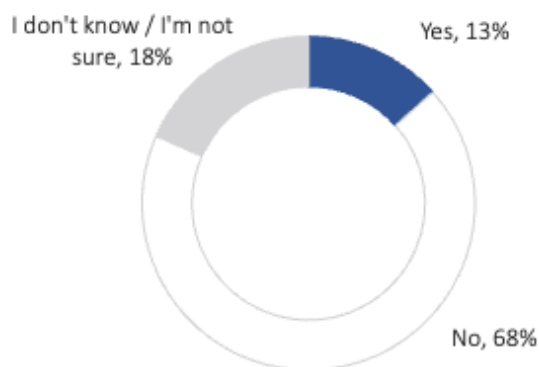
Before asking questions on the topic of healthcare planning the following definition was given to Citizens' Panel members:

“This survey focuses on planning for healthcare services. Planning is the process of setting goals, defining strategies and allocating resources to meet the health needs of the population. Planning includes developing long-term goals and deciding on short-term day-to-day actions to deliver care effectively. The aim is to ensure that healthcare services are delivered efficiently, equitably and make best use of resources. When we ask you questions about planning, this is what we mean. When we ask about planning decisions, we mean decisions that change the way healthcare is provided.”

The first part of the survey asked about Panel members' awareness of and involvement in planning of healthcare services.

Around 1 in 7 respondents (13 %) were aware of planned changes to healthcare services that have or would affect them or their community. Around two thirds (68 %) were not aware of any planned changes, and around a fifth (18 %) were unsure.

Q1. Are you aware of any planned changes to healthcare services that have affected, or would affect, you or your community?



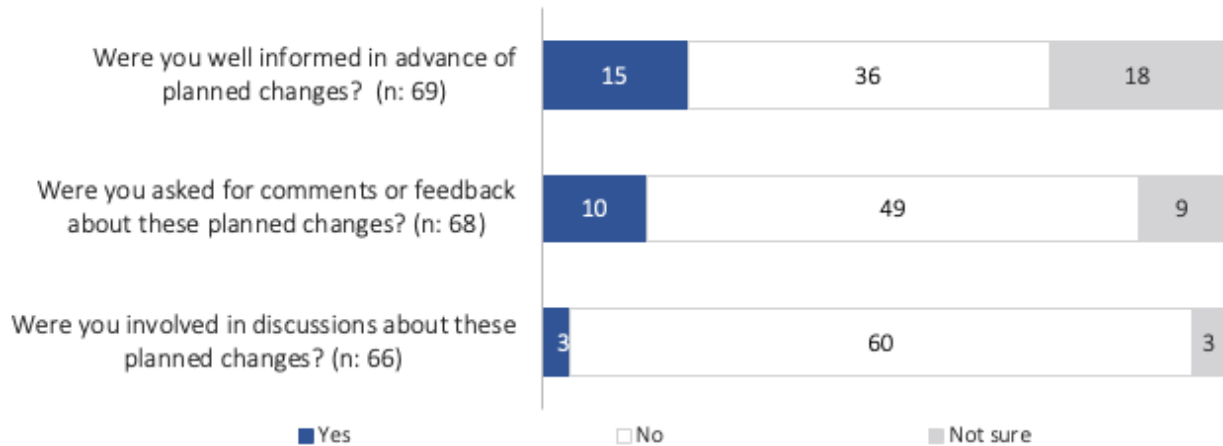
Base: 596.

Those who were aware of planned changes to healthcare services were asked to answer a series of questions about the most recent time they were aware of planned changes. Note that a relatively small minority of respondents answered these questions; base figures are provided in the figure over the page.

Key findings are summarised below.

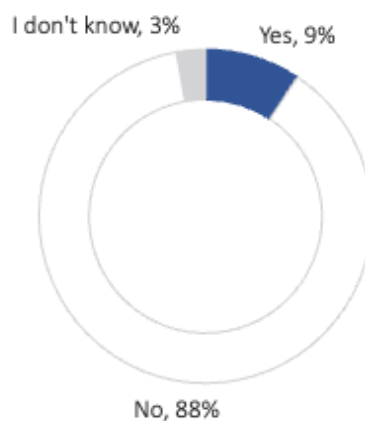
- Around a fifth of respondents (15 of 69) indicated that they were informed in advance of planned changes
- Around 1 in 6 respondents (10 of 68) indicated that they were asked for comments or feedback about planned changes
- Around 1 in 20 respondents (3 of 66) indicated that they had been involved in discussions about planned changes.

Q2. If you are aware of more than one planned change, think about the most recent time you were aware of planned changes that have affected, or would affect, you or your community.



Around 1 in 10 respondents (9 %) indicated that they had been involved or had influenced the planning of healthcare services, for example being asked about their experience of a service to inform planning or being asked to comment on plans.

Q3. Have you ever been involved in or influenced the planning of healthcare services?



Base: 553. Note respondents were instructed not to include any professional work or their contributions as a Citizens' Panel member.

Chapter 3: How healthcare services are planned

The second part of the survey asked a series of questions relating to how healthcare services are planned. This included understanding and perceptions of how services are planned, and involving the public and patients in service planning.

Perceptions of how healthcare services are planned

Panel members were first asked where they think planning decisions for different healthcare services are currently made. Key findings are summarised below.

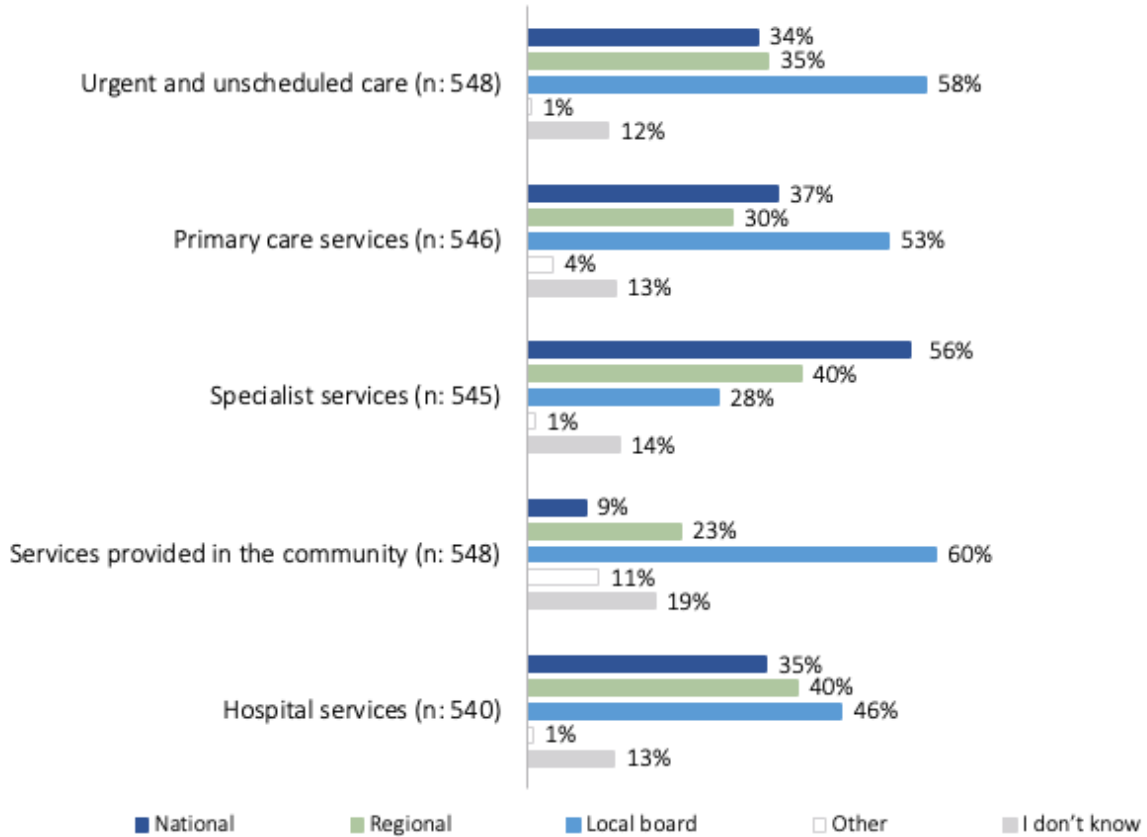
- For urgent and unscheduled care services (such as Minor Injuries or A&E), respondents were most likely to think that these are planned at the local board level (58 % indicated this). Around a third also thought that these services are planned at a national (34 %) or regional (35 %) level.
- For primary care services (such as GP services), respondents were most likely to think that these are planned at the local board level (53 % indicated this). A further 37 % thought that these services are planned at a national level, and 30 % at regional level.
- For specialist services (such as cancer care), respondents were most likely to think that these are planned at a national level (56 % indicated this). A further 40 % thought that these services are planned at a regional level, and 28 % at local board level.
- For specialist services provided in the community (such as community days or befriending services), respondents were most likely to think that these are planned at the local board level (60 % indicated this). A further 23 % thought that these services are planned at a regional level.
- For hospital services (such as testing or treatment), between a third and a half of respondents thought that these are planned at the local board (46 %), regional (40 %) or national (35 %) level.

A small number of respondents mentioned 'other' healthcare service planning decisions. The survey asked these respondents to indicate which services they were thinking of, and where planning decisions are made (other than the options listed at Q4).

- Other types of healthcare services mentioned by respondents most commonly related to community level services provided by third sector agencies. Respondents mentioned specific examples including cancer care services, alcohol and drugs services, foot care, and respite, befriending or other support services. There was also reference to planning of private sector healthcare services.

- In terms of where decisions are made, these respondents referred to joint Health Boards, partnerships between Health Boards and local authorities, local authority level decisions (such as for local maternal and infant feeding committees, and voluntary services), and GP practice or health centre level decisions.

Q4. Where do you think planning decisions for the below healthcare services are currently made?

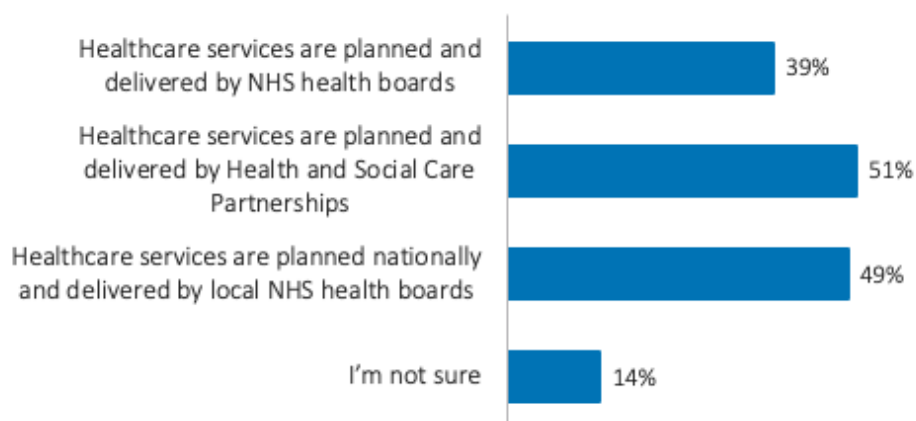


Note respondents could select multiple options.

Panel members were also asked which of three statements reflected how they think planning decisions are currently made for healthcare services.

Respondents were able to select more than one option, and it is notable that more than 2 in 5 selected two or more of the statements. The most commonly selected were that healthcare services are planned and delivered by Health and Social Care Partnerships (51 %) or are planned nationally and delivered by local Health Boards (49 %).

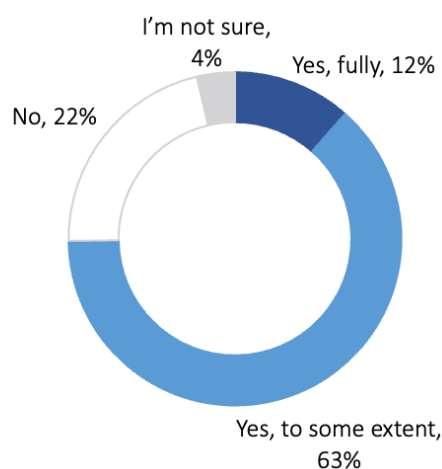
Q5. Which of the following do you think reflect how planning decisions about healthcare services are made currently?



Base: 551. Note respondents could select multiple options.

Three quarters of respondents (75 %) were aware that some healthcare services are planned nationally or regionally, rather than separately in each local area. This included 12 % who were fully aware of this, and 63 % who were aware to some extent. A little more than a fifth of respondents (22 %) were unaware of this.

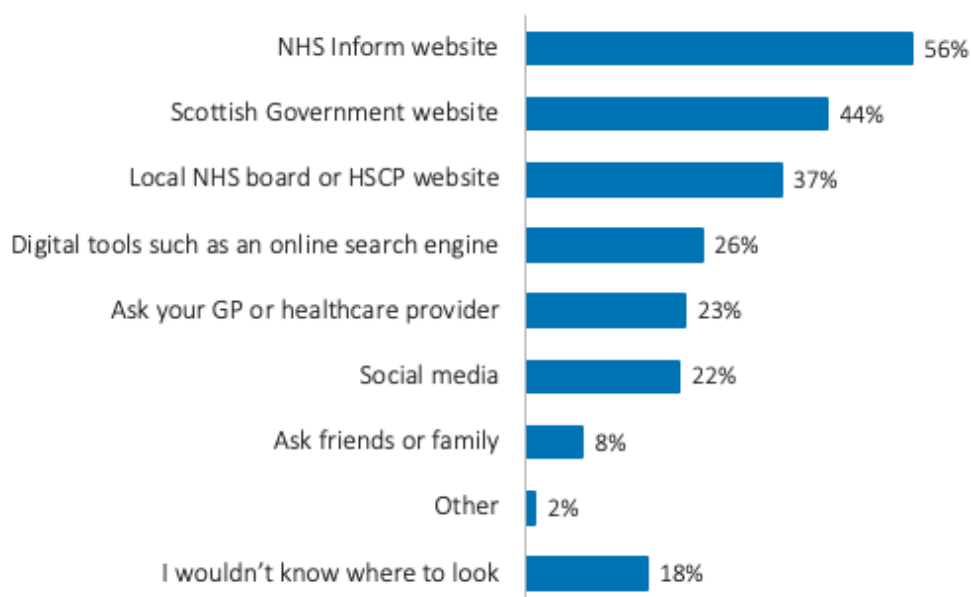
Q6. Before today, were you aware that some healthcare services are planned on a national or regional basis, instead of separately in each local area?



Base: 546.

If they were looking for information about planning decisions and changes to healthcare services, respondents would be most likely to use the NHS Inform website (56 % indicated this). A substantial proportion would also look for information via the Scottish Government website (44 %) or local NHS board or Health and Social Care Partnership (HSCP) website (37 %). Around a fifth of respondents (18 %) wouldn't know where to look for this information.

Q7. Where would you look for information about planning decisions and changes to healthcare services?



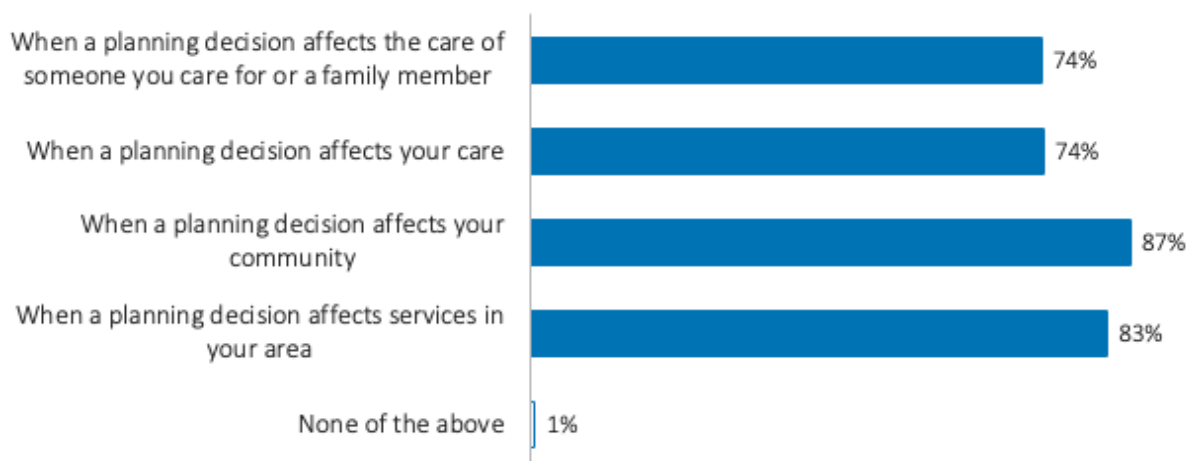
Base: 545. Note respondents could select multiple options.

Involving public and patients in service planning

Panel members were asked for their views on when it is important to involve public and patients in planning decisions about healthcare services. The majority of respondents felt that it is important that public and patients are involved in all of the circumstances listed below:

- When a planning decision affects their community (87 % selected this)
- When a planning decision affects services in their area (83 %)
- When a planning decision affects the care of someone they care for or a family member (74 %)
- When a planning decision affects their own care (74 %).

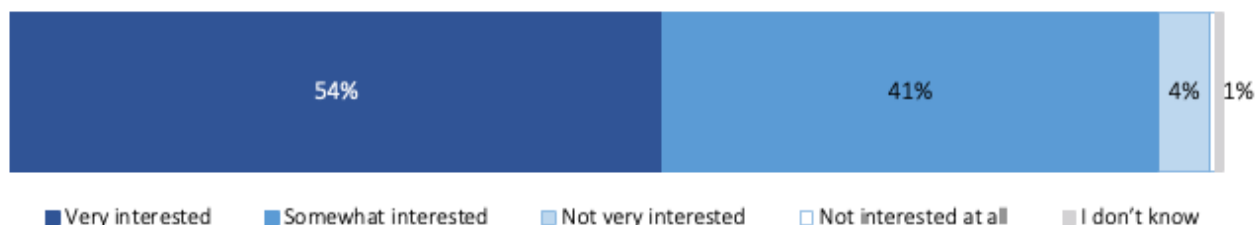
Q8. Planning decisions about healthcare services are made every day. When is it important that public and patients are involved?



Base: 543. Note respondents could select multiple options.

A large majority of respondents (95 %) were interested in planning decisions for healthcare services that are relevant to them, including more than half (54 %) who were ‘very interested’. Very few respondents (4 %) were not very interested in this.

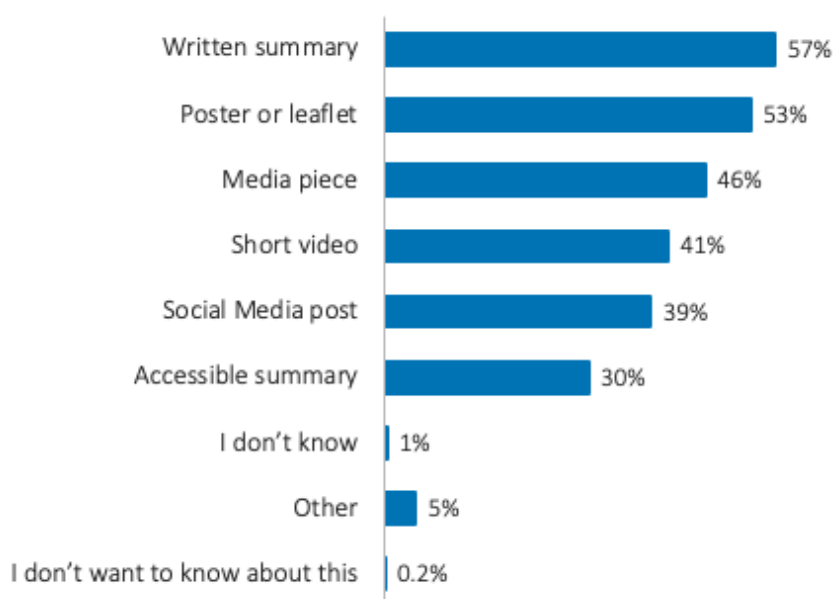
Q9. How interested are you in the planning decisions for healthcare services that are relevant to you?



Base: 543.

The most commonly preferred options to receive information about planning decisions in the healthcare services that are relevant to them were written summary (selected by 57 %), a poster or leaflet (53 %), media piece (46 %) or short video (41 %).

Q10. It is important that you know about planning decisions in the healthcare services that are relevant to you—how would you like to find out about these?



Base: 543. Note respondents could select up to three options.

The survey asked Panel members to provide up to three words or phrases that describe their view on how planning decisions are currently made for NHS Scotland healthcare services.

Respondents were most likely to provide words and phrases related to local decision-making and consultation (29 % of those providing comment) and finances and resourcing (26 %). This included a mix of positive and negative examples. Other common themes included quality of planning (19 %), transparency and accessibility (17 %), communication and information (10 %) and political (10 %).

Q11. When you think about how planning decisions are currently made for NHS Scotland healthcare services, what are the three words or phrases that best describe this for you?

Theme and examples	%
Local decision-making, consultation 'Local', 'regional', 'local health board', 'community', 'locality', 'centralised', 'top-down', 'distant', 'remote', 'non-consultative', 'infrequent', 'lack of consultation'	29 %
Finances, resourcing 'Cost', 'money at the heart', 'budget influenced', 'cost saving', 'money driven', 'efficiency', 'sustainable', 'staffing levels', 'staff shortages', 'resources'	26 %
Quality of planning 'Evidence-based', 'prioritising needs', 'service improvement', 'targeted', 'progressive', 'effective', 'ill-informed', 'bureaucratic', 'inefficient', 'disjointed', 'short-term', 'reactive'	19 %
Transparency, accessibility 'Accessible', 'openness', 'transparent', 'honesty', 'all parties involved', 'inclusive', 'opaque', 'behind closed doors', 'unclear', 'uninformative', 'not enough publicity'	17 %
Communication and information 'Communication', 'explained', 'easy to read and understand', 'simple language', 'lack of communication', 'poor communication', 'jargon NHS speak'	10 %
Political 'Political', 'government driven', 'too political', 'politically motivated', 'government spin'	10 %

Base (number of respondents providing written comment): 329.

Panel members were also asked for up to three words or phrases that describe how they would like planning decisions to be made for NHS Scotland healthcare services.

Written comments identified a range of common themes, and there was some overlap with those listed above at Q11. Respondents were most likely to provide words and phrases related to transparency and accessibility (27 % of those providing comment), public consultation (21 %), and local decision-making (19 %). Other common themes included clear communication (16 %), evidence-based and practicable (15 %), efficiency and value (14 %) and inclusivity and fairness (13 %).

Q12. When you think about how you would like planning decisions to be made for NHS Scotland healthcare services, what are the three words or phrases that best describe this for you?

Theme and examples	%
Transparency, accessibility 'Transparent', 'open and honest', 'accessible for all', 'easy to access', 'accessibility for all', 'convenient'	27 %
Public consultation 'Community involvement', 'consultation with stakeholders', 'public consultation', include public in decision-making'	21 %
Local decision-making 'Local', 'local decisions', 'community', 'local level', 'locally delivered', 'done by local consensus'	19 %
Clear communication 'Clear', 'in plain English', 'easy to understand', 'well communicated'	16 %
Evidence-based, practicable 'Evidence-based', 'informed by professionals', 'research based', 'doctors not management', 'practicality', 'realistic'	15 %
Efficiency, value 'Efficient', 'cost effective', 'value for money', 'best use resources'	14 %
Inclusivity, fairness 'Inclusive', 'fair', 'equality', 'equitable'	13 %
Person-led, caring 'Person-led', 'Put the patient first', 'compassionate', 'considerate', 'caring'	10 %
Collaborative 'Collaborative', 'joined up', 'co-designed with patients, staff, and community'	6 %

Base (number of respondents providing written comment): 318.

Nearly all respondents (99 %) felt that it is important for planners to consider, when planning healthcare services, how changes will affect patients, carers and families. This included 95 % of respondents who felt that this is 'very important'.

Q13. When planning healthcare services, how important is it for planners to consider how changes will impact on patients, carers and families?

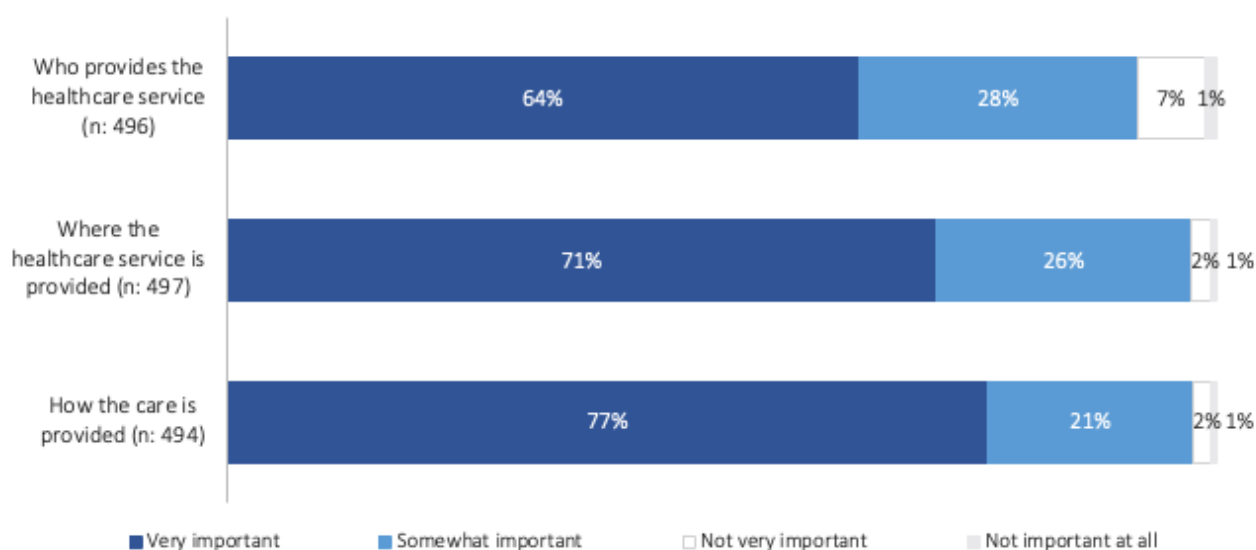


Base: 499.

Panel members were asked what is important about their and their family’s NHS Scotland healthcare. All of the considerations listed at Q14 below were rated as important by a large majority of respondents:

- How care is provided was rated as important by 97 %, and ‘very important’ by 77 %
- Where the service is provided was rated as important by 97 % (‘very important’ by 71 %)
- Who provides the service was rated as important by 92 % (‘very important’ by 64 %).

Q14. When thinking about your NHS Scotland healthcare and that of your family and those you might care for, how important are the below?



The final survey question invited Panel members to say what they would want those who make planning decisions to think about when planning healthcare services. Respondents were invited to provide written comment; key themes and illustrative quotes for the most common themes are provided below.

There was some overlap with themes listed above at Q11 and Q12. The most common themes raised by respondents were accessibility (24 % of those providing comment), person-led (19 %), local need (16 %) and efficiency and value (13 %).

Q15. What would you want those who make planning decisions to be thinking about when planning healthcare services?

Themes	%
Accessibility Access, waiting times, transport, location, rural and island access, digital exclusion.	24 %
Person-led Person-centred, dignity, compassion, lived experience, vulnerability, welfare, impact for families, carers, emotional impact.	19 %
Local need Local services, community, local knowledge, rural areas, geography, inequitable access, travel distance.	16 %
Efficiency and value Resources, funding, value for money, waste, staffing, sustainability.	13 %
Effectiveness Evidence-based, clinical input, staff expertise, research, prevention, early diagnosis, health promotion, joined-up, integrated, continuity.	11 %
Communication Clarity, plain language, explanation, information sharing.	8 %
Equity and inclusion Equitable, fairness, inclusion, disability, neurodiversity, vulnerable groups	4%

Base (number of respondents providing written comment): 298.

'Ability and capacity of patients to access services they need.'

'Access to healthcare service without having to wait months upon months.'

'More long or different opening hours, able to attend without having to take unpaid leave.'

'Available GP appointments, user involvement, proximity and transport issues for patients.'

Accessibility

'Is it accessible to all including those vulnerable or without IT skills.'

'Be realistic about the challenges of accessing services when living in rural and distant communities.'

'Consider the daily reliance of patients, families, and staff on the system. Evaluate whether proposed decisions genuinely address their needs and resolve patient and staff issues.'

'Person centred. What fits one doesn't always fit another so has to be fluid.'

'Asking the people who actually use the services (and their carers, family members...) how these can be improved or changed for the better.'

Person-led

'Consideration for the vulnerable, those not capable of using technology.'

'Just have the welfare of the patients at heart.'

'Investigate feelings of locals initially.'

'The size of community, ages of residents, transport links, accessibility.'

'Ensure planning decisions consider local concerns, especially rural transport challenges.'

'Listen to what local people say, together with doctors, health visitors, community nurses, pharmacies and patients.'

Local need

'That they are accessible locally without having to travel to another site.'

'Provide more local services in surgeries - physio, podiatry, well-being clinics, women & men, etc.'

'The greatest good with limited resources to benefit the most patients and carers.'

'How to prevent waste, use the money saved to provide more efficient care.'

'Planning decisions should prioritise equity, prevention, and long-term population needs, not just short-term cost and activity.'

'How to provide the best possible service within well-defined budgetary constraints.'

Efficiency, value

'Availability of treatment and drugs without costs being a primary factor.'

'Early diagnosis/intervention could save money and pain.'

Chapter 4: Conclusions and Recommendations

Conclusions

The findings highlight strong public interest in planning decisions for healthcare services, with the vast majority of respondents interested in decisions that are relevant to them, their families or their communities. There is a clear expectation that people should be informed about, and involved in, planning decisions that affect their care, local services or access. This is already highlighted in [Planning with People: Community Engagement and Participation Guidance](#) and recommended within the [Scottish Approach to Change](#). The findings broadly reflect issues that planners will already recognise in practice, providing robust and nationally representative evidence to support existing understanding.

In practice, however, awareness of and involvement in planning remain limited. Only a small minority of respondents were aware of planned changes to healthcare services affecting them or their community, and even fewer reported being informed in advance, asked for feedback or involved in discussions. Direct involvement in planning decisions was uncommon, indicating a gap between public interest and lived experience of engagement.

Respondents showed varying levels of understanding about where and how planning decisions are made, depending on the type of service. While many recognised that some services are planned nationally or regionally, there was notable uncertainty, particularly around hospital services. This points to a broader knowledge gap about planning responsibilities and decision-making processes within a complex, multi-agency system, where responsibilities for planning and commissioning are shared across organisations.

This uncertainty is especially important in the context of increasing sub-national and regional planning. The findings suggest that changes to how services are planned present both a challenge and an opportunity: a challenge in terms of ensuring public understanding keeps pace with changing arrangements, and an opportunity to be clearer with people about where decisions are made and how they can engage with them.

There is strong consensus that planning decisions should be person-led and grounded in local need. Respondents consistently emphasised accessibility, person-centred care, fairness and efficient use of resources. These priorities were reflected across both quantitative and qualitative findings. While these priorities are well established, the findings do not in themselves explain why they are not consistently realised in practice, and achieving them may continue to be influenced by factors such as capacity, capability and competing priorities across the system.

Respondents also expressed strong preferences for how information about planning decisions should be communicated, favouring clear, accessible information delivered through multiple channels, including written summaries, leaflets, media coverage and short videos. While the findings provide a clear template for preferred communication formats, they offer less insight into how people would like to contribute to decision-making itself, suggesting a need for further learning in this area.

Taken together, the findings provide clear evidence of an existing gap between public expectations and current experience, and offer a strong evidence base to support collective efforts across national, regional and local partners to address this.

Recommendations

All organisations involved in planning health and social care services in Scotland (Scottish Government, NHS Boards and Health and Social Care Partnerships NHS Boards, national and sub-national bodies) should use the findings from this Citizens' Panel report to inform and strengthen how they involve the public in planning activities. Healthcare Improvement Scotland should work with partners to consider how to take forward the specific points raised. Taken together, these actions aim to support a collective effort across NHS Boards, Health and Social Care Partnerships and national and sub-national bodies to improve public understanding, strengthen communication, and support more meaningful public and patient involvement.

Use Citizens' Panel findings to inform planning approaches

Organisations involved in planning health and social care services should use the Citizens' Panel findings to review and improve their approaches to planning, engagement and communication. These findings reinforce and provide additional evidence to support ongoing work and ambition across the system. This includes reflecting on how current arrangements align with public expectations, particularly around awareness, involvement and transparency. Healthcare Improvement Scotland should support this by facilitating shared learning and discussion across national, regional and local partners. This should include alignment with existing frameworks such as *Planning with People* and the *Scottish Approach to Change*, ensuring that approaches to planning, engagement and communication are consistent with national expectations and good practice.

Improve public understanding of how planning decisions are made

Health and social care organisations involved in planning should take steps to improve how they explain where and how decisions are made across national, regional and local levels, recognising current gaps in public understanding. This should include providing clear explanations of how different types of services are planned and commissioned, including the roles of NHS Boards, Health and Social Care Partnerships and other partners, and how decisions are made across these arrangements. Healthcare Improvement Scotland should

work with partners to support more consistent approaches to communicating this information.

Strengthen early and meaningful public involvement

Health and social care organisations should ensure that public and patient involvement takes place earlier and more meaningfully within planning processes, particularly where decisions affect services, access, or communities. This should be consistent with the *Scottish Approach to Change* and the principles set out in *Planning with People*, including a proportionate approach to engagement that reflects the scale and impact of proposed changes. Healthcare Improvement Scotland should support partners to reflect on and develop approaches that enable earlier and more meaningful engagement in practice. Engagement approaches should take account of the potential impact on patients, families, carers and communities, ensuring that the level and type of involvement is appropriate to the significance of decisions being made.

Improve the accessibility and consistency of communication

Health and social care organisations should strengthen how they communicate planning decisions and changes, ensuring information is clear, accessible, and available through a range of formats that reflect public preferences. This should support ongoing public understanding of changing planning arrangements over time, particularly in the context of evolving subnational models. This should also include ensuring that relevant Equality Impact Assessments are undertaken to support inclusive communication and engagement, and that approaches are accessible to a wide range of groups and communities. Healthcare Improvement Scotland should work with partners to promote more consistent and accessible approaches to communication across Scotland.

Build understanding of how people want to contribute

Health and social care organisations should further develop their understanding of how people want to be involved in decision-making, including what meaningful involvement looks like in practice across different contexts and communities. Healthcare Improvement Scotland should support this through ongoing learning, including future engagement activity and sharing of practice across the system, supporting wider learning and continuous improvement.

Appendix 1: Survey questionnaire



Citizens Panel 17

Welcome to the latest Citizens' Panel survey! The survey includes questions on **planning for healthcare services**.

If you have any questions about the survey or Citizens Panel, please contact Craigforth's survey team on citizenspanel@craigforth.co.uk or 0800 033 4843. You can also complete the survey online by scanning the QR code or following the link.



There are no wrong answers to these questions. We are interested in your personal responses, thoughts and experiences on this topic. Your answers are confidential and all views will be made anonymous. Please skip any questions you do not wish to answer.

Planning for healthcare services

In the future, planning for NHS Scotland healthcare services may be done differently. For example, some services may be planned for the whole population at a national level, instead of locally or regionally by each health board.

This survey focuses on planning for healthcare services. Planning is the process of setting goals, defining strategies and allocating resources to meet the health needs of the population. Planning includes developing long-term goals and deciding on short-term day-to-day actions to deliver care effectively. The aim is to ensure that healthcare services are delivered efficiently, equitably and make best use of resources. When we ask you questions about planning, this is what we mean. When we ask about planning decisions, we mean decisions that change the way healthcare is provided.

We want to find out your views and experiences on this. Please don't worry if you feel you don't know enough about this topic. Your answers will help us improve things for future.

1 Are you aware of any planned changes to healthcare services that have affected, or would affect, you or your community?

- Yes
- No – go to Q3
- I don't know / I'm not sure – go to Q3

2 If you are aware of more than one planned change, think about the most recent time you were aware of planned changes that have affected, or would affect, you or your community.

When these changes were planned, were you:

	Yes	No	Not sure
Well informed in advance of planned changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asked for comments or feedback about these planned changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Involved in discussions about these planned changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3 Have you ever been involved in or influenced the planning of healthcare services? This could include being asked about your experience of a service to inform planning or being asked to comment on plans. Do not include any professional work or your contributions as a Citizens' Panel member.

- Yes
- No
- I don't know

4 Where do you think planning decisions for the below healthcare services are currently made? Select all that apply - we know that you may not be certain about this, just tell us what you think.

Planning decisions are decisions that change the way healthcare is provided. Please keep in mind that where planning decisions are made might be different to where services are delivered.

	National	Regional e.g. planned by networks and provided across regions	Local board e.g. NHS Lothian	Other	I don't know
Urgent and unscheduled care, for example Minor Injuries or A&E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary care services, for example GP services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialist services, for example cancer care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Services provided in the community, e.g. by the voluntary sector such as community days or befriending services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital services, for example for testing or treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you selected “other” at Q4, please explain here. Which healthcare services are you referring to and where are planning decisions made beyond the options above?

5 Which of the following do you think reflect how planning decisions about healthcare services are made currently? Select all that apply - we know you may not be certain about this, just tell us what you think.

- Healthcare services are planned and delivered by NHS health boards
- Healthcare services are planned and delivered by Health and Social Care Partnerships, which are joint arrangements between NHS health boards and local councils
- Healthcare services are planned nationally and delivered by local NHS health boards
- I’m not sure

6 Before today, were you aware that some healthcare services are planned on a national or regional basis, instead of separately in each local area?

- Yes, fully
- Yes, to some extent
- No
- I’m not sure

7 Where would you look for information about planning decisions and changes to healthcare services? Select all that apply.

- NHS Inform website
- Local NHS board or HSCP website
- Scottish Government website
- Ask your GP or healthcare provider
- Social media
- Digital tools such as an online search engine like Google and AI tools like ChatGPT
- Ask friends or family
- I wouldn’t know where to look
- Other (please write in below)

8 Planning decisions about healthcare services are made every day. When is it important that public and patients are involved? Select all that apply.

- When a planning decision affects the care of someone you care for or a family member
- When a planning decision affects your care
- When a planning decision affects your community, for example your GP practice
- When a planning decision affects services in your area, for example your local hospital
- None of the above

9 How interested are you in the planning decisions for healthcare services that are relevant to you?

- Very interested
- Somewhat interested
- Not very interested
- Not interested at all
- I don't know

10 It is important that you know about planning decisions in the healthcare services that are relevant to you - how would you like to find out about these? Select the top 3 options for you.

- Short video
- Written summary
- Accessible summary, for example Easy Read
- Social Media post
- Media piece, for example in a newspaper or on the radio
- Poster or leaflet
- I don't know
- I don't want to know about planning decisions to healthcare services
- Other (please write in below)

11 When you think about how planning decisions are currently made for NHS Scotland healthcare services, what are the three words or phrases that best describe this for you? Please write in 3 words or short phrases

1

2

3

12 When you think about how you would like planning decisions to be made for NHS Scotland healthcare services, what are the three words or phrases that best describe this for you? Please write in 3 words or short phrases

1

2

3

13 When planning healthcare services, how important is it for planners to consider how changes will impact on patients, carers and families?

- Very important
- Somewhat important
- Not very important
- Not important at all
- I'm not sure / I don't know

14 When thinking about your NHS Scotland healthcare and that of your family and those you might care for, how important are the below?

	Very important	Somewhat important	Not very important	Not important at all	I'm not sure
Who provides the healthcare service e.g. health board or voluntary sector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Where the healthcare service is provided e.g. at home, in a community setting or hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How the care is provided e.g. through an in-person appointment, given advice via the phone or information on an app	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15 What would you want those who make planning decisions to be thinking about when planning healthcare services?

THANK YOU FOR YOUR HELP

Please return your completed form in the envelope provided (no stamp is needed).
Your information will be processed and held in accordance with the Data Protection Act and UK GDPR.

Appendix 2: Profile of response

Tables below provide a breakdown of survey 17 response, and a comparison of survey respondents with the Citizens' Panel as a whole and the wider Scottish population.

Survey 17 response by survey method

	Responses (% response rate)
Method of response	
Email survey invites issued	939
Web survey responses (% response rate)	538 (57%)
Postal survey invites issued	142
Postal survey returns (% response rate)	65 (46%)
Overall survey response	
Total Panel membership	1,081
Survey 16 responses (% response rate)	603 (56 %)

Survey 17 profile of respondents

	Scottish population	Citizens' Panel	± Panel vs population	CP17 respondents
Age				
16-44	42 %	22 %	-20 %	15 %
45-64	34 %	35 %	+2 %	36 %
65+	24 %	42 %	+18 %	49 %
Sex				
Female	52 %	54 %	+2 %	56 %
Male	48 %	46 %	-2 %	44 %
Other	-	-	-	-
Physical or mental health condition/illness				
Yes	27 %	40 %	+13 %	41 %
No	73 %	59 %	-14 %	58 %
Prefer not to say	0 %	1 %	+1 %	1 %
Ethnic group				
White British/Scottish	88 %	89 %	+2 %	90 %
Other ethnic group	12 %	11 %	-2 %	10 %
Housing tenure				
Owner occupier	67 %	72 %	+4 %	81 %
Social rented	19 %	15 %	-4 %	11 %
Private rented/other	13 %	13 %	0 %	8 %
SIMD quintile				
SIMD 1	21 %	19 %	-2 %	15 %
SIMD 2	21 %	19 %	-2 %	17 %
SIMD 3	20 %	20 %	0 %	19 %
SIMD 4	19 %	21 %	+2 %	21 %
SIMD 5	19 %	22 %	+2 %	28 %
Urban/Rural classification				
Large Urban Areas	41 %	34 %	-7 %	37 %
Other Urban Areas	31 %	33 %	+2 %	27 %
Accessible Small Towns	10 %	9 %	-1 %	10 %
Remote Small Towns	2 %	5 %	+3 %	5 %
Accessible Rural	12 %	11 %	-1 %	13 %
Remote Rural	5 %	8 %	+4 %	9 %

Data source: [Scotland's Census 2022](#) (base: 16+ population), [National Records of Scotland population estimates](#) (base: 16+ population), [Scottish Government Urban Rural Classification 2022](#)

	Scottish population	Citizens' Panel	± Panel vs population	CP17 respondents
Religion				
Church of Scotland	23 %	31 %	+9 %	30 %
Roman Catholic	13 %	12 %	-2 %	11 %
Other Christian	5 %	8 %	+2 %	9 %
Buddhist	0 %	1 %	0 %	1 %
Hindu	1 %	0 %	0 %	0 %
Jewish	0 %	1 %	0 %	0 %
Muslim	2 %	3 %	+1 %	2 %
Sikh	0 %	0 %	0 %	0 %
Other religion	1 %	2 %	+2 %	2 %
None	49 %	41 %	-8 %	43 %
Prefer not to say	6 %	2 %	-4 %	1 %
Sexual orientation				
Heterosexual or straight	88 %	91 %	+3 %	92 %
Gay or lesbian	2 %	4 %	+2 %	4 %
Bisexual	2 %	2 %	0 %	1 %
Other	1 %	1 %	+1 %	1 %
Prefer not to say	8 %	2 %	-6 %	2 %

Data source: [Scotland's Census 2022](#) (base: 16+ population), [National Records of Scotland population estimates](#) (base: 16+ population), [Scottish Government Urban Rural Classification 2022](#)

	Scottish population	Citizens' Panel	± Panel vs population	CP17 respondents
Local authority area				
Aberdeen City	4 %	3 %	-1 %	5 %
Aberdeenshire	5 %	5 %	0 %	5 %
Angus	2 %	4 %	2 %	4 %
Argyll and Bute	2 %	2 %	0 %	2 %
City of Edinburgh	10 %	11 %	1 %	13 %
Clackmannanshire	1 %	1 %	0 %	2 %
Dumfries and Galloway	3 %	3 %	1 %	3 %
Dundee City	3 %	3 %	0 %	3 %
East Ayrshire	2 %	2 %	0 %	2 %
East Dunbartonshire	2 %	1 %	0 %	1 %
East Lothian	2 %	2 %	0 %	3 %
East Renfrewshire	2 %	1 %	0 %	2 %
Falkirk	3 %	3 %	0 %	3 %
Fife	7 %	4 %	-4 %	3 %
Glasgow City	12 %	13 %	-1 %	14 %
Highland	4 %	4 %	0 %	4 %
Inverclyde	1 %	1 %	0 %	1 %
Midlothian	2 %	2 %	1 %	2 %
Moray	2 %	2 %	0 %	2 %
Na h-Eileanan Siar	0 %	1 %	1 %	1 %
North Ayrshire	2 %	3 %	0 %	2 %
North Lanarkshire	6 %	5 %	0 %	3 %
Orkney Islands	0 %	1 %	0 %	1 %
Perth and Kinross	3 %	3 %	0 %	2 %
Renfrewshire	3 %	3 %	-1 %	2 %
Scottish Borders	2 %	2 %	0 %	2 %
Shetland Islands	0 %	1 %	1 %	2 %
South Ayrshire	2 %	2 %	0 %	1 %
South Lanarkshire	6 %	6 %	0 %	4 %
Stirling	2 %	2 %	0 %	2 %
West Dunbartonshire	2 %	2 %	1 %	2 %
West Lothian	3 %	3 %	0 %	4 %

Data source: Scotland's Census 2022 (base: 16+ population) www.scotlandscensus.gov.uk, Scottish Government Urban Rural Classification 2022 www.gov.scot/publications/scottish-government-urban-rural-classification-2022

Published June 2026

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