

Non-Surgical Procedures Bill, IHC Considerations

Meeting: QARD DMT

Meeting date: 28th April 2026

Agenda item: 5.2

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Purpose of paper: Discussion

1. Purpose

To provide an update to QARD DMT on the implications of Part 1 of the Non-surgical Procedures and Functions of Medical Reviewers (Scotland) Bill (NSP Bill) for Independent Healthcare (IHC), to discuss the potential implications and to seek agreement to develop a business case for submission to the Scottish Government to secure appropriate funding to support HIS' new and extended responsibilities arising from the Bill.

2. Executive Summary

Part 1 of the NSP Bill, was passed by the Scottish Parliament on 17th March 2026 and now awaits Royal Assent. The Bill introduces a new legislative framework for the regulation of specified non-surgical procedures. It prohibits the provision of certain procedures to individuals under the age of 18 and restricts delivery to permitted premises that meet defined requirements. While the full implementation timetable has yet to be confirmed, a period of transition is anticipated, with indications that commencement is now likely to be September 2027 as this needs to commence simultaneously with local authority applicable order. This is a shorter window than initially anticipated whereby the evidence of HIS has consistently referred to the challenge of enactment prior to the end of 2027/28 financial year.

Communication to businesses is awaited from SG, including any implications or alterations to Regulation 12, but Healthcare Improvement Scotland (HIS) require considering immediate messaging for new service registrations that they require to meet the future requirements i.e. definition of permitted premise and prescribing arrangements.

The Bill is strategically significant for Healthcare Improvement Scotland, particularly for the Independent Healthcare (IHC) team. It both reinforces existing regulatory expectations within HIS-regulated settings and introduces a new inspection and enforcement role in relation to premises that are not otherwise required to register with HIS, where there are reasonable grounds to believe that an offence under the legislation has been, or is being, committed.

For IHC, Part 1 supports HIS strategic objectives relating to safe, effective and person centred care, and aligns with the Regulation Review Report's emphasis on clarity of regulatory scope, proportionate enforcement and public protection. Expected impacts include improved safety

for people using non-surgical services, greater regulatory clarity for providers, and enhanced public confidence. However, these benefits are dependent on HIS having the capacity, capability and system readiness required to discharge its role effectively.

Effective implementation will require revised ways of working with key partner agencies, including Police Scotland, the Crown Office and Procurator Fiscal Service (COPFS), and other relevant regulators. These relationships will need to be underpinned by updated memoranda of understanding (MOU) or Information Sharing Agreements (ISA) and clear operational protocols to support appropriate information sharing, joint working and enforcement activity. This is particularly important given the Bill's provision for HIS to inspect premises that are not registered with HIS, representing a shift from established operating models.

In addition, new internal policies, procedures and operational guidance will need to be developed to ensure consistent and lawful application of the legislation, this will require careful and close liaison with central legal office (CLO). This will include decision making frameworks, escalation routes, evidence handling, and interfaces with criminal justice and local authority partners. This will be reliant on SG seeking to update and reflect the necessary requirements in the Regulation of Investigatory Powers (Scotland) Act 2000 (RIPSA) and the United Kingdom Internal Market Act 2020 (UKIMA), and their respective impacts on Regulation 12.

Workforce implications are also significant: targeted recruitment, training and skills development will be required, particularly to support enforcement capability and to ensure staff are equipped to operate confidently in more complex regulatory and inter agency contexts. The anticipated timescales to commencement are therefore necessary to enable this work to be undertaken in a safe and sustainable way.

There are also important intelligence and evidence gaps at this stage. HIS does not currently have a reliable means of determining the size, scale or distribution of aesthetic and other non-surgical service providers who may seek to align themselves with a prescriber and meet the requirements to register as an independent healthcare service, most likely increase in independent clinic registrations. Addressing this gap is critical for effective implementation planning, workforce modelling and cost estimation. Support from evidence and digital colleagues is therefore likely to be required to scope and map the potential regulatory population. There may not be internal capacity to support the immediate delivery of this through Q2/Q3 of 26/27 and therefore consideration to submission of a business case to policy teams to inform the initial scoping process is required.

Financial considerations are a further key risk. The IHC function is not currently financially self-sustaining, and this position is recognised within the Regulation Review Report and was reaffirmed in HIS evidence to Parliament in December 2025. While discussion on future fee regulations will continue as a distinct but related strand of work, the additional responsibilities arising from the Bill cannot reasonably be absorbed within existing resource baselines. Funding to support implementation of Part 1 of the Bill will therefore need to be considered separately from, but alongside, longer term fee setting arrangements.

There has been widespread public and media commentary on the Bill, with a particular focus on enforcement that will require to be considered in future communications messaging and should align to Scottish Government's legislative intent. This reinforces the importance of HIS being able to demonstrate that its regulatory response is credible, proportionate and deliverable.

3. Recommendation

It is recommended that QARD DMT:

- Note the implications of Part 1 of the NSP Bill for the IHC function and discuss what wider organisational or external support is sought to scope the impact, this will likely result in an initial business case request to SG to commence NSP scoping.
- Agree that a future business case is developed for submission to the Scottish Government, setting out the resource, workforce, and associated costs required to enable HIS to deliver its new and extended regulatory and enforcement responsibilities under the Bill.
- Immediate need for communications support to address current registered services and messaging for applications of independent clinics who seek to provide NSPs.
- Acknowledge this work is likely to be taken forward as part of wider implementation and financial planning for 2027/28, including alignment with enforcement capability development and fee setting considerations.

It is recommended that the Committee accepts:

Limited: some assurance from the systems of control in place to manage the risk(s), but there remains a significant amount of residual risk which requires action to be taken.

A Limited level of assurance at this stage, is reflecting that while the legislative intent and HIS role are clear, full assurance cannot be provided until implementation detail, funding and timelines are confirmed. Actions to improve assurance include development of the business case and continued engagement with Scottish Government policy colleagues, with further updates to be brought to QARD DMT as this work progresses.

4. Appendices and links to additional information

- Non-surgical Procedures and Functions of Medical Reviewers (Scotland) Bill – Scottish Parliament [NSP Bill](#)
- HIS consultation response: Regulation of Non-surgical Cosmetic Procedures (April 2025) [HIS consultation response](#)