

NHS Pensions – Service Improvement and Development Board Form 2 - Business development form

Submit this form to nhsbsa.stakeholderengagement@nhs.net. Each section of this form must be fully completed prior to submission.

Referral number	<input type="text"/>
Regional group submitting form	<input type="text"/>
Name	<input type="text"/>
Email address	<input type="text"/>
Organisation of person submitting request	<input type="text"/>
EA code	<input type="text"/>
Service area	<input type="text"/>
Date of submission	<input type="text"/> / <input type="text"/> / <input type="text"/>
Does the request have the support from the Chair of your regional group?	<input type="checkbox"/> Yes* <input type="checkbox"/> No
*Signature of the Chair (or attach email of support from Chair)	<input type="text"/>

Describe the proposed change in detail

How many members are effected?

Expected timeframe for change

Does the proposed change have an impact on interfaces?

If 'Yes', please describe the impact below

Describe how the proposed change supports any national strategy or initiative

Clearly describe the benefits the proposed change will provide

Describe the risks of not making the change