RCGP SCOTLAND

Standards for urgent and unscheduled care in Scotland

RCGP Scotland consultation response

Healthcare Improvement Scotland are developing national standards for urgent and unscheduled care. We are currently seeking feedback on the proposed scope of the standards. You can view the full pdf version of the scope here.

The scope provides a high level overview of key themes and areas covered in the standards. We are looking for specific feedback on any potential gaps or additions to be considered in relation to the proposed:

- scope
- areas outwith scope
- evidence sources
- development group membership.

The survey closes on Thursday 30 July 2026 at 5pm. We will be unable to accept any responses after this date unless this has been previously agreed with the project team. All comments submitted will be treated with care and made anonymous. All the comments and suggestions we receive will remain confidential and will be processed in line with the General Data Protection Regulation (GDPR). They will only be used to help improve and inform the standards.

Feedback on the draft scope will be reviewed and themed by the project team. The development group will formally agree the scope at the first meeting. A summary of the responses to scope engagement will be made available on request from the project team.

If you have any questions regarding the draft scope, please contact us at his.standardsandindicators@nhs.scot.

1. If you are responding on behalf of a service, network or organisation please provide details. To note, service, network or organisation details will be included in the scope report. If you do not wish this to be shared, please leave blank.

Royal College of General Practitioners (Scotland).

2. Do have any comments on the section entitled "who the standards apply to"? Please highlight specific gaps or additions the development group should consider

- Yes
- No

Please provide further comments

RCGP Scotland welcomes the opportunity to respond to Healthcare Improvement Scotland's Standards for urgent and unscheduled care in Scotland scope consultation. As the membership body for general practitioners in Scotland, we exist to promote and maintain the highest standards of patient care.

RCGP Scotland recognises the context in which this scoping consultation is taking place, namely the significant pressures facing the health and care system, sustained demand on emergency departments, and the growing need to ensure that patients receive the right care, at the right time, in the right place, from the right clinician. General practice in Scotland is a 24/7 service, with GPs working across Scotland's Out of Hours (OOH) services to provide urgent and unscheduled care for patients requiring medical attention outside core practice hours.

We note the Scottish Government's pilot of GP walk-in centres, which aims to improve access to general medical services for patients with urgent on-the-day medical needs, and reduce pressure on core GP practices. However, RCGP Scotland remains firmly opposed to the introduction of GP walk-in centres. The available evidence demonstrates that such services are highly transactional in nature, provide limited continuity of care, have previously failed to deliver sustainable benefits in England, and are significantly more expensive than core in-hours general practice services. Furthermore, they overlook the comprehensive network of existing OOH services already operating across Scotland. Early indications from the pilot sites suggest that they provide a service offering similar to that available through Pharmacy First. The College's view is that the pilot sites should be subject to a robust and comprehensive evaluation. Should that evaluation demonstrate, as we anticipate, that they deliver fewer services at greater cost than existing provision, they should be discontinued.

We recommend that the introduction to the section titled "Who the standards will apply to" be amended to explicitly reference diagnostic uncertainty. These standards should apply regardless of whether a definitive diagnosis has been established and should encompass patients whose symptoms require timely assessment because delays in evaluation or treatment could lead to clinical deterioration, avoidable harm, or unnecessary hospital admission.

RCGP Scotland also recommends the addition of a further bullet point: "People requiring urgent assessment following abnormal clinical findings or diagnostic investigations." This would recognise that some patients require urgent referral as a result of abnormal test results or diagnostic imaging, rather than because of the sudden onset or worsening of symptoms.

We further recommend expanding the sentence, "This includes, but is not limited to hospitals, primary care, hospital at home services, and care homes," to include the Scottish Ambulance Service and dental services, reflecting the full breadth of settings in which urgent and unscheduled care is delivered.

Similarly, we recommend expanding the sentence, "It also includes independent health and social care providers," to explicitly reference community pharmacists and optometrists, recognising the important role they play in the urgent care pathway and ensuring the scope of the standards is fully reflected.

3. Do you have any comments on the section entitled "Themes covered in the standards"? When responding please indicate, which theme(s) referring to, for example, principles of person-centred care.

- Yes
- No

Please provide further comments

With reference to the high-level themes, "Principles of person-centred, trauma-informed and evidence-based care" and "Service planning", we recommend recognising that urgent care should not be viewed as a single episode of treatment, but as part of a patient's wider healthcare journey. To reflect this, we suggest the addition of the following statement, "Services should support continuity of care by ensuring timely communication with the patient's registered GP practice, appropriate follow-up arrangements, and integration with existing care plans."

RCGP Scotland continues to advocate for improvements in how patients are supported across the health and care system, ensuring that the well-established benefits of continuity of care are realised for patients, clinicians and the wider system. General practice plays a central role in delivering continuity of care, which has been associated with lower mortality, reduced hospital admissions, improved patient experience, reduced health inequalities, lower healthcare costs, and better staff retention and wellbeing.

It is therefore important that the standards explicitly recognise the value of continuity of care and promote approaches that support it for patients accessing urgent and unscheduled care services wherever possible.

4. Do you think there are any gaps in the proposed standards development group membership?

- Yes
- No

Please provide further comments

RCGP Scotland believes the standards development group would benefit from the following organisations/groups being included:

- Rural GP Association of Scotland (RGPAS).
- BASICS Scotland.
- Scotland's Charity Air Ambulance (SCCA) and ScotSTAR Paediatric Retrieval Service.
- Health Board interface groups.

9. We will consider a wide range of sources to inform the development of the standards. All of our standards are aligned to national guidance, policy, legislation and standards.

Please provide details of any evidence sources the standards development group may wish to consider.

The development group may wish to consider the following evidence sources:

- Urgent and Emergency Care Toolkit - developed by the Royal College of General Practitioners, Royal College of Paediatrics and Child Health, and the Royal College of Emergency Medicine.

- "It shouldn't be this hard" Solving the NHS maze for patients and GPs - a joint report by the Royal College of General Practitioners and the Patients Association.

- Whole person medical care: The value of the General Practitioner - a report from RCGP Scotland demonstrating the value of GPs to the health system and in delivering urgent and unscheduled care.

10. Do you have any additional feedback related to our proposed work?

NA.