Healthcare Improvement Scotland

Urgent and Unscheduled Care – Scope consultation

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Introduction

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.

NHS SCOTLAND

Feedback on scope

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.**

Name of service, network or organisation

This response is submitted jointly by the Royal College of Physicians of Edinburgh (RCPE) and the RCPE 's Remote and Rural Advisory Group.

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**.

[x] Yes

[ ] No

Please provide further comments

We consider the list to be generally comprehensive.

Some Fellows indicated they had some reservations about "people experiencing social crisis that is impacting their immediate health and wellbeing (e.g. homelessness, lack of support)" being included in the same list as various health crises because it might potentially suggest that Urgent Care i.e. a clinical environment is the correct environment for such people, where it is generally not. They further cited the lack of social care funding, homelessness support etc as part of the reason for overcrowding in Acute Medical Units where they are not the best placed profession/area to support such individuals in need.

The Remote and Rural Advisory Group recommends that the standards explicitly state that they apply across all urgent and unscheduled care settings in Scotland, including remote, rural and island communities. While the core principles of high-quality care should be consistent, the standards should recognise that different service models may be required to achieve equitable outcomes in different geographical contexts.

The standards should acknowledge that geography, transport infrastructure, weather, workforce availability and access to specialist services can significantly influence the delivery and experience of urgent and unscheduled care. We would encourage a principle of equity rather than uniformity**,** allowing flexibility in service configuration while maintaining consistent expectations around quality, safety and patient outcomes.

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.**

[x] Yes

[ ] No

Please provide further comments

Some Fellows working in urgent and unscheduled care suggested that this project and many of the themes covered in the standards were very similar to the RCEM's GPEMS - Guidelines for the Provision of Emergency Medical Services - RCEM. They also indicated that there could be more reference to flow navigation which is increasing across Scotland.

With regard to the heading "Principles of person-centred, trauma-informed and evidence-based care" the inclusion of "trauma-informed" could be expanded upon and possibly included in subsequent points.

Some Fellows suggested Realistic Medicine should be capitalised (currently "realistic medicine") and perhaps expanded to Realistic Medicine and Value Based Health and Care.

In the "Care Environment" section, the word "appropriate" is missing i.e. "This theme focuses on ensuring that the physical environment and infrastructure in which care is delivered are safe, effective, appropriate and sustainable, support high-quality person-centred care." This acknowledges that for many the ED/AMU is NOT the appropriate place of care, for example.

The Remote and Rural Advisory Group highlighted:

Person-centred care

The standards should place greater emphasis on equitable access and recognise the impact that geography, travel requirements, transport availability and digital connectivity can have on patient experience and outcomes. For many patients in remote and rural communities, the burden of access is a significant component of care quality.

Coordination of care

The Group supports a stronger focus on integration across health services, social care, community services, the ambulance service and the third sector. Urgent and unscheduled care in many rural areas depends on highly integrated multidisciplinary teams working across traditional organisational boundaries.

Quality and safety

The standards should recognise that safe and effective care may be delivered through a range of service models, including community-based care, enhanced multidisciplinary roles, digital support, ambulatory care and transfer networks. Quality measures should consider whole-system pathways rather than focusing exclusively on emergency department performance indicators.

System resilience

We recommend inclusion of service resilience as a cross-cutting theme. This should include consideration of workforce sustainability, seasonal variation in demand, tourism-related activity, and the challenges associated with maintaining urgent care capacity in remote and rural settings.

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

[x] Yes

[ ] No

Please provide further comments

The College considers it to be vital for acute physicians to be involved and strongly encourages representation from the Society of Acute Medicine and we understand that the Society are keen to be involved.

The development group should include stronger representation from remote, rural and island healthcare settings, including both clinical and operational leaders with direct experience of delivering urgent and unscheduled care in these environments.

The Group would also encourage representation from:

- Scottish Ambulance Service
- Community Health and Social Care Partnerships
- Rural generalist practitioners
- Retrieval and transfer services
- Remote and rural nursing and allied health professional leaders
- Organisations with expertise in digital healthcare delivery and access inequalities

These perspectives would help ensure that the standards are applicable across Scotland's diverse geography and service configurations.

5. 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.

We recommend consideration of:

- The Rural and Remote Health GMC Credential approved programme and associated curriculum
- Realistic Medicine and value-based health and care principles
- Research relating to equitable access and outcomes for remote, rural and island populations
- Evidence concerning rural generalist models of care
- Evaluations of digitally enabled urgent and unscheduled care services.
- Evidence relating to ambulance, retrieval and transfer pathways for time-critical conditions.
- Healthcare Improvement Scotland improvement programmes and national service evaluations.
- Literature relating to workforce sustainability and resilient models of urgent care delivery in remote and rural settings
- As referenced above, GPEMS - Guidelines for the Provision of Emergency Medical Services - RCEM
- The Society for Acute Medicine has also developed Guidelines for the provision of Acute Medical services, still to be published. Dr Claire Gordon can provide more information.
- NHS England's 72 hour care guidance.
- The Realistic Medicine national toolkit at Essentials of realistic medicine | Right Decisions

Society of Acute Medicine documents:

- Rebuilding-the-NHS-better-medical-pathways.pdf
- Quality Standards for AMUs at wmqrs-sam-am-qss-v2-20120610-1.pdf
- Acute-Medicine-Strengthening-the-Foundations-02.25.pdf
- SAM-policy-document-1.pdf

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

The Rural Advisory Group welcomes the development of national standards for urgent and unscheduled care and supports the ambition to improve quality, safety and patient experience across Scotland.

As the standards develop, we would encourage a strong focus on outcomes rather than service configuration. The standards should support innovation and flexibility in delivery while ensuring that all patients, regardless of location, can expect high-quality care.

Remote, rural and island communities should be considered as a core component of the standards rather than as exceptions. The standards present an opportunity to promote equitable access, integrated care and place-based service design, whilst recognising the unique contribution of rural generalist and multidisciplinary models of care.

Key principles we would emphasise are:

- Equity rather than uniformity
- Recognition of remote, rural and island healthcare contexts
- Place-based service design
- Integrated whole-system approaches to urgent and unscheduled care
- Flexible service models supported by consistent quality standards
- Measurement of whole patient pathways, including access to specialist care, transfer times and patient outcomes

The Group believes that embedding these principles from the outset will help ensure that the standards are relevant, deliverable and meaningful across all parts of Scotland.