

We will be holding a working group with our phase 1 leads on Tuesday 28th April from 3-4pm. We were hoping that someone from HIS would be able to join and present your proposal to the group. Could you please advise who would be available to join and I will share the meeting invite.

Many thanks,

[REDACTED] | Policy Officer | General Practice Policy Division | Primary Care
Directorate | Scottish Government | St Andrews House |
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abcd

From: [REDACTED] (NHS Healthcare Improvement Scotland)
<[REDACTED]@nhs.scot>
Sent: 14 April 2026 10:59
To: [REDACTED] <[REDACTED]@gov.scot>; [REDACTED]
<[REDACTED]@gov.scot>; [REDACTED] <[REDACTED]@gov.scot>; [REDACTED]
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Subject: RE: GP Walk-in centres- Commission update
Importance: High

Hi [REDACTED]

Sorry the figures don't quite align due to a merged cell in the table in 26/27. The difference is the GP clinical lead at £73,307 which brings the total for 26/27 to £827,805 and the final whole total to £1,063,042. For ease, I have resubmitted the proposal with the corrected figure.

Looking forward to catching up later.

Best wishes

[REDACTED]

[REDACTED]

Healthcare Improvement Scotland

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From: [REDACTED]@gov.scot <[REDACTED]@gov.scot>
Sent: 10 April 2026 12:16
To: [REDACTED] (NHS Healthcare Improvement Scotland)
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Subject: RE: GP Walk-in centres- Commission update

[REDACTED] colleagues,

Many thanks for pulling this comprehensive summary together which looks really good. I note we have a meeting next week, where we can go over some of the specifics, so I look forward to discussing then. I wonder if it would be worth inviting PHS to come? As I mentioned they seemed confident in being able to pull weekly MI to share with stakeholders, as well as monthly published statistics, which

sounds like it aligns well with the phase 2 deliverable of: *providing specialist advice, analysis and support*
Monitoring data collection led by NHS boards and PHS; reporting to SG led by PHS. HIS could also provide advice/ direct support with qualitative data collection – to be confirmed in scoping phase whether required.

The other thing I had wondered is whether there's enough emphasis on system impact – which is something ministers have called out a lot, particularly on ED attendance. Perhaps something to chat through? Related to that, we welcome the health economist time included, but I think the value for money dimension of the commission could be brought out more strongly. Given the scale of investment and the policy interest, it would be helpful to be clearer about how the evaluation will inform judgements about whether walk ins represent a good use of resource relative to other options.

Finally – one query on the costs, when you add the components we come to just under £1.07m, but when we break down via financial year it comes to £990k. Could you help me understand which is the total? I think we should be able to issue a letter of comfort for the 26/27 costs while we work through the queries above, but hopefully that will allow HIS to mobilise the expert support you've outlined in the commission.

Component	Total Cost
Evidence Review	£65,150
Implementation Support & Learning System	£433,803
Evaluation	£457,615
Clinical Leadership	£106,774
Overall Total Over Both Periods	£1,063,342

Financial Year	Cost
2026/27	£754,498
2027/28 Q1	£235,538
	£990,036

[REDACTED] | General Practice Policy Division | Primary Care Directorate | Scottish Government | [REDACTED]

From: [REDACTED] (NHS Healthcare Improvement Scotland)

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Sent: 08 April 2026 17:31

To: [REDACTED] <[\[REDACTED\]@gov.scot](mailto:[REDACTED]@gov.scot)>; [REDACTED]

[redacted] [gov.scot](#)>; [redacted] [gov.scot](#)>; [redacted]
[redacted] <[redacted] [gov.scot](#)>; [redacted] [gov.scot](#)>
Cc: [redacted] (NHS Healthcare Improvement Scotland)
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<[redacted] [nhs.scot](#)>; [redacted] <[redacted] [nhs.scot](#)>
Subject: FW: GP Walk-in centres- Commission update

Hi

I attach the proposal from HIS. Please let me know if a meeting to discuss would be helpful.

Best wishes

[redacted]

[redacted]

| Primary Care | Community Care and Dementia | Improving Access | Shifting the Balance of Care

Healthcare Improvement Scotland

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From: [redacted] [gov.scot](#) <[redacted] [gov.scot](#)>

Sent: 08 April 2026 11:04

To: [redacted] (NHS Healthcare Improvement Scotland)
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(NHS Healthcare Improvement Scotland) <[redacted] [nhs.scot](#)>
Subject: RE: GP Walk-in centres- Commission update

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Good morning [redacted], all

I hope you are well!

Are you in a position to share your proposal with us?

Many thanks,

[redacted] | Policy Officer | General Practice Policy Division | Primary Care
Directorate | Scottish Government | St Andrews House |
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abcd

From: [redacted] (NHS Healthcare Improvement Scotland)
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Sent: 02 April 2026 15:02
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<[redacted]@nhs.scot>

Subject: RE: GP Walk-in centres- Commission update

Thanks [redacted]. We are finalising our proposal today and will send this over by Monday.

Best wishes

[redacted]

[redacted]

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of Care

Healthcare Improvement Scotland

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From: [redacted] [gov.scot](mailto:[redacted]@gov.scot) [redacted] [gov.scot](mailto:[redacted]@gov.scot)>

Sent: 02 April 2026 14:58

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(NHS Healthcare Improvement Scotland) <[redacted] [nhs.scot](#)>
Subject: RE: GP Walk-in centres- Commission update

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Good afternoon all,

Apologies for chasing, I appreciate this is a busy time for all. I would be grateful if you could provide an update at your earliest possible convenience next week.

Enjoy the Easter break when it comes!

[redacted] | Policy Officer | General Practice Policy Division | Primary Care
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abcd

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Sent: 30 March 2026 14:34
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[REDACTED] [nhs.scot](mailto:[REDACTED]@nhs.scot)

Subject: GP Walk-in centres- Commission update

Good afternoon colleagues,

I hope all is well.

Further to the commission which was sent on 27th February, we are hoping you can provide an update on your proposal. We had a productive meeting with PHS colleagues last week and, given the significant interest from stakeholders, we are keen to move forward in developing the national monitoring and evaluation framework.

If there is anything you need to discuss please let me know if it would be easier to arrange a meeting.

Many thanks,

[REDACTED] Policy Officer | General Practice Policy Division | Primary Care
Directorate | Scottish Government | St Andrews House |
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GP Walk in Services – E&M Framework Update

Update to Scottish Government Policy Team

29/5/26

Healthcare Improvement Scotland

1. Purpose

This briefing has been prepared at the request of the Scottish Government General Practice Policy Division. It provides an update on the recent commission to Healthcare Improvement Scotland regarding GP walk-in services, focusing on the development of the evaluation and monitoring framework and the associated evidence review. The update provides interim assurance and visibility pending the establishment of more formal governance and regular reporting arrangements by Scottish Government.

2. Executive Summary

In line with the agreed commission, an evaluation framework is being developed to assess not only outcomes and experience, but also affordability, sustainability, and longer-term system value.

The framework will include a proportionate economic and resource assessment examining the relative costs associated with GP walk-in services, alongside any observable impact on wider healthcare utilisation and system demand. This is intended to support understanding of whether the services achieved their anticipated objectives in relation to accessibility, service availability, and patterns of use during the relevant period.

The economic component of the evaluation is being designed to provide high-level evidence to inform future policy, planning, and commissioning considerations. Findings will necessarily be shaped by the availability, completeness, and quality of both local and national data sources.

Overall, the programme is progressing in line with the agreed commission remit and delivery plan. An interim report summarising initial findings from the evidence review is due for submission as planned and has informed the developing evaluation framework which is scheduled for completion by 31st of July.

A small number of risks have been identified relating to data access, workforce capacity and evolving governance arrangements. These risks are being actively managed and do not currently present any material threat to delivery.

Overall delivery confidence remains assessed as medium to high.

Progress to Date

The following progress has been achieved to date:

- The evidence review is underway, with an interim report due to Scottish Government General Practice Policy Division in the next week. Emerging findings are already informing development of the evaluation and monitoring framework. The final evidence review report remains on track for delivery on 31st of July.
- Recruitment to key posts has commenced following approval of the business case, with the majority of new staff expected to commence over the coming months. In the interim period, work is being delivered using staff from existing teams.
- A series of one-to-one discussions with Scottish Government colleagues, alongside participation in workshops, has informed the early design and scope of the evaluation framework.
- Agreement has been reached with Scottish Government that the framework will undergo external peer review and quality assurance by relevant academic and subject matter experts, in line with established HIS Evidence Directorate processes.

Next Steps

The next phase of work (6-8 weeks) will include:

- Further refinement of the evaluation and monitoring framework in collaboration with HIS Improvement colleagues and Public Health Scotland (PHS), ahead of a planned meeting with PHS and Scottish Government currently expected around 10th June.
- Sharing the draft framework with external academic and subject matter experts for peer review. A list of experts has been agreed with Scottish Government. The intention is to engage approximately 12–20 experts overall.
- Progressing arrangements for routine reporting into the overarching governance and oversight structures being established by Scottish Government General Practice Policy Division.
- Continued engagement with PHS to determine the scope and feasibility of data collection at both local and national level.
- Direct engagement with local delivery teams will take place within the agreed timescales and parameters of the commission.
- The draft evaluation and monitoring framework will be shared with stakeholders, including local teams, towards the end of the initial design phase. This sequencing has been necessary to allow the evidence review to inform the framework's development appropriately. The programme remains on track against agreed milestones.
- Subject to the dependencies noted above, it is hoped that data collection will have commenced by 31st August.

From: [REDACTED]
To: [REDACTED] ([NHS Healthcare Improvement Scotland](#))
Subject: Fw: Follow-up to HIS-SG catch-up
Date: 02 July 2026 17:02:52
Attachments: [20260528 GP Walk in Services SG Update v1.0.pdf](#)

Hello please find attached

Could a good basis.

BW

[REDACTED]

[REDACTED]

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Evidence Directorate
Healthcare Improvement Scotland

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Subject: Follow-up to HIS-SG catch-up

Good afternoon everyone,

Thank you for this morning's catch-up on the walk-in pilot and for all of your continued work on the project.

We look forward to receiving your delivery plan, though note it is iterative.

It would be helpful if this could provide an outline of what has happened, what will happen, and by when, in a combined format from HIS, rather than splitting out via teams responsible for different elements.

It would be great if we could have this in time for our next catch-up. This will give

us greater assurance that work is underway at pace, and on track. This can give us a basis for our weekly catch-ups, as we will have an idea of what is underway, so we can focus on any key insights you can share.

Finally, an ask again for your slides, which have been so helpful for us, so that we can share around all pilot leads for feedback.

As mentioned this morning, we are looking for assurance to give to Ministers that this element of the programme remains on track and will help us when thinking about next steps.

Many thanks in advance,

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GP Walk in Centres monthly update - July 2026

Phase one NHS boards

- NHS Borders
- NHS Dumfries and Galloway
- NHS Fife
- NHS Grampian
- NHS Greater Glasgow & Clyde
- NHS Highland
- NHS Lothian
- NHS Tayside
- NHS Shetland
- NHS Western Isles



What we do:

Direct improvement support: Use QI methods to maximise the number of people accessing support from GP walk-in centres while maintaining or improving the quality of care.

National Learning System: Capture emerging learning from sites and facilitate rapid sharing of useful learning to enable implementation in sites.

Evidence and evaluation: Gather evidence to assess the effectiveness, appropriateness and cost of the GP walk in services.

Key themes from improvement work

- Boards had limited time to design and engage primary care system so work will be needed to manage relationships for long-term implementation.
- Location of centre likely to impact volume and demography of patients - using community hubs may improve access for hard to reach groups.
- Demand during out of hours, including weekends, relatively low. Improvement work needed to identify cause.
- Priority for boards to evaluate impact of the walk-in centres and are seeking national guidance on data to be included.
- Staffing challenges both in terms of availability and consistency. Many centres relying on temporary posts and bank staff.
- Local media attention high and public communication from varied sources presents challenges for coordinated awareness campaigns.
- Patient and staff feedback largely positive, a systematic process for capturing is needed.

Learning system activity

- Created an online network for the walk in centre community.
- Developed structure for national guiding principles
- Developed measurement plan.
- Developed logic model.
- Captured learning from Wester Hailes centre.

Completed milestones

- Onboarded cohort one centres.
- Hosted drop-in sessions with walk in centre leads.
- Started recruiting our delivery team.
- Identified improvement programme measures.
- Data access approved for quality outcomes.

GP Walk in Centres monthly update - July

Evidence and evaluation update

Our review of the existing evidence was completed, published and shared with Scottish Government policy colleagues ahead of schedule.

Recruitment of evaluation team is well underway with colleagues beginning to work with us during July 2026.

The evaluation and monitoring framework is being finalised, following the sharing of the framework for discussion with stakeholders since April; including Scottish Government policy colleagues, pilot sites working group, Public Health Scotland and LIST analysts.

Next stages for evidence work

- Local sites will have the opportunity to review the framework before it is finalised.
- We will share the draft framework with local teams in advance of the HIS-led GP Walk-In Services networking session on 18 August.
- We see this as an important opportunity to develop our working relationships with sites, strengthen local ownership and ensure the final framework reflects operational realities across participating sites.

Recent evidence achievements

- The findings from the evidence review have been considered in the development of the monitoring and evaluation framework.
- Our external peer review closed during the last week in July.
- Feedback received to date has been proportionate and manageable, and we are currently incorporating these comments into the next iteration of the framework.

Next steps for August

- Continue engagement with cohort one sites through coaching calls and site visits.
- Host a networking session for sites to attend, meet each other and share learning.
- Build resource library for online networking space.
- Develop contracts for support with boards.
- Identify improvement data with PHS and Adastra.
- Agree core components for guiding principles.
- Capture initial evidence and information.
- Complete internal review of draft evaluation and monitoring framework.
- Undertake external peer review of draft monitoring framework.
- Publish evidence review.

Impact so far

During a site visit to Wester Hailes we captured intelligence on the factors that have enabled the centre to establish quickly. Highlights include governance and staffing arrangements already in place through existing unscheduled care service. Location within a community hub alongside a GP practice, dental services and social care which has been a key factor in driving demand, with many referrals coming directly from the neighbouring GP practice. The multidisciplinary model includes GPs, ANPs and physiotherapists, with physiotherapists now able to request X-rays. The service is achieving an average wait time of 27 minutes following triage.

From: [REDACTED]
To: [REDACTED] ([NHS Healthcare Improvement Scotland](#))
Subject: Fw: Walk In Services Monitoring and Evaluation
Date: 30 July 2026 17:20:17
Attachments:

FYI

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Evidence Directorate
Healthcare Improvement Scotland

[REDACTED]

Personal Assistant - - -
- n h s . s c o t

From: [REDACTED] (NHS Healthcare Improvement Scotland)
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Sent: 30 July 2026 17:16
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Cc: [REDACTED] (NHS Healthcare Improvement Scotland)
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<[REDACTED]@gov.scot>; [REDACTED] <[REDACTED]@gov.scot>; -
<[REDACTED]@nhs.scot>
Subject: RE: Walk In Services Monitoring and Evaluation

Dear [REDACTED]

Please find attached our response to your request for further information.

If you have any further queries please do let - or me know.

Best wishes

[REDACTED]

[REDACTED]

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 [Book time to meet with me](#)



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From: [REDACTED] gov.scot <[REDACTED] gov.scot>

Sent: 21 July 2026 11:32

To: [REDACTED] (NHS Healthcare Improvement Scotland)

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Cc: [REDACTED] (NHS Healthcare Improvement Scotland)

<[REDACTED] nhs.scot>; [REDACTED] (NHS Healthcare Improvement Scotland)

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[REDACTED] <[REDACTED] gov.scot>; [REDACTED] <[REDACTED] gov.scot>

Subject: Walk In Services Monitoring and Evaluation

Dear [REDACTED]

With thanks on the engagement to-date, please find attached a note regarding walk in services monitoring and evaluation requesting further information by 31 July.

Best Wishes

[REDACTED]

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Dear [REDACTED],

Thank you for your letter setting out Scottish Government's concerns regarding progress on the commissioned improvement, monitoring and evaluation support for the GP Walk-In Services Programme.

We recognise the importance of providing assurance as the programme moves from mobilisation into wider delivery and expansion. We also welcome the opportunity to provide greater visibility of the work undertaken to date, the products currently in development and the governance arrangements supporting delivery. We remain committed to working collaboratively with Scottish Government, Public Health Scotland, NHS 24 and local NHS Boards to ensure the commissioned support provides the evidence, improvement input, insights and intelligence and assurance required by the programme.

1. Monitoring and Evaluation

We welcome the opportunity to provide further assurance on the development of the monitoring and evaluation framework. We recognise that Scottish Government is seeking greater clarity on the proposed framework, methods, tools, timescales, data requirements, reporting arrangements and alignment with local evaluation activity.

The development of the evaluation and monitoring framework (appendix 1) remains on track against the timetable outlined within the original proposal. The proposal set out an initial phase focused on the design of the framework, including agreement of objectives, evaluation questions and monitoring requirements, followed by a phase to finalise the framework and develop data collection and analysis plans in partnership with key stakeholders.

An important early component of the commission was the requirement to undertake an evidence review relating to GP Walk-In Services. This work was commissioned to inform the wider monitoring and evaluation approach, ensuring that the framework was grounded in the best available evidence and informed by previous service models, implementation learning and published literature.

We are pleased to report that this work progressed ahead of schedule. An interim output was provided during the course of the review, and the final report was completed, published and shared with Scottish Government policy colleagues ahead of schedule last week.

The findings from the evidence review have been an important consideration in the development of the monitoring and evaluation framework. As anticipated, the findings have been assessed alongside stakeholder feedback and programme priorities to determine whether any refinements or adjustments are required to the framework. This approach ensures that the final framework is informed both by stakeholder engagement and by the emerging evidence base, strengthening the overall robustness of the evaluation approach.

Through our stakeholder engagement plan, draft versions of the framework have been shared with internal colleagues, external experts and relevant stakeholder groups for comment and feedback. Engagement activity has been ongoing since April and a comprehensive engagement log has been maintained throughout the development process.

The feedback received to date has been proportionate and manageable, and we are currently incorporating these comments into the next iteration of the framework. Importantly, no significant or unexpected issues have been raised through the engagement process. The feedback received has been broadly consistent with the version of the framework previously shared and discussed with Scottish Government colleagues, providing assurance that the overall direction and approach remain appropriate and supported by stakeholders.

At this stage, we remain on schedule to finalise the framework and commence data collection by the end of August. Once finalised, the framework will be shared formally with Scottish Government policy colleagues for review and agreement in their capacity as commissioners prior to implementation.

The specific methods and tools used as part of the local evaluation will be agreed during the finalisation of the framework and in consultation with key stakeholders and experts. Now that the majority of our research staff have joined the project, they will be actively working on the best methods and tools, however, it is anticipated that a mixed-methods approach will be adopted to provide a balanced assessment of service delivery, outcomes and value. This is likely to include analysis of routinely collected quantitative data, such as service activity, utilisation and performance measures, alongside qualitative methods including stakeholder interviews, focus groups and patient and staff surveys to explore implementation and experience. An assessment of costs will also be undertaken using available financial and activity data. The final selection of methods and tools will be informed by agreed evaluation objectives, data availability, stakeholder priorities and available resources.

We recognise the importance of ensuring that local NHS Boards and participating sites have the opportunity to contribute to the development of the framework before it is finalised. To support this, we plan to share the draft framework with local teams in advance of the HIS-led GP Walk-In Services networking session on 18th of August. During that session we will showcase the near-final framework, present the proposed approach and actively capture any further comments or feedback from local stakeholders. We see this as an important opportunity to develop our working relationship with sites, strengthen local ownership and ensure the final framework reflects operational realities across participating sites.

While some aspects of the detailed project plan, including the sequencing of individual activities and reporting milestones, continue to be refined, we are confident that framework development remains on track and that the commissioned work is progressing in line with agreed objectives and timescales.

Summary of Key Assurances

Given the range of issues raised within your letter, we would wish to highlight the following key assurances:

- The draft evaluation and monitoring framework has been developed in line with the original proposal and remains on track.

- The commissioned evidence review has been completed and shared with Scottish Government policy colleagues ahead of schedule.
- Findings from the evidence review have been considered as part of framework development to ensure that emerging evidence, stakeholder feedback and programme priorities are appropriately reflected in the final approach.
- Framework development has been informed through ongoing stakeholder engagement and formal feedback processes that have been in place since April.
- Feedback received to date has been manageable, with no significant or unexpected issues identified through the engagement process.
- A mixed-methods evaluation approach is proposed, incorporating routine quantitative data, qualitative stakeholder engagement and a proportionate assessment of costs.
- The final selection of methods and tools will be informed by agreed evaluation objectives, data availability, stakeholder priorities and available resources.
- The draft framework will be shared with local teams in advance of the HIS-led GP Walk-In Services networking session on 18th of August, where the approach will be showcased and additional feedback actively sought.
- Any further feedback from local teams and stakeholders will be incorporated before finalisation of the framework.
- Once finalised, the framework will be shared formally with Scottish Government policy colleagues in their capacity as commissioners prior to implementation.
- We remain on track to complete framework development, undertake final stakeholder engagement activity and commence data collection by the end of August.
- Detailed project planning, including the sequencing of activities and reporting milestones, is being refined; however, overall delivery remains on schedule and aligned with the agreed objectives of the commission.

2. Improvement Support

As outlined in the initial commission response, the improvement support comprises two key workstreams:

- 1) **Direct improvement and implementation support** to support services to use quality improvement methodology to implement their walk-in service models and maximise the number of people accessing the service.
- 2) **Learning system** to enable peer to peer learning to increase pace of change and capture key insights and intelligence from services on challenges, solutions and model characteristics that will be shared with pilot sites and used in the development of implementation resources to support the future scale-up and spread of GP Walk-in services after the pilot.

Rationale and theory of change

The logic model outlining the theory of change for the improvement support is shown in appendix 2.

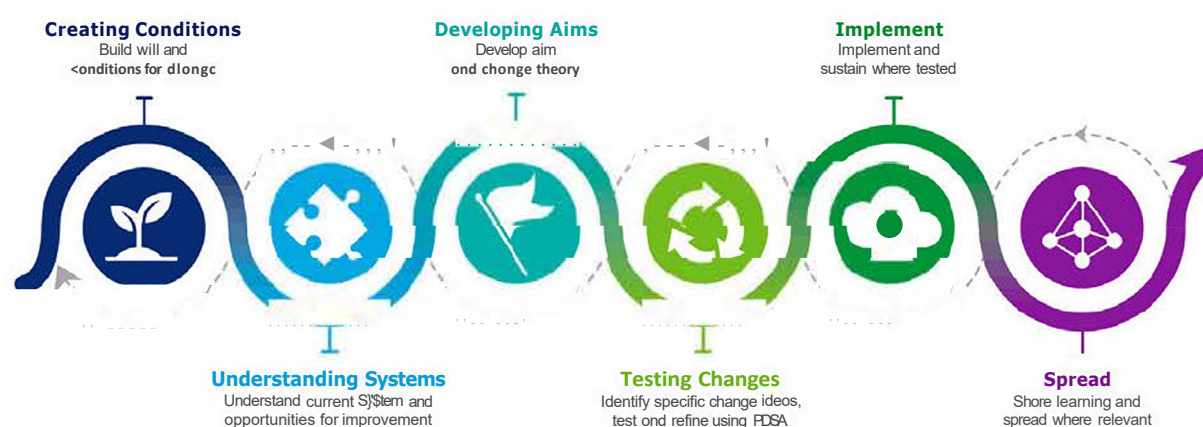
The primary rationale for the improvement support is to ensure GP Walk-in service models are implemented as fully as possible during the pilot timescale and have supported enough patients for

meaningful conclusions to be drawn from the evaluation. This is to reduce the risk the evaluation, and future decisions to scale-up, will be based on pilot services that are partially implemented or with low number of attendees.

The secondary rationale of the improvement support is to ensure learning, insights and intelligence from the pilot sites are surfaced, captured and documented and used to inform the potential national scale-up and spread of Walk-in services beyond the pilot site.

Outline of improvement support

The improvement support to the pilot sites is based on the Quality Improvement journey (below). The focus is on Understand to Implement with the aim to increase the number of patients supported by the Walk-in service.



The mobilisation stage of direct improvement and implementation support started with group drop-in session to share our offer with sites and set-up one to one calls to discuss each site model and delivery status. This has been followed by in person visit from HIS staff to start working with services on "Understanding systems" phase. The table below outlines the key activities and tools that will be used in each stage of the improvement journey. The list of tools will be adapted in response to the individual needs and status of each service to avoid unnecessary work.

Stage	Activities	Tools	Outcome of stage
Understanding systems	- Needs analysis of NHS boards - Pathway mapping to understand current state of centre operations - Staff and patient insights - Stakeholder mapping to understand roles and responsibilities of those that deliver and/or influence the walk-in centre - Data analysis of current walk-in centre activity	- Engagement database - Process map 5 whys - Last 10 patients tool - Stakeholder map/register - Run charts, pareto charts, box and whisker	Local: Walk-in service has a clear focus on where to focus improvement activity to maximise number of people accessing service. National: Intelligence gathered on key issues impacting on service delivery.

Developing aims	- Identify priorities for each walk-in centre and articulate aims for each - Identify value and non-value adding parts of system - Data analysis of baseline to produce SMART aim - Define measures for tests of change	- Driver diagram - Fishbone diagram - Project charter - Run charts	Local: Walk-in service has a measurable, time-focused aim on number of people accessing service. National: Projections on total number of patients expected by end of pilot.
Testing changes	- Undertake PDSA cycles for change ideas focusing on elements of DCAQ: - Demand: the work/treatment requested - Capacity: how much work could be done - Activity: the actual work done - Bring centres together to share progress and learning from tests of change	- PDSA templates - Routine measurement - Project surgery	Local: Walk-in service rapidly tests and refine solutions to meet their aims and learn from successes from other services to increase pace of local changes. National: Intelligence gathered on what changes what works and continues to be challenging.
Implement	- Identify successful change ideas to be implemented - Agree the steps required to implement and the stakeholders that directly/indirectly affect delivery - Design measurement plan to monitor implementation - Capture learning to guide implementation at scale	- Implementation plan - Stakeholder plan - Measurement plan - Guiding principles	Local: Walk-in service rapidly tests and refine solutions to meet their aims and learn from successes from other services to increase pace of local changes. National: Intelligence used to create Guiding Principles for future implementation of new models

The current phase is based on the 16 pilot sites. The capturing of learning, insights and intelligence in the Guiding Principles will support the future spread of the walk-in services but the scope of the current commission does not include work to actively spread the models beyond the 16 pilots.

The improvement support will be underpinned using measurement throughout the improvement journey. An initial measurement plan has been developed and currently being reviewed during engagement with sites to ensure data is available without placing a burden on services. The key measures are:

- Number of people treated by individual GP walk-in centre (aim to maximise)
- Percentage of patients discharged with no follow-up (aim to maximise)
- Number of antibiotic prescriptions (monitor with aim to remain stable)
- Number of opioid and related prescriptions (aim to minimise)

A measure focusing on clinical staff time spent with patients is desirable for improvement support but is proving challenging to specify without placing a considerable data burden on services. A measure on time from attending a walk-in service and consultation completion is also being scoped with aim to obtain data from PHS to avoid asking individual services to extract this data from Adastral. There may also be local measures tailored to the individual changes each service is implementing.

The pilot services are grouped into cohorts. The current cohorts are based on state of implementation with cohort 1 comprising services launched before 1 July being prioritised. Cohort 2 is service launched on or after 1 July. The current cohorts will be reviewed when all 16 pilot services are operational with the potential to change cohorts based on the nature of the models.

In addition to the improvement support delivered to individual services, the learning system will also have series of activities involving all services that are design to accelerate peer to peer learning and surface insights and intelligence, this includes:

- Peer to peer learning opportunities through facilitated national networking sessions, cohort project surgeries, online community forum, site visits and cross-site visits.
- Production of case studies and impact stories.
- Document characteristics of services and sharing insights on successes and challenges (currently focused on delivery functions, population focus, operating hours, staffing models, triage processes, prescribing processes and clinical oversight).
- Facilitate understanding of evidence and how it can be applied within service
- Support boards to capture staff and patient experience through interviews and gathering intelligence from platforms such as care opinion.
- Incorporate learning from improvement work and insights from learning system activities to produce guiding principles. [The Hospital at Home Guiding Principles](#) is an example document for spreading a new model of care.

Responding to emerging challenges

The improvement support is flexible enough to respond and be bespoke to the challenges within individual services. The Improvement support delivery team have a weekly huddle that consider the intelligence gathered and identifies any new emerging themes or issues from gathered intelligence to adapt the delivery of the improvement support to select what networking sessions and project surgeries should focus on within the learning system.

Capturing learning

The improvement delivery team have an engagement tracker used to log learning from sites after each engagement during direct improvement support. In addition, activities in the learning system will be used to surface and make sense of any learning to turn it into insights and intelligence. The improvement delivery team includes a Knowledge and Information Skills Specialists (KISS) whose primary role is to use the information captured across the programme to make insights and intelligence from learning. The KISS will lead on the development of the Guiding Principles and will capture learning throughout the programme in the Guiding Principles and share interim drafts quarterly with a full publication due by end of March 2027. Emerging themes will also be shared monthly within the Visual Highlight Report (example in Appendix 3).

Alignment with evaluation

Improvement support has been designed to support maximising the data available for the evaluation. To prevent duplication the improvement support focuses on process measurement whereas the evaluation will focus on outcome measurement. The evaluation plan has listed data sources for the evaluation data and that includes several data sources from the Improvement Support which has been incorporated into the Improvement support project plan.

Improvement support has been leading on engagement with services and are acting as a conduit for the Evaluation team to engage with services to reduce the risk of over burdening services with asks from national bodies. An example includes using the Improvement Support networking session on 18 August for the Evaluation engagement to avoid setting up additional meetings for services.

We will ensure the work remains aligned through:

- regular internal meetings between evaluation and improvement support delivery teams
- sharing clinical leadership
- evidence staff being part of the Improvement support delivery team, and
- joint monthly external reporting.

Timeline

The timeline for improvement support that was previously shared is included in appendix 4.

3. Governance

We acknowledge the request for assurance regarding the governance arrangements supporting delivery of the commission and are keen to provide greater clarity in this area.

Current governance arrangements include:

- Weekly operational meetings between the internal Evidence teams and also the Improvement and Implementation team, are supported by a project framework that records actions, risks, decisions and progress.
- A stakeholder engagement plan covering internal colleagues, external experts and wider stakeholders, with feedback actively sought and managed as the work progresses.
- A stakeholder engagement plan through the understand and delivery phases of the improvement support and also a local governance process for escalation of issues.
- Review of expert and stakeholder group membership by the Primary Care Clinical Lead and Scottish Government policy colleagues to ensure appropriate representation.
- Monthly meetings with Healthcare Improvement Scotland to review overall progress, milestones and delivery.
- A joint reporting template developed collaboratively with HIS which will be shared regularly with Scottish Government colleagues.
- A recently established monthly forum with local GP Walk-In Service teams to coordinate activity, minimise duplication and reduce unnecessary burden on clinical services.

These arrangements are supported by wider organisational governance processes. The Nursing and Systems Improvement and Evidence Directorates maintain operational oversight of the work, supported by executive leadership arrangements which provide oversight of resources, risks and cross-directorate dependencies. Information governance, clinical governance and organisational assurance processes operate in parallel to ensure the work is legally compliant, appropriately managed and clinically safe. In addition, wider corporate scrutiny arrangements provide assurance through established quality and performance governance structures.

We recognise that the wider programme governance arrangements continue to evolve and are keen to work closely with Scottish Government, NHS 24 and Public Health Scotland colleagues to ensure governance arrangements are complementary, proportionate and avoid unnecessary duplication. We would welcome the development of overarching governance in this area as previously discussed, and HIS can then continue to report progress formally through that route.

Conclusion

We hope this provides assurance regarding progress on the monitoring, evaluation and governance elements of the commission. While some detailed planning work remains underway, significant progress has been made in developing the evaluation framework, engaging stakeholders, completing the commissioned evidence review, and establishing the governance arrangements necessary to support delivery.

We remain committed to maintaining close dialogue with Scottish Government colleagues and will continue to share draft products and emerging outputs as they become available to support collective discussion and agreement on the way forward. As outlined above, we remain on track to finalise the framework, complete local engagement activity, and commence data collection by the end of August. Improvement work is underway with cohort one as above and are engaging with cohort two as they are preparing to come on stream.

We believe this work is progressing in line with the original intent of the commission and look forward to continuing to work collaboratively with partners to ensure the programme benefits from a robust evaluation, improvement and learning approach.

Kind regards,

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Healthcare Improvement Scotland

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Healthcare Improvement Scotland

Appendix 1 – National monitoring and evaluation framework and engagement plan



National%20Evaluation%20Framework.c



2026-07-30
Engagement plan.pdf

Appendix 2 – Improvement support logic model

Inputs	Activities		Outcomes		
	What we do	Who we influence	What they gain	What they do differently	The difference this makes
Clear aims and objectives Confirmed SG funding HIS improvement team, including GP clinical lead and ANP Timely data from PHS/direct from WIC Evidence Time of WIC practitioners/managers Funding for travel and activities	QI and project management support: 1:1 meetings with WIC practitioners and managers - Clinical advice to WIC practitioners - QI resources to plan, review and monitor delivery - Data collection and analysis templates 'Hands on' QI support to 16 WICs to complete a lean/DCAQ exercise to improve processes Learning system: - Produce guiding principles for developing WIC - Provide an online teams community for WIC practitioners - Provide library of resources - Deliver national sessions and events for WIC practitioners to share challenges/successes - Develop and share case studies of improvement work - Facilitate visits to established WICs (would need to be outside Scotland)	Leaders within NHS boards/HSCPs and national organisations. Practitioners and managers of WICs. Scottish Government and leaders	Practitioners and managers gain improvement and programme management advice, support and resources to contribute to: - implementing new services and improving efficiency - understanding how staffing models affect delivery - understanding options for engaging communities about WICs - establishing clinical governance systems, including reporting and learning from adverse events. - understand how to use their data for improvement. WIC leaders and staff gain knowledge and experience from other WICs. WICs leaders and staff have opportunities to share learning. WICs leaders and staff gain emerging evidence (from HIS evidence team) that is easy to understand.]	WICs will use improvement methodologies (including patient experience), emerging evidence and learning from other WICs to test ways to optimise their service delivery. WIC will increase the number of people accessing their service. WICs will share learning nationwide to improve service delivery. WICs will participate in national reporting and learning system and contribute to the national guiding principles.]	People will have access to timely and safe urgent care through WICs. WICs increase the number of appropriately managed patients. WICs optimise their capacity (maximise the time spent seeing patients). Leaders and managed will understand what is required to develop and deliver a WIC and have practical advice on setting up a WIC. There will be sufficient people accessing walk-in centres to be able to make conclusions from the evaluation.
Assumptions underpinning needs and activities			Other factors impacting on outcomes		
WIC staff will have capacity to undertake improvement work	PHS will provide data		Public use WICs for treatment of appropriate conditions	Policy direction following Scottish Government election	
Evidence will be available to guide design	Improvement activity focuses on process while evidence focuses on outcomes		WICs are operational for sufficient time to complete improvement cycles]	Availability of staff to operationalise WICs	

Appendix 3 – An example monthly Visual Highlight Report

Typical example from other programme



Draft for GP WIC



Appendix 4 – Improvement support timeline



From: [REDACTED] (NHS Healthcare Improvement Scotland)
To: [REDACTED] (NHS Healthcare Improvement Scotland); [REDACTED] (NHS 24); [REDACTED] (NHS Healthcare Improvement Scotland); [REDACTED] (NHS Health vement Scotland); [REDACTED] (NHS 24); [REDACTED] (NHS 24)
Cc: [REDACTED] (NHS 24); [REDACTED] (NHS 24)
Subject: RE: GPWIS/follow-up discussions
Date: 03 August 2026 09:32:09
Attachments:

Hi

Please note that some of us are meeting with SG on Thursday at 9am as per email discussions attached.

I only have availability on Thursday 11-11.30am and perhaps we can look at next week as I suspect we will need a good block of time to begin identifying roles and responsibilities with clarity as we work through the various commissions.

Thanks

[REDACTED]

[REDACTED]

I Primary Care I Community Care and Dementia I Improving Access I Shifting the Balance of Care

Healthcare Improvement Scotland

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-
PA: [REDACTED] [nhs.scot](mailto:[REDACTED]@nhs.scot)

[REDACTED]

[lillsook.time.to.meet.with.me.](#)

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f"1& Scotland**



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www.ihub.scot

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Facebook: www.facebook.com/healthcareimprovementscot

From: [REDACTED] (NHS Healthcare Improvement Scotland) <[REDACTED]@nhs.scot>
Sent: 03 August 2026 09:13
To: [REDACTED] (NHS 24) <[REDACTED]@nhs24.scot.nhs.uk>; [REDACTED] (NHS Healthcare Improvement Scotland) <[REDACTED]@nhs.scot>; [REDACTED] <[REDACTED]@nhs.scot>; [REDACTED] (NHS Healthcare Improvement Scotland) <[REDACTED]@nhs.scot>; [REDACTED] (NHS Healthcare Improvement Scotland) <[REDACTED]@nhs.scot>; [REDACTED] <[REDACTED]@phs.scot>; [REDACTED] <[REDACTED]@phs.scot>; [REDACTED] <[REDACTED]@phs.scot>; [REDACTED] <[REDACTED]@phs.scot>; [REDACTED] <[REDACTED]@phs.scot>; [REDACTED] <[REDACTED]@phs.scot>
Cc: [REDACTED] (NHS 24) <[REDACTED]@nhs24.scot.nhs.uk>; [REDACTED] (NHS 24) <[REDACTED]@nhs24.scot.nhs.uk>
Subject: RE: GPWIS/follow-up discussions

Good Morning All,

Please find below [REDACTED] availability.

Tues 4th – PM – Unavailable

Wed 5th – AM – Unavailable

Thu 6th – AM - Available 9 – 11:30am

Many Thanks

[REDACTED]

From: [REDACTED] (NHS 24) <[REDACTED]@nhs24.scot.nhs.uk>
Sent: 31 July 2026 17:36
To: [REDACTED] (NHS Healthcare Improvement Scotland) <[REDACTED]@nhs.scot>; [REDACTED] <[REDACTED]@nhs.scot>; [REDACTED] (NHS Healthcare Improvement Scotland) <[REDACTED]@nhs.scot>; [REDACTED] (NHS Healthcare Improvement Scotland) <[REDACTED]@nhs.scot>; [REDACTED] <[REDACTED]@phs.scot>; [REDACTED] <[REDACTED]@phs.scot>; [REDACTED] <[REDACTED]@phs.scot>; [REDACTED] <[REDACTED]@phs.scot>; [REDACTED] <[REDACTED]@phs.scot>
Cc: [REDACTED] (NHS 24) <[REDACTED]@nhs24.scot.nhs.uk>; [REDACTED] (NHS 24) <[REDACTED]@nhs24.scot.nhs.uk>
Subject: RE: GPWIS/follow-up discussions

Hello all

To facilitate a follow-up discussion, could you please advise your availability for the following dates and times:

Tues 4th – PM

Wed 5th – AM

Thu 6th – AM

Many thanks

[REDACTED]

From: [REDACTED] (NHS 24) <[REDACTED]@nhs24.scot.nhs.uk>
Sent: 30 July 2026 18:14
To: [REDACTED] (NHS Healthcare Improvement Scotland) <[REDACTED]@nhs.scot>; [REDACTED] <[REDACTED]@nhs.scot>; [REDACTED] (NHS Healthcare Improvement Scotland) <[REDACTED]@nhs.scot>; [REDACTED] (NHS Healthcare Improvement Scotland) <[REDACTED]@nhs.scot>; [REDACTED] <[REDACTED]@phs.scot>; [REDACTED] <[REDACTED]@phs.scot>; [REDACTED] <[REDACTED]@phs.scot>; [REDACTED] <[REDACTED]@phs.scot>; [REDACTED] <[REDACTED]@phs.scot>
Cc: [REDACTED] (NHS 24) <[REDACTED]@nhs24.scot.nhs.uk>; [REDACTED] (NHS 24) <[REDACTED]@nhs24.scot.nhs.uk>
Subject: GPWIS/follow-up discussions

Dear colleagues

Many thanks for the discussions over the last few days, which have been helpful for us as we begin to mobilise our work on GPWIS and understand how our respective commissions fit together in practice. I recognise that understandably, as we come into this work, there are still some areas to work through on potential overlap between aspects of our respective roles. In reflecting on our discussions, and as discussed specifically in our meeting with HIS colleagues today, we thought it would be helpful for us to come together to work through the interfaces of our work, help develop a shared understanding of how our commissions operate, how information flows between us, and how we ensure SG receives a coherent picture of delivery, intelligence, monitoring, evaluation and learning. If there are any areas that remain unclear following those discussions, we can then consider together whether any further SG input would be helpful.

One specific point of clarification following today's discussion with HIS relates to the six-weekly workshops. I have since spoken with SG and they have asked that these are now incorporated into the emerging operational oversight arrangements. It would be helpful to discuss how we build on the strengths of these workshops, as part of our follow-up conversation.

As well as that broader discussion, there are a number of immediate programme issues emerging where it would be useful to discuss and, if possible, agree a way forward:

- **Data quality and clinical coding** – through a number of various routes, including the Working Group meeting, our discussions, and issued raised

with the FM yesterday, there is a common view that greater consistency is required and that some form of guidance would be beneficial. It would be useful to agree how this could be taken forward and by whom, with a view to bringing proposed approach to the first Operational Oversight Group.

- **Operational Oversight Arrangements** – we are now progressing the establishment of the Operational Oversight Group and associated intelligence reporting arrangements, with the first meeting expected by end of August. Whilst our commission identifies a number of core inputs, it would be helpful to discuss what information, outputs and insights from our respective commissions should contribute to the first phase of these arrangements.
- **Programme Communications and Messaging** – SG and yesterday's Working Group highlighted the need for consistent communications and messaging for the public on GPWIS. As mentioned in our meetings, we have been asked to do a rapid stocktake of comms products etc with a view to helping Boards better align messaging. We will be reaching out to Board Comms Leads as part of this work and would welcome any input as we do this. I'd also be keen to reflect [REDACTED] comments from our meeting today in terms of strengthening needed on key messages relating to the HIS Evaluation work.

It feels that these immediate issues could also be good practical examples of how we work together as national partners, work through our interfaces and agree ownership. [REDACTED] will be in touch tomorrow to get our follow-up meeting between us arranged. I look forward to following up our discussions and please do get in touch if there's anything you'd like to pick up before then.

[REDACTED]

From: [REDACTED].scot
To: [REDACTED] (NHS Healthcare ImprovementScotland); ---
Cc: [REDACTED] PCWICS@gov.scot; --
Subject: RE: GPWIC: NHS 24/HIS/PHS
Date: 06 August 2026 10:32:34
Attachments:

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Hi all,

Many thanks for the useful meeting this morning. I've attached a couple of documents that you'll hopefully find useful. The first is the written fortnightly operational report, as requested. The next is our current thinking on governance for walk-in services. Slide two sets out how we see the different organisations/groups linking together. I think slide four might also be useful as it sets out our early thinking on the role of each national board. Of course, we very much welcome feedback and are happy to adapt as necessary.

Many thanks,
[REDACTED]

[REDACTED] - General Practice Policy/General Practice Policy
Division|Directorate of Primary Care|Scottish Government|1ER|St Andrew's House|Regent
Road|Edinburgh|EH1 3DG ✉ email: [REDACTED] gov.scot.

From: [REDACTED] (NHS Healthcare Improvement Scotland)
<[REDACTED]nhs.scot>
Sent: 03 August 2026 13:17
To: [REDACTED] <[REDACTED]gov.scot>
Cc: [REDACTED] gov.scot; [REDACTED] Walk-in Service Policy Programme
<PCWICS@gov.scot>; [REDACTED] <[REDACTED]gov.scot>
Subject: RE: GPWIC: NHS 24/HIS/PHS

Hi

I have put a slot in the diary for Thursday at 9am.

Thanks
[REDACTED]



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of Care

Healthcare Improvement Scotland

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e: [REDACTED] [nhs.scot](mailto:[REDACTED]@nhs.scot)

-

PA: [REDACTED] [nhs.scot](mailto:[REDACTED]@nhs.scot)

[REDACTED]

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www.ihub.scot

Twitter: [@online_his](https://twitter.com/online_his)

Facebook: www.facebook.com/healthcareimprovementscot

From: [REDACTED] (NHS Healthcare Improvement Scotland)

Sent: 31 July 2026 11:43

To: [REDACTED] gov.scot' <[REDACTED]@gov.scot>; [REDACTED]
<[REDACTED]@phs.scot>; [REDACTED] <[REDACTED]@nhs.scot>; [REDACTED] (NHS 24)
<[REDACTED]@nhs24.scot.nhs.uk>

Cc: [REDACTED] <[REDACTED]@gov.scot>; PCWICS@gov.scot;
[REDACTED]@gov.scot

Subject: RE: GPWIC: NHS 24/HIS/PHS

Hi

Thanks for the quick response. Thursday morning would be good for [REDACTED]
[REDACTED] [\(NHS 24\)](#) does this work for you?

Best wishes

[REDACTED]

[REDACTED]

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Healthcare Improvement Scotland

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From: [REDACTED] [gov.scot](mailto:[REDACTED]@gov.scot) <[REDACTED]@gov.scot>

Sent: 31 July 2026 11:32

To: [REDACTED] (NHS Healthcare Improvement Scotland)

<[REDACTED]@nhs.scot>; [REDACTED] <[REDACTED]@phs.scot>; [REDACTED]
[REDACTED]@nhs.scot>; [REDACTED] (NHS 24) <[REDACTED]@nhs24.scot.nhs.uk>

Cc: [REDACTED] <[REDACTED]@gov.scot>; PCWICS@gov.scot;
[REDACTED]@gov.scot

Subject: RE: GPWIC: NHS 24/HIS/PHS

Hi [REDACTED]

Yes, very happy to meet – it would also be good if my colleague [REDACTED] can make it as she is working up the overall structure of the programme. Would Wednesday afternoon or Thursday morning work?

Kind Regards

[REDACTED]

[REDACTED] | [General Practice Policy Division](#) | [Primary Care Directorate](#) | [Scottish Government](#) [REDACTED] | [REDACTED] [gov.scot](mailto:[REDACTED]@gov.scot)

From: [REDACTED] (NHS Healthcare Improvement Scotland)
<[REDACTED][nhs.scot](mailto:[REDACTED]@nhs.scot)>
Sent: 31 July 2026 11:25
To: [REDACTED] <[REDACTED][gov.scot](mailto:[REDACTED]@gov.scot)>; [REDACTED]
<[REDACTED][nhs.scot](mailto:[REDACTED]@nhs.scot)>; [REDACTED] (NHS Healthcare Improvement Scotland)
[REDACTED][nhs.scot](mailto:[REDACTED]@nhs.scot)>; [REDACTED] (NHS 24) <[REDACTED][@nhs24.scot.nhs.uk](mailto:[REDACTED]@nhs24.scot.nhs.uk)>
Cc: [REDACTED] <[REDACTED][gov.scot](mailto:[REDACTED]@gov.scot)>; Walk-in Service Policy Programme
<PCWICS@gov.scot>
Subject: RE: GPWIC: NHS 24/HIS/PHS

Hi [REDACTED]

I hope you're well and that things are going as smoothly as possible during what has clearly been a busy period for the GP WiCs work.

Following some discussions this week, the three national boards are planning to come together to look at our respective commissions collectively, identify any areas of overlap, and clarify roles and responsibilities moving forward.

Given the media interest we've seen this week in this very high profile work, it would be really helpful to have an initial conversation with you next week to talk through the three commissions together. There is certainly plenty of work to do across all areas, and we'd like to ensure we have a shared understanding of priorities, responsibilities, and opportunities to work together as effectively as possible.

Perhaps you can let me know when might suit.

Many thanks

[REDACTED]

[REDACTED]

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e: [REDACTED][nhs.scot](mailto:[REDACTED]@nhs.scot)
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From: [REDACTED] <[REDACTED]@gov.scot> <[REDACTED]@gov.scot>
Sent: 24 July 2026 12:09
To: [REDACTED] (NHS 24) <[REDACTED]@nhs24.scot.nhs.uk>; [REDACTED] (NHS 24) <[REDACTED]@nhs24.scot.nhs.uk>; [REDACTED] (NHS Healthcare Improvement Scotland) <[REDACTED]@nhs.scot>; [REDACTED] <[REDACTED]@phs.scot>; [REDACTED] <[REDACTED]@phs.scot>; [REDACTED] <[REDACTED]@phs.scot>; [REDACTED] <[REDACTED]@nhs.scot>
Cc: [REDACTED] <[REDACTED]@gov.scot>; PCWICS@gov.scot
Subject: RE: GPWIC: NHS 24/HIS/PHS

Dear All,

Thanks for the meeting I wanted to provide a brief update regarding the NHS 24 commission for the GP WIS programme.

We have agreed the attached outline plan with NHS24 which sets out their role in providing operational oversight and supporting a whole-system view of delivery across the programme, complementing its existing role within primary unscheduled care.

For awareness, we intend to issue the attached letter to Territorial Boards on Monday. The purpose of the letter is to formally notify Boards of NHS 24's role and responsibilities within the programme and to provide clarity on the support arrangements that will be established going forward. I understand that NHS 24 is also looking to arrange a further meeting with yourselves to work through the practical implications of the commission, including interfaces with existing HIS and PHS responsibilities, information sharing arrangements, and how organisations can work together to provide a coordinated picture of delivery, improvement and learning across the programme.

As discussed previously, our intention remains that the programme operates within an overarching Scottish Government governance structure, with national organisations working collaboratively while maintaining their respective commissioned roles and reporting arrangements.

Please let me know if you have any comments on the attached letter ahead of its issue on Monday. We are, of course, happy to discuss further if helpful.

Kind regards,

■

■ | [General Practice Policy Division](#) | [Primary Care Directorate](#) | [Scottish Government](#) | ■ | ■ | [v.scot](#)

-----Original Appointment-----

From: - (NHS 24) nhs24.scot.nhs.uk

Sent: 14 July 2026 09:44

To: - (NHS 24); ■ (NHS 24); ■ (NHS 24); ■ (NHS Healthcare Improvement Scotland); ■

Cc: ■ - (NHS Healthcare Improvement Scotland)

Subject: GPWIC: NHS 24/HIS/PHS

When: 15 July 2026 12:00-12:45 (UTC+00:00) Dublin, Edinburgh, Lisbon, London.

Where: Microsoft Teams Meeting

From: ■ (NHS 24) <nhs24.scot.nhs.uk>
Sent: 10 July 2026 09:46:36 (UTC+00:00) Dublin, Edinburgh, Lisbon, London
To: ■ (NHS 24) <nhs24.scot.nhs.uk>; -- (NHS 24) <nhs24.scot.nhs.uk>; ■ (NHS Healthcare Improvement Scotland) <nhs.scot>; ■ <phs.scot>; ■ <phs.scot>; ■ <phs.scot>
Cc: ■ <gov.scot>; ■ (NHS Healthcare Improvement Scotland) <nhs.scot>
Subject: GPWIC: NHS 24/HIS/PHS
When: 15 July 2026 12:00-12:45.
Where: Microsoft Teams Meeting

This time looks like it might work for our initial discussion on alignment across our WIC commissions.

Microsoft Teams meeting

Join: <https://teams.microsoft.com/meet/3395090738619397p=626296797679222676>

Meeting ID: 339 509 073 861 939

Passcode:-

[Need help?](#) | [System reference](#)

Join on a video conferencing device

Tenant key: nhsscot@m.webex.com

Video ID: [REDACTED]

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For organizers: [Meeting options](#)

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it would be an ideal forum to do this. I am conscious that we need to maximise each coming together opportunity to give the teams on the ground time to do the work.

We might also want to consider how frequently we will meet in between programme boards, for PCPIP it was a quick weekly huddle to rapidly deal with issues arising and a slightly more detailed fortnightly meeting to agree progress or not towards the reporting out. It might be helpful if we can discuss the plan for these ahead of the workshop so that we are approaching this prepared to raise and agree?

Many thanks

[REDACTED]

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e: [REDACTED] [nhs.scot](#)

PA: [REDACTED] [\[REDACTED\]@nhs.scot](mailto:[REDACTED]@nhs.scot)



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From: [REDACTED] (NHS Healthcare Improvement Scotland) <[REDACTED]@nhs.scot>

Sent: 08 April 2026 13:01

To: [REDACTED] gov.scot>; [REDACTED] (NHS Healthcare Improvement Scotland) <[REDACTED] nhs.scot>; [REDACTED]
<[REDACTED] gov.scot>; [REDACTED] (NHS Healthcare Improvement Scotland) <[REDACTED] nhs.scot>; [REDACTED] (NHS Healthcare Improvement Scotland) <[REDACTED] nhs.scot>; [REDACTED] (NHS Healthcare Improvement Scotland) <[REDACTED] nhs.scot>; [REDACTED] (NHS Healthcare Improvement Scotland) <[REDACTED] nhs.scot>; [REDACTED] (NHS Healthcare Improvement

Scotland) <[REDACTED]@nhs.scot>

Subject: RE: GP Walk-in centres- Commission update

Hi [REDACTED]

Thanks for letting us know about the evaluation working group. It will be really valuable for our evaluation team to be part of the group – help build relationships, understand data challenges, approaches and of course to offer support. [REDACTED] and [REDACTED] would be the key people here.

Appreciate you are waiting for our response to come back in, but thank you for making this connection.

Best wishes

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Healthcare Improvement Scotland

Evidence & Digital

[REDACTED]

[REDACTED] [nhs.scot](#)

Personal Assistant – [REDACTED]

[REDACTED] [nhs.scot](#)

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From: [REDACTED] [gov.scot](#) <[REDACTED]@gov.scot>

Sent: 08 April 2026 12:13

To: [REDACTED] (NHS Healthcare Improvement Scotland)

[REDACTED] [nhs.scot](#); [REDACTED] <[REDACTED]@gov.scot>; [REDACTED]

Improvement Scotland) <[REDACTED]@nhs.scot>; [REDACTED] (NHS Healthcare
Improvement Scotland) <[REDACTED]@nhs.scot>; [REDACTED] (NHS Healthcare
Improvement Scotland) <[REDACTED]@nhs.scot>; [REDACTED] (NHS Healthcare
Improvement Scotland) <[REDACTED]@nhs.scot>; [REDACTED]
<[REDACTED]@nhs.scot>

Cc: [REDACTED] <[REDACTED]@gov.scot>; [REDACTED]
<[REDACTED]@gov.scot>; [REDACTED] <[REDACTED]@nhs.scot>; [REDACTED]
<[REDACTED]@gov.scot>; [REDACTED] <[REDACTED]@gov.scot>; [REDACTED]
<[REDACTED]@phs.scot>; [REDACTED] <[REDACTED]@phs.scot>; [REDACTED]
[REDACTED]@phs.scot>; [REDACTED] <[REDACTED]@phs.scot>; [REDACTED]
<[REDACTED]@nhs.scot>

Subject: RE: GP Walk-in centres- Commission update

Hi

Just finalising it and will send it over today. Sorry.

Thanks

[REDACTED]

[REDACTED]

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m: [REDACTED]

e: [REDACTED]@nhs.scot

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From: [REDACTED] <[REDACTED]@nhs.scot> <[REDACTED]@nhs.scot>
Sent: 08 April 2026 11:04
To: [REDACTED] (NHS Healthcare Improvement Scotland)
[REDACTED] <[REDACTED]@nhs.scot>; [REDACTED] (NHS Healthcare Improvement Scotland)
[REDACTED] <[REDACTED]@nhs.scot>; [REDACTED] (NHS Healthcare Improvement Scotland)
[REDACTED] <[REDACTED]@nhs.scot>; [REDACTED] (NHS Healthcare Improvement Scotland)
[REDACTED] <[REDACTED]@nhs.scot>; [REDACTED] (NHS Healthcare Improvement Scotland)
[REDACTED] <[REDACTED]@nhs.scot>; [REDACTED] (NHS Healthcare Improvement Scotland)
[REDACTED] <[REDACTED]@nhs.scot>; [REDACTED] (NHS Healthcare Improvement Scotland)
[REDACTED] <[REDACTED]@nhs.scot>; [REDACTED] (NHS Healthcare Improvement Scotland)
[REDACTED] <[REDACTED]@nhs.scot>; [REDACTED] (NHS Healthcare Improvement Scotland)
[REDACTED] <[REDACTED]@nhs.scot>; [REDACTED] (NHS Healthcare Improvement Scotland)
[REDACTED] <[REDACTED]@nhs.scot>; [REDACTED] (NHS Healthcare Improvement Scotland)
Cc: [REDACTED] <[REDACTED]@gov.scot>; [REDACTED]
[REDACTED] <[REDACTED]@gov.scot>; [REDACTED] <[REDACTED]@nhs.scot>; [REDACTED]
[REDACTED] <[REDACTED]@gov.scot>; [REDACTED] <[REDACTED]@gov.scot>; [REDACTED]
[REDACTED] <[REDACTED]@phs.scot>; [REDACTED] <[REDACTED]@phs.scot>; [REDACTED]
[REDACTED] <[REDACTED]@phs.scot>; [REDACTED] <[REDACTED]@phs.scot>; [REDACTED]
(NHS Healthcare Improvement Scotland) <[REDACTED]@nhs.scot>
Subject: RE: GP Walk-in centres- Commission update

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Good morning [REDACTED], all

I hope you are well!
Are you in a position to share your proposal with us?

Many thanks,

[REDACTED] | Policy Officer | General Practice Policy Division | Primary Care
Directorate | Scottish Government | St Andrews House |
✉ [REDACTED]

abcd

From: [REDACTED] (NHS Healthcare Improvement Scotland)
<[REDACTED]@nhs.scot>
Sent: 02 April 2026 15:02
To: [REDACTED] <[REDACTED]@gov.scot>; [REDACTED] (NHS Healthcare Improvement Scotland) <[REDACTED]@nhs.scot>; [REDACTED] (NHS Healthcare Improvement Scotland) <[REDACTED]@nhs.scot>; [REDACTED] (NHS Healthcare Improvement Scotland) <[REDACTED]@nhs.scot>

Improvement Scotland) <[REDACTED]@nhs.scot>; [REDACTED] (NHS Healthcare
Improvement Scotland) [REDACTED]@nhs.scot>; [REDACTED] (NHS Healthcare
Improvement Scotland) [REDACTED]@nhs.scot>; [REDACTED] (NHS Healthcare
Improvement Scotland) [REDACTED]@nhs.scot>; [REDACTED] (NHS Healthcare
Improvement Scotland) [REDACTED]@nhs.scot>; [REDACTED] (NHS Healthcare
Improvement Scotland) <[REDACTED]@nhs.scot>; [REDACTED] (NHS Healthcare
Improvement Scotland) <[REDACTED]@nhs.scot>; [REDACTED] (NHS Healthcare
Improvement Scotland) <[REDACTED]@nhs.scot>; [REDACTED]
<[REDACTED]@nhs.scot>

Cc: [REDACTED] [REDACTED]@gov.scot>; [REDACTED]
[REDACTED]@gov.scot>; [REDACTED] <[REDACTED]@nhs.scot>; [REDACTED]
[REDACTED]@gov.scot>; [REDACTED] <[REDACTED]@gov.scot>; [REDACTED]
[REDACTED]@phs.scot>; [REDACTED] <[REDACTED]@phs.scot>; [REDACTED]
<[REDACTED]@phs.scot>; [REDACTED] <[REDACTED]@phs.scot>; [REDACTED]
<[REDACTED]@nhs.scot>

Subject: RE: GP Walk-in centres- Commission update

Thanks [REDACTED]. We are finalising our proposal today and will send this over by Monday.

Best wishes

[REDACTED]

[REDACTED]

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Healthcare Improvement Scotland

m: [REDACTED]

e: [REDACTED]@nhs.scot

-

PA: [REDACTED]@nhs.scot



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From: [redacted] [gov.scot](#) [redacted] [gov.scot](#)>
Sent: 02 April 2026 14:58
To: [redacted] (NHS Healthcare Improvement Scotland)
<[redacted] [nhs.scot](#)>; [redacted] (NHS Healthcare Improvement Scotland)
<[redacted] [nhs.scot](#)>; [redacted] (NHS Healthcare Improvement Scotland)
<[redacted] [nhs.scot](#)>; [redacted] (NHS Healthcare Improvement Scotland)
<[redacted] [nhs.scot](#)>; [redacted] (NHS Healthcare Improvement Scotland)
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Cc: [redacted] <[redacted] [gov.scot](#)>; [redacted]
<[redacted] [gov.scot](#)>; [redacted] <[redacted] [nhs.scot](#)>; [redacted]
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[redacted] [phs.scot](#)>; [redacted] <[redacted] [phs.scot](#)>; [redacted]
[redacted] [phs.scot](#)>; [redacted] <[redacted] [phs.scot](#)>; [redacted]
(NHS Healthcare Improvement Scotland) <[redacted] [nhs.scot](#)>
Subject: RE: GP Walk-in centres- Commission update

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Good afternoon all,

Apologies for chasing, I appreciate this is a busy time for all. I would be grateful if you could provide an update at your earliest possible convenience next week.

Enjoy the Easter break when it comes!

[redacted] | Policy Officer | General Practice Policy Division | Primary Care Directorate | Scottish Government | St Andrews House |
✉ [redacted] [gov.scot](#)

abcd

From: [redacted]
Sent: 30 March 2026 14:34
To: [redacted] (NHS Healthcare Improvement Scotland)
<[redacted] [nhs.scot](#)>; [redacted] [nhs.scot](#)>; [redacted] (NHS Healthcare Improvement Scotland) <[redacted] [nhs.scot](#)>;

[redacted] [nhs.scot](#); [redacted] [nhs.scot](#); [redacted] [nhs.scot](#);
[redacted] [nhs.scot](#); [redacted] [nhs.scot](#); [redacted] [nhs.scot](#);
[redacted] [nhs.scot](#); [redacted] [nhs.scot](#)
Cc: [redacted] <[redacted] [gov.scot](#)>; [redacted]
<[redacted] [gov.scot](#)>; [redacted] [nhs.scot](#); [redacted]
[redacted] [gov.scot](#)>; [redacted] <[redacted] [gov.scot](#)>;
[redacted] [phs.scot](#); [redacted] <[redacted] [phs.scot](#)>; [redacted]
<[redacted] [phs.scot](#)>; [redacted] <[redacted] [phs.scot](#)>;
[redacted] [nhs.scot](#)

Subject: GP Walk-in centres- Commission update

Good afternoon colleagues,

I hope all is well.

Further to the commission which was sent on 27th February, we are hoping you can provide an update on your proposal. We had a productive meeting with PHS colleagues last week and, given the significant interest from stakeholders, we are keen to move forward in developing the national monitoring and evaluation framework.

If there is anything you need to discuss please let me know if it would be easier to arrange a meeting.

Many thanks,

[redacted] | Policy Officer | General Practice Policy Division | Primary Care
Directorate | Scottish Government | St Andrews House |
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abcd

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To: [REDACTED] ([NHS Healthcare Improvement Scotland](#)); [REDACTED] ([NHS Healthcare Improvement Scotland](#)); [REDACTED] ([NHS Healthcare Improvement Scotland](#)); [REDACTED]
Cc: [REDACTED] [gov.scot](mailto:[REDACTED]@gov.scot); [REDACTED]
Subject: Follow-up to HIS-SG catch-up
Date: 02 July 2026 16:40:25

Good afternoon everyone,

Thank you for this morning's catch-up on the walk-in pilot and for all of your continued work on the project.

We look forward to receiving your delivery plan, though note it is iterative.

It would be helpful if this could provide an outline of what has happened, what will happen, and by when, in a combined format from HIS, rather than splitting out via teams responsible for different elements.

It would be great if we could have this in time for our next catch-up. This will give us greater assurance that work is underway at pace, and on track. This can give us a basis for our weekly catch-ups, as we will have an idea of what is underway, so we can focus on any key insights you can share.

Finally, an ask again for your slides, which have been so helpful for us, so that we can share around all pilot leads for feedback.

As mentioned this morning, we are looking for assurance to give to Ministers that this element of the programme remains on track and will help us when thinking about next steps.

Many thanks in advance,

[REDACTED] | Policy Officer | General Practice Policy Division | Primary Care Directorate | Scottish Government | St Andrews House |
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From: [REDACTED]
To: [REDACTED] (NHS Healthcare Improvement Scotland)
Subject: Fw: Walk In Services Monitoring and Evaluation
Date: 30 July 2026 17:20:17
Attachments: [image001.png](#)
[20260730 Response to Scottish Government GP WiCs v1.0.docx](#)

FYI

[REDACTED]
[REDACTED]
[REDACTED]
Healthcare Improvement Scotland

Please note my working days are Tuesday-Friday

Personal Assistant – [REDACTED]
[REDACTED]@nhs.scot

From: [REDACTED] (NHS Healthcare Improvement Scotland)
[REDACTED]@nhs.scot>
Sent: 30 July 2026 17:16
To: [REDACTED] <[REDACTED]@gov.scot>
Cc: [REDACTED] (NHS Healthcare Improvement Scotland)
[REDACTED]@nhs.scot>; [REDACTED] (NHS Healthcare Improvement Scotland)
[REDACTED]@nhs.scot>; [REDACTED]@gov.scot>; [REDACTED]
[REDACTED]@gov.scot>; [REDACTED]@gov.scot>; [REDACTED]
[REDACTED]@nhs.scot>

Subject: RE: Walk In Services Monitoring and Evaluation

Dear [REDACTED]

Please find attached our response to your request for further information.

If you have any further queries please do let [REDACTED] or me know.

Best wishes

[REDACTED]
[REDACTED]
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Healthcare Improvement Scotland

m: [REDACTED]
e: [REDACTED]@nhs.scot

PA: [REDACTED]@nhs.scot

PLEASE NOTE I [REDACTED]

[I'll look time to meet with me](#)



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From: [REDACTED]@gov.scot . _ @ g o v . s c o t >
Sent: 21 July 2026 11:32
To: [REDACTED] (NHS Healthcare Improvement Scotland)
[REDACTED]@nhs.scot>; - [REDACTED]@nhs.scot>
Cc: [REDACTED] (NHS Healthcare Improvement Scotland)
[REDACTED]@nhs.scot>; [REDACTED] (NHS Healthcare Improvement Scotland)
[REDACTED]@nhs.scot>; [REDACTED]@gov.scot>; -
- @gov.scot>; [REDACTED]<[REDACTED]@gov.scot>
Subject: Walk In Services Monitoring and Evaluation

Dear [REDACTED],

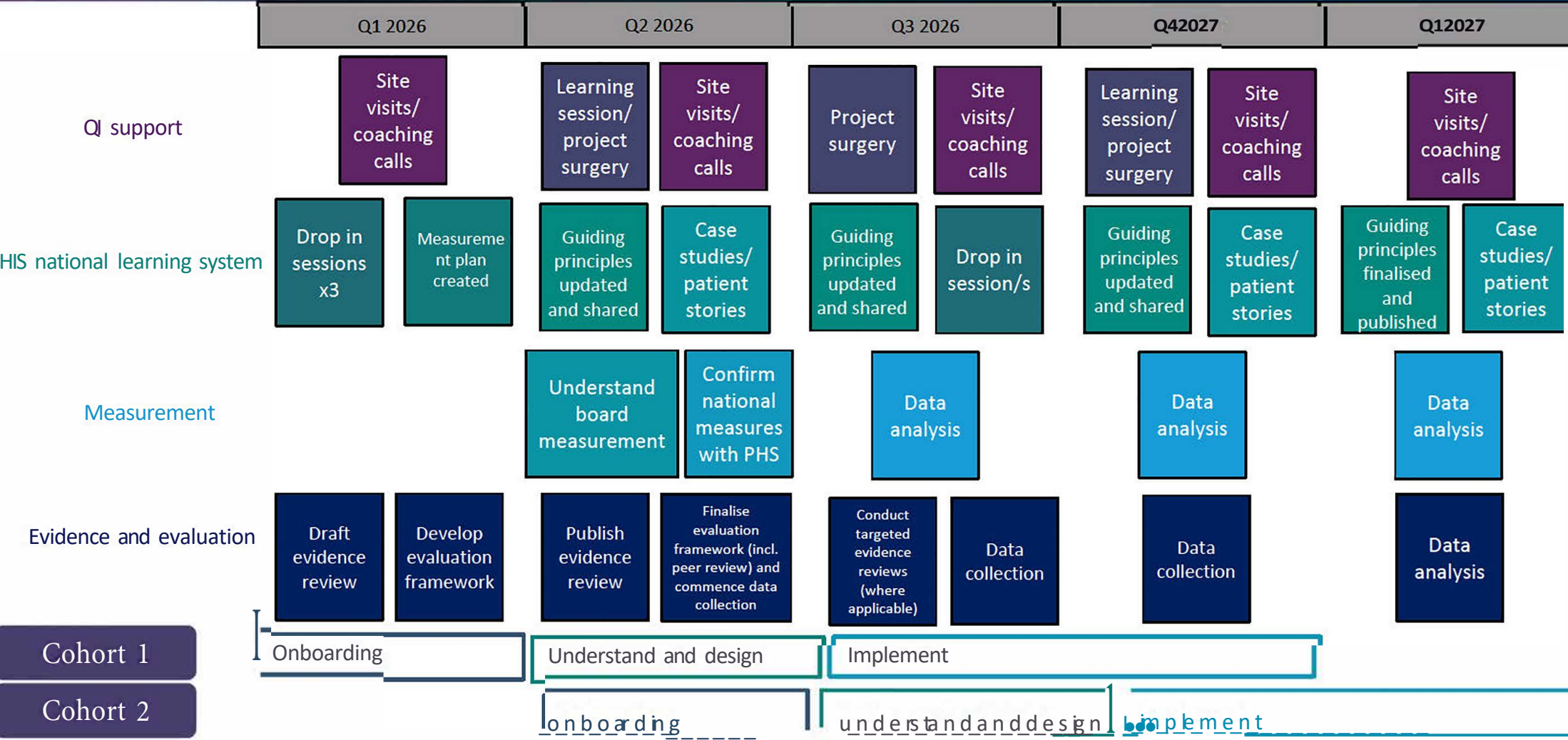
With thanks on the engagement to-date, please find attached a note regarding walk in services monitoring and evaluation requesting further information by 31 July.

Best Wishes
[REDACTED]

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Timeline for GP Walk in Centres 2026/27 programme



the Citizen Panel work on continuity. Also if you can clarify where you are at with the relevant impact assessments for the planning of these centres and in particular, an Equality Impact Assessment and a Fairer Scotland Duty assessment.

Scalability assessment – [REDACTED] and I have shared the previous work on this and I believe that is in line with what you are anticipating but if you could clarify.

QI and implementation support – [REDACTED] and I can pick this up with you separately once we have clarified the key measures as per previous emails, What are the main questions that we are going to support in order to gather the data.

Once we have a bit more clarity we can proceed but meantime, I am cancelling the planned workshop tomorrow to enable focus on these areas.

I suspect that PHS colleagues will also have their own questions and I will leave it to them to add their thoughts.

Thanks

[REDACTED]

[REDACTED]

[REDACTED]

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Healthcare Improvement Scotland

m: [REDACTED]

e: [REDACTED] [nhs.scot](mailto:[REDACTED]@nhs.scot)

PA: [REDACTED] [nhs.scot](mailto:[REDACTED]@nhs.scot)



[REDACTED]

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www.ihub.scot

Twitter: [@online_his](https://twitter.com/online_his)

Facebook: www.facebook.com/healthcareimprovementscot

From: [REDACTED] [gov.scot](mailto:[REDACTED]@gov.scot) <[REDACTED]@gov.scot>

Sent: 23 February 2026 11:01

To: [REDACTED] (NHS Healthcare Improvement Scotland)

[REDACTED] [nhs.scot](mailto:[REDACTED]@nhs.scot); [REDACTED] <[REDACTED]@phs.scot>;

[REDACTED] <[REDACTED]@gov.scot>; [REDACTED]

[REDACTED] [phs.scot](mailto:[REDACTED]@phs.scot); [REDACTED] (NHS Healthcare Improvement Scotland)

<[REDACTED]@nhs.scot>; [REDACTED] [phs.scot](mailto:[REDACTED]@phs.scot); [REDACTED]

[REDACTED] <[REDACTED]@gov.scot>; [REDACTED] (NHS Healthcare Improvement Scotland) [REDACTED] [nhs.scot](mailto:[REDACTED]@nhs.scot); [REDACTED]

[REDACTED] [nhs.scot](mailto:[REDACTED]@nhs.scot); [REDACTED] NHS Healthcare Improvement Scotland)

[redacted] [nhs.scot](mailto:[redacted]@nhs.scot); [redacted] [redacted] [phs.scot](mailto:[redacted]@phs.scot)>

Cc: [redacted] (NHS Healthcare Improvement Scotland)

[redacted] [nhs.scot](mailto:[redacted]@nhs.scot); [redacted] (NHS Healthcare Improvement Scotland) <[redacted]@nhs.scot>; [redacted] (NHS Healthcare Improvement Scotland) [redacted] [hs.scot](mailto:[redacted]@hs.scot)>

Subject: RE: Follow up from Walk in Centres meeting 11 February

Thanks [redacted] – welcome back!

Looking forward to discussing this on Wednesday. The system impact map looks really good, and I think we should proceed in this way on that for now to have a basis to discuss. And wider system impact is really important to measure across the whole pilot, and I think includes the ‘8am rush’ that you refer to.

On this:

We also need to define clarity with you on whether this is an evaluation in addition to assessing for scalability or not, which is additional to the QI and implementation work to be carried out. And of course we need to be clear on what you anticipate measuring to show the impact on the 8am rush as stated again by FM at the Edinburgh launch separately from the overall measurement of impact from the various models.

Again, we would welcome input from you and your colleagues on the various measures we can track to evaluate, and I would appreciate detail of what ‘assessing for scalability’ looks like in addition to tracking those metrics and the implementation work.

I am working on sharing a draft logic model and early clinical spec, as discussed with our professional advisors, which I hope to get to you shortly for discussion. However, for the avoidance of doubt though, can I just confirm that HIS/PHS will be able to measure: appointments (with a focus on: activity, outcomes, cost, patient experience, staff experience). Given the strong emphasis from Ministers on delivering this, they will be required to frequently update parliament on the number of people seen through walk-ins, and we will need to be able to provide that data to them on a minimum of a monthly basis.

All the best,

[redacted] | General Practice Policy Division | Primary Care Directorate | Scottish Government | [redacted]

From: [redacted] (NHS Healthcare Improvement Scotland)

<[redacted]@nhs.scot>

Sent: 23 February 2026 10:42

To: [redacted] <[redacted]@gov.scot>; [redacted]
<[redacted]@phs.scot>; [redacted] <[redacted]@gov.scot>; [redacted]
[redacted] [phs.scot](mailto:[redacted]@phs.scot); [redacted] (NHS Healthcare Improvement Scotland) [redacted] [nhs.scot](mailto:[redacted]@nhs.scot); [redacted] <[redacted]@phs.scot>;
[redacted] <[redacted]@gov.scot>; [redacted] (NHS Healthcare Improvement Scotland) <[redacted]@nhs.scot>; [redacted]
[redacted] [nhs.scot](mailto:[redacted]@nhs.scot); [redacted] NHS Healthcare Improvement Scotland)

[redacted] [\[redacted\]@nhs.scot](mailto:[redacted]@nhs.scot); [redacted] <[redacted]@phs.scot>

Cc: [redacted] (NHS Healthcare Improvement Scotland)

<[redacted]@nhs.scot>; [redacted] <[redacted]@nhs.scot>;

[redacted] (NHS Healthcare Improvement Scotland) [redacted]@nhs.scot>

Subject: RE: Follow up from Walk in Centres meeting 11 February

Hi [redacted]

I am just back from annual leave today and have not yet had time to catch up with colleagues, sorry. However, my initial thoughts are that the cover of £0.6m you suggest is not going to be enough to cover the work that needs to be done by both organisations. I think the initial proposal that you refer to is the very high level draft that we initially provided when [redacted] asked for a suggestion as to what we could possibly do. This does not include any requirements from PHS as we anticipated that you would be approaching them and commissioning separately. We also need to define clarity with you on whether this is an evaluation in addition to assessing for scalability or not, which is additional to the QI and implementation work to be carried out. And of course we need to be clear on what you anticipate measuring to show the impact on the 8am rush as stated again by FM at the Edinburgh launch separately from the overall measurement of impact from the various models.

We are coming together on Wednesday f2f (for those that can make this) and I am sure can pick this up then and will then have to go through our commissioning process before we provide you with a proposal for this work.

Meantime I sent around a previous H@H system impact map as an approach to developing the underpinning theory of change and logic model and it would be good to understand if SG are happy to proceed in this way so that we can prep for the meeting this week?

Thanks

[redacted]

[redacted]

[redacted]

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Healthcare Improvement Scotland

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e: [redacted]@nhs.scot

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From: [REDACTED] <[REDACTED]@gov.scot> <[REDACTED]@gov.scot>
Sent: 18 February 2026 19:02
To: [REDACTED] <[REDACTED]@phs.scot>; [REDACTED] (NHS Healthcare Improvement Scotland) <[REDACTED]@nhs.scot>; [REDACTED] <[REDACTED]@gov.scot>; [REDACTED] <[REDACTED]@phs.scot>; [REDACTED] (NHS Healthcare Improvement Scotland) <[REDACTED]@nhs.scot>; [REDACTED] <[REDACTED]@phs.scot>; [REDACTED] <[REDACTED]@gov.scot>; [REDACTED] NHS Healthcare Improvement Scotland) <[REDACTED]@nhs.scot>; [REDACTED] <[REDACTED]@nhs.scot>; [REDACTED] (NHS Healthcare Improvement Scotland) <[REDACTED]@nhs.scot>; [REDACTED] <[REDACTED]@phs.scot>
Cc: [REDACTED] (NHS Healthcare Improvement Scotland) <[REDACTED]@nhs.scot>; [REDACTED] (NHS Healthcare Improvement Scotland) <[REDACTED]@nhs.scot>; [REDACTED] (NHS Healthcare Improvement Scotland) <[REDACTED]@hs.scot>

Subject: RE: Follow up from Walk in Centres meeting 11 February

Hi all,

Thanks so much for the meeting last week, and sharing your views. As discussed, within the SG there is some work to do on outlining what the logic model includes and really narrowing the clinical spec, however, with Edinburgh now open, and other sites set to come online fairly quickly it is important that we consider and start going with the evaluation. As discussed in the attached, we would be grateful if HIS and PHS could work together to come up with an evaluation proposal, up to the number set out in the original proposal (which I think was £0.6). I understand that any proposal goes through internal processes, but hopefully given the discussions to date (attached) mean that it's already well on its way.

I would be grateful if the proposal focuses on an equal weighting of quantitative and qualitative analysis of the pilot, with a clear and direct line of reporting on the data to SG colleagues, noting the political interest in this pilot, which means that officials will be called to provide accurate statistical briefing to ministers on a regular basis. In the round, based on the policy intention set out by the First Minister, we would be grateful if the commission could look at an ongoing model of tracking:

- Appointments (with a focus on: activity, outcomes, cost, patient experience, staff experience)
- Impact on rest of system (with a focus on reduction in pressure on existing GPs, and attendance in urgent care settings)

Underneath those, we would welcome the commission to suggest additional metrics and approaches to examine, with a focus on combatting health inequalities, opportunity to promote preventative interventions, embedded QI and scalability. We would also welcome an evidence review, which @ [REDACTED] (NHS Healthcare Improvement Scotland) I think you mentioned would be something that wouldn't be too tricky to do. We will rely on your professional expertise to set out which elements

would hold the most value, noting it might not be possible to do everything.
It would also be useful to understand the process of extracting and QA'ing data from AdAstra, especially as we try and work with them to design a reconfiguration that means we're all able to measure the same things.

Welcome discussion and views, but hopefully this gives a level of comfort over our intention to commission an evaluation.

[REDACTED] | General Practice Policy Division | Primary Care Directorate | Scottish Government | [REDACTED]

From: [REDACTED] [REDACTED] <[REDACTED]@phs.scot>

Sent: 17 February 2026 09:58

To: [REDACTED] (NHS Healthcare Improvement Scotland)

[REDACTED] <[REDACTED]@nhs.scot>; [REDACTED] <[REDACTED]@gov.scot>;

[REDACTED] <[REDACTED]@hs.scot>; [REDACTED] (NHS Healthcare Improvement Scotland) <[REDACTED]@nhs.scot>; [REDACTED] <[REDACTED]@phs.scot>;

[REDACTED] <[REDACTED]@gov.scot>; [REDACTED] (NHS Healthcare Improvement Scotland) <[REDACTED]@nhs.scot>; [REDACTED]

<[REDACTED]@gov.scot>; [REDACTED] <[REDACTED]@nhs.scot>; [REDACTED]

(NHS Healthcare Improvement Scotland) <[REDACTED]@nhs.scot>; [REDACTED]

<[REDACTED]@phs.scot>

Cc: [REDACTED] (NHS Healthcare Improvement Scotland)

[REDACTED] <[REDACTED]@nhs.scot>; [REDACTED] <[REDACTED]@nhs.scot>;

[REDACTED] (NHS Healthcare Improvement Scotland) <[REDACTED]@nhs.scot>

Subject: RE: Follow up from Walk in Centres meeting 11 February

Thanks [REDACTED].

Going forward, can you please include [REDACTED] into any correspondence. [REDACTED] will start her new role on the 2nd of March but will be attending our meeting next week.

Thanks [REDACTED]

From: [REDACTED] (NHS Healthcare Improvement Scotland)

<[REDACTED]@nhs.scot>

Sent: 13 February 2026 16:11

To: [REDACTED] <[REDACTED]@gov.scot>; [REDACTED]

<[REDACTED]@phs.scot>; [REDACTED] <[REDACTED]@phs.scot>; [REDACTED] (NHS Healthcare Improvement Scotland) <[REDACTED]@nhs.scot>; [REDACTED]

<[REDACTED]@phs.scot>; [REDACTED] <[REDACTED]@gov.scot>; [REDACTED]

[REDACTED] (NHS Healthcare Improvement Scotland) <[REDACTED]@nhs.scot>;

[REDACTED] <[REDACTED]@gov.scot>; [REDACTED] <[REDACTED]@nhs.scot>; [REDACTED]

[REDACTED] (NHS Healthcare Improvement Scotland) <[REDACTED]@nhs.scot>

Cc: [REDACTED] (NHS Healthcare Improvement Scotland)

<[REDACTED]@nhs.scot>; [REDACTED] (NHS Healthcare Improvement

Scotland) <[REDACTED]@nhs.scot>; [REDACTED] (NHS Healthcare Improvement

Scotland) <[REDACTED]@nhs.scot>

Subject: Follow up from Walk in Centres meeting 11 February

Hi all

I attach a brief note of our meeting this week, if people could check for accuracy and make any suggested changes. I do have a more detailed version if people prefer I can circulate that.

[REDACTED] and I were discussing next steps around developing the theory of change and we suggest that we consider looking at developing a system impact map in the first instance, which will help to visually describe the change and anticipated impact. This will lead us to areas we will require to measure and once we have these two things we can develop the Logic Model which will help to clarify the detail. I have included the one for H@H as an example. Happy to take any thoughts on this as a way forward.

You should by now have received an invite to The Teams channel where we will post all documents for ease and if I can ask everyone to consider if they currently have anything that would be helpful to upload then please do so.

25 February at 10.30am has been circulated as the date for our next meeting and this can be circulated to any others who should be included in these scoping sessions.

[REDACTED] and I are both off next week but my emails will be monitored should there be any queries.

Thanks everyone.

[REDACTED]

[REDACTED]

[REDACTED]

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Healthcare Improvement Scotland

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e: [REDACTED] [nhs.scot](mailto:[REDACTED]@nhs.scot)

PA: [REDACTED] [nhs.scot](mailto:[REDACTED]@nhs.scot)

[REDACTED]

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From: [redacted] ([NHS Healthcare Improvement Scotland](#))
To: [redacted] ([gov.scot](#)); [redacted]; [redacted]; [redacted] ([NHS Healthcare Improvement Scotland](#)); [redacted] ([NHS Greater Glasgow and Clyde](#)); [redacted]
Cc: [redacted]; [redacted] ([NHS Healthcare Improvement Scotland](#)); [redacted] ([NHS Healthcare Improvement Scotland](#)); [redacted] ([NHS Healthcare Improvement Scotland](#)); [redacted] ([NHS Healthcare Improvement Scotland](#))
Subject: RE: Follow up from Walk in Centres meeting 11 February
Date: 02 March 2026 09:58:00
Attachments:

Morning -

My name is - [redacted] and I lead the work of the Scottish Health Technologies Group. We sit within - [redacted] team at HIS. I wanted to provide you with an update of where we have got to, particularly in relation to the evidence review and your query around costs. This update will feed into subsequent discussion about the commission request.

For the evidence review, HIS research and information leads will draft an outline proposal for an evidence summary and return this for your consideration by the end of the week, if this sounds suitable? We would then set up a follow-up meeting to discuss this and further understand the ask relating to patient/staff experience. We'd also use the opportunity to talk through which quantitative metrics would be most helpful.

For the evaluation element, it's reassuring to read that PHS may be able to obtain activity and outcomes data. Our team can then help apply costs to these metrics with a view to demonstrating resource impact. I must note at this early stage that any cost or economic analysis is only as good as the data that goes into it (that is, we'd need to see changes in aforementioned activity and outcomes before we can contribute to assertions of cost effectiveness or resource reduction).

We'll be in touch.

Thanks

[redacted]

From: [redacted] ([gov.scot](#)) <[gov.scot](#)>
Sent: 27 February 2026 09:34
To: [redacted] <[phs.scot](#)>; [redacted]
<[gov.scot](#)>; [redacted] (NHS Greater Glasgow and Clyde)
<[nhs.scot](#)>; [redacted] (NHS Healthcare Improvement Scotland)
, [nhs.scot](#)>
Cc: [redacted] <[ohs.scot](#)>; [redacted] <[ohs.scot](#)>;
[redacted] (NHS Healthcare Improvement Scotland)
<[nhs.scot](#)>

Subject: RE: Follow up from Walk in Centres meeting 11 February

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Thanks [REDACTED],

We appreciate that. Bringing [REDACTED] in here on the process of extracting data from AdAstra as she has a lot of experience with the system.

My thoughts are that it would be in a similar way that the OOH data is collected – we'd appreciate a steer from you on how that might be done in this case? Would it be easier for the boards to feed in data to PHS directly? What is the process in PHS for other similar data flows?

For Vision, the practice have agreed to provide data from their system that aligns as much as possible with the AdAstra approach and have done some work to set up separate coding, so suggest that you link in with relevant leads in Tayside for that once it's up and running.

For cost – I wonder if this perhaps sits more in the HIS space, @ [REDACTED] ([NHS Healthcare Improvement Scotland](#)) I know you have mentioned health economists, would your view be that the cost measurement sits more in what HIS can provide?

Best,

[REDACTED] General Practice Policy Division | Primary Care Directorate | Scottish Government | [REDACTED]

From: [REDACTED] <[REDACTED]@[phs.scot](#)>

Sent: 26 February 2026 17:36

To: [REDACTED] <[REDACTED]@[gov.scot](#)>; [REDACTED]
[REDACTED]@[gov.scot](#)>

Cc: [REDACTED] <[REDACTED]@[phs.scot](#)>; [REDACTED] <[REDACTED]@[phs.scot](#)>;
[REDACTED] (NHS Healthcare Improvement Scotland)
<[REDACTED]@[nhs.scot](#)>

Subject: RE: Follow up from Walk in Centres meeting 11 February

Hi [REDACTED]

[REDACTED] and myself have met to discuss things and are currently drafting our proposal. We have a couple of queries whilst we're doing that.

- Whilst PHS can access data from ADASTR, we don't yet have an arrangement for the GP walk-in centre data to come to PHS. This will need to be separated from the current OOHs data. Who will agree on the process for setting up and extracting from ADASTR and what will that look like? Our proposal will rely on

us accessing this data so can you give us clarity on this in order to feed that into data requirements, frequency etc.

- For the site using Vision, we will be very limited as to what we can provide. Only high level activity (with potential data quality issues) can be provided for that site and providing that a) a Read code is assigned to each walk-in consultation or a new practice code is created, b) the practice(s) give their approval for a full data extract and c) Albasoft have the capacity to do the work. More detailed data (and of better quality) and linkages can only be provided for the sites using ADAstra. Alternatively, it would be worth asking all sites to use ADAstra, is that possible?
- PHS will be able to provide the activity and outcomes data (from centres using ADAstra) by linking data from ADAstra to other PHS datasets (subject to IG approval). However we won't be able to provide costs - have you considered what the source would be for this and whether this is something the boards could provide?

We will probably need more clarity on other things as we progress, but hope that's okay for now.

Thanks



[Redacted], Primary Care
Public Health Scotland

Email: [Redacted] [hs.scot](mailto:[Redacted]@phs.scot)

Public Health Scotland logo

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From: [Redacted] (NHS Healthcare Improvement Scotland)

<[\[Redacted\]@phs.scot](mailto:[Redacted]@phs.scot)>

Sent: 24 February 2026 13:39

To: [Redacted] <[\[Redacted\]@gov.scot](mailto:[Redacted]@gov.scot)>; [Redacted] <[\[Redacted\]@phs.scot](mailto:[Redacted]@phs.scot)>;-

[Redacted] <[\[Redacted\]@gov.scot](mailto:[Redacted]@gov.scot)>; [Redacted] <[\[Redacted\]@phs.scot](mailto:[Redacted]@phs.scot)>;-

(NHS Healthcare Improvement Scotland) [Redacted] <[\[Redacted\]@phs.scot](mailto:[Redacted]@phs.scot)>;-

<[REDACTED]@phs.scot>; [REDACTED] <[REDACTED]@gov.scot>; [REDACTED]
(NHS Healthcare Improvement Scotland) <[REDACTED]@nhs.scot>; [REDACTED]
<[REDACTED]@nhs.scot>; [REDACTED] (NHS Healthcare Improvement Scotland)
<[REDACTED]@nhs.scot>; [REDACTED] <[REDACTED]@phs.scot>
Cc: [REDACTED] (NHS Healthcare Improvement Scotland) <[REDACTED]@hs.scot>;
[REDACTED] (NHS Healthcare Improvement Scotland) <[REDACTED]@nhs.scot>; [REDACTED]
[REDACTED] (NHS Healthcare Improvement Scotland) <[REDACTED]@nhs.scot>; [REDACTED] (NHS
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Healthcare Improvement Scotland) <[REDACTED]@nhs.scot>; [REDACTED] (NHS Healthcare
Improvement Scotland) <[REDACTED]@nhs.scot>; [REDACTED] (NHS Healthcare
Improvement Scotland) <[REDACTED]@nhs.scot>; [REDACTED] <[REDACTED]@nhs.scot>
Subject: RE: Follow up from Walk in Centres meeting 11 February

Hi

I have now met with the team and we are going to postpone the workshop tomorrow to allow for further information to be agreed. Here at HIS we need some further clarity to enable us to develop a proposal for this work that we can then take through our commissioning process and agree with yourselves at SG.

I am aware of the tight time pressures you are under here and the need to agree work that can be stood up relatively quickly to meet the timescales set out already.

If you can give some consideration to the following issues and perhaps catch up with the relevant colleagues undernoted:

Evidence Directorate – [REDACTED], [REDACTED] and [REDACTED] to clarify expectations around evaluation and the evidence review.

Community Engagement – [REDACTED] to discuss patient engagement and building on the Citizen Panel work on continuity. Also if you can clarify where you are at with the relevant impact assessments for the planning of these centres and in particular, an Equality Impact Assessment and a Fairer Scotland Duty assessment.

Scalability assessment – [REDACTED] and I have shared the previous work on this and I believe that is in line with what you are anticipating but if you could clarify.

QI and implementation support – [REDACTED] and I can pick this up with you separately once we have clarified the key measures as per previous emails, What are the main questions that we are going to support in order to gather the data.

Once we have a bit more clarity we can proceed but meantime, I am cancelling the planned workshop tomorrow to enable focus on these areas.

I suspect that PHS colleagues will also have their own questions and I will leave it to them to add their thoughts.

Thanks

[REDACTED]

[REDACTED]

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Sent: 23 February 2026 11:01

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purposes. The views or opinions contained within this e-mail may not
necessarily reflect those of the Scottish Government.

Hi - wider + PHS colleagues,

Thank you for your email - please see a request in the attached for HIS and PHS to work on a joint commission on the GP walk-in centres. Very happy to pick this up with you in a further mee am not available next week but very happy for yourselves to progress with - and colleagues in the meantime.

Kind Regards

■

■ I [General Practice Policy Division](#) I [Primary Care Directorate](#) I [Scottish Government](#) | ■ [gov.scot](#)

From: ■ (NHS Healthcare Improvement Scotland)

■ [nhs.scot](#)>

Sent: 24 February 2026 13:39

To: ■ [gov.scot](#)>; ■ [phs.scot](#)>;

■ <■ [gov.scot](#)>;-->;

■ (NHS Healthcare Improvement Scotland) [nhs.scot](#)>;-

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■ (NHS Healthcare Improvement Scotland)

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(NHS Healthcare Improvement Scotland) [nhs.scot](#)>; ■

[phs.scot](#)>

Cc: ■ (NHS Healthcare Improvement Scotland)

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Healthcare Improvement Scotland) [nhs.scot](#)>; ■ (NHS

Healthcare Improvement Scotland) [nhs.scot](#)>;-

[hs.scot](#)>

Subject: RE: Follow up from Walk in Centres meeting 11 February

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Community Engagement – [REDACTED] to discuss patient engagement and building on the Citizen Panel work on continuity. Also if you can clarify where you are at with the relevant impact assessments for the planning of these centres and in particular, an Equality Impact Assessment and a Fairer Scotland Duty assessment.

Scalability assessment – [REDACTED] and I have shared the previous work on this and I believe that is in line with what you are anticipating but if you could clarify.

QI and implementation support – [REDACTED] and I can pick this up with you separately once we have clarified the key measures as per previous emails, What are the main questions that we are going to support in order to gather the data.

Once we have a bit more clarity we can proceed but meantime, I am cancelling the planned workshop tomorrow to enable focus on these areas.

I suspect that PHS colleagues will also have their own questions and I will leave it to them to add their thoughts.

Thanks

[REDACTED]
[REDACTED]
[REDACTED]

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Healthcare Improvement Scotland

m: [REDACTED]

e: [REDACTED] [nhs.scot](mailto:[REDACTED]@nhs.scot)

-

PA: [REDACTED] [nhs.scot](mailto:[REDACTED]@nhs.scot)



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Website: www.healthcareimprovementscotland.org

www.ihub.scot

Twitter: [@online_his](https://twitter.com/online_his)

Facebook: www.facebook.com/healthcareimprovementscot

From: [REDACTED] <[REDACTED]@gov.scot> <[REDACTED]@gov.scot>
Sent: 23 February 2026 11:01
To: [REDACTED] (NHS Healthcare Improvement Scotland)
<[REDACTED]@nhs.scot>; [REDACTED] <[REDACTED]@phs.scot>; [REDACTED]
[REDACTED] <[REDACTED]@gov.scot>; [REDACTED] <[REDACTED]@phs.scot>; [REDACTED]
[REDACTED] (NHS Healthcare Improvement Scotland) <[REDACTED]@nhs.scot>; [REDACTED]
<[REDACTED]@phs.scot>; [REDACTED] <[REDACTED]@gov.scot>; [REDACTED]
[REDACTED] (NHS Healthcare Improvement Scotland) <[REDACTED]@nhs.scot>;
[REDACTED] <[REDACTED]@nhs.scot>; [REDACTED] (NHS Healthcare Improvement
Scotland) <[REDACTED]@nhs.scot>; [REDACTED] <[REDACTED]@phs.scot>
Cc: [REDACTED] (NHS Healthcare Improvement Scotland)
<[REDACTED]@nhs.scot>; [REDACTED] (NHS Healthcare Improvement
Scotland) <[REDACTED]@nhs.scot>; [REDACTED] (NHS Healthcare Improvement
Scotland) <[REDACTED]@nhs.scot>
Subject: RE: Follow up from Walk in Centres meeting 11 February

Thanks [REDACTED] – welcome back!

Looking forward to discussing this on Wednesday. The system impact map looks really good, and I think we should proceed in this way on that for now to have a basis to discuss. And wider system impact is really important to measure across the whole pilot, and I think includes the '8am rush' that you refer to.

On this:

We also need to define clarity with you on whether this is an evaluation in addition to assessing for scalability or not, which is additional to the QI and implementation work to be carried out. And of course we need to be clear on what you anticipate measuring to show the impact on the 8am rush as stated again by FM at the Edinburgh launch separately from the overall measurement of impact from the various models.

Again, we would welcome input from you and your colleagues on the various measures we can track to evaluate, and I would appreciate detail of what 'assessing for scalability' looks like in addition to tracking those metrics and the implementation work.

I am working on sharing a draft logic model and early clinical spec, as discussed with our professional advisors, which I hope to get to you shortly for discussion. However, for the avoidance of doubt though, can I just confirm that HIS/PHS will be able to measure: appointments (with a focus on: activity, outcomes, cost, patient experience, staff experience). Given the strong emphasis from Ministers on delivering this, they will be required to frequently update parliament on the number of people seen through walk-ins, and we will need to be able to provide that data

to them on a minimum of a monthly basis.

All the best,

[REDACTED] | General Practice Policy Division | Primary Care Directorate | Scottish
Government | [REDACTED]

From: [REDACTED] (NHS Healthcare Improvement Scotland)

<[REDACTED][nhs.scot](mailto:[REDACTED]@nhs.scot)>

Sent: 23 February 2026 10:42

To: [REDACTED] <[REDACTED][gov.scot](mailto:[REDACTED]@gov.scot)>; [REDACTED] <[REDACTED][phs.scot](mailto:[REDACTED]@phs.scot)>;

[REDACTED] <[REDACTED][gov.scot](mailto:[REDACTED]@gov.scot)>; [REDACTED] <[REDACTED][phs.scot](mailto:[REDACTED]@phs.scot)>;

[REDACTED] (NHS Healthcare Improvement Scotland) [REDACTED] <[REDACTED][@nhs.scot](mailto:[REDACTED]@nhs.scot)>; [REDACTED]

[REDACTED] <[REDACTED][phs.scot](mailto:[REDACTED]@phs.scot)>; [REDACTED] <[REDACTED][gov.scot](mailto:[REDACTED]@gov.scot)>;

[REDACTED] (NHS Healthcare Improvement Scotland)

[REDACTED] <[REDACTED][nhs.scot](mailto:[REDACTED]@nhs.scot)>; [REDACTED] <[REDACTED][nhs.scot](mailto:[REDACTED]@nhs.scot)>; [REDACTED]

(NHS Healthcare Improvement Scotland) <[REDACTED][nhs.scot](mailto:[REDACTED]@nhs.scot)>; [REDACTED]

<[REDACTED][phs.scot](mailto:[REDACTED]@phs.scot)>

Cc: [REDACTED] (NHS Healthcare Improvement Scotland)

[REDACTED] <[REDACTED][nhs.scot](mailto:[REDACTED]@nhs.scot)>; [REDACTED] <[REDACTED][nhs.scot](mailto:[REDACTED]@nhs.scot)>; [REDACTED]

[REDACTED] (NHS Healthcare Improvement Scotland) <[REDACTED][nhs.scot](mailto:[REDACTED]@nhs.scot)>

Subject: RE: Follow up from Walk in Centres meeting 11 February

Hi [REDACTED]

I am just back from annual leave today and have not yet had time to catch up with colleagues, sorry. However, my initial thoughts are that the cover of £0.6m you suggest is not going to be enough to cover the work that needs to be done by both organisations. I think the initial proposal that you refer to is the very high level draft that we initially provided when [REDACTED] asked for a suggestion as to what we could possibly do. This does not include any requirements from PHS as we anticipated that you would be approaching them and commissioning separately. We also need to define clarity with you on whether this is an evaluation in addition to assessing for scalability or not, which is additional to the QI and implementation work to be carried out. And of course we need to be clear on what you anticipate measuring to show the impact on the 8am rush as stated again by FM at the Edinburgh launch separately from the overall measurement of impact from the various models.

We are coming together on Wednesday f2f (for those that can make this) and I am sure can pick this up then and will then have to go through our commissioning process before we provide you with a proposal for this work.

Meantime I sent around a previous H@H system impact map as an approach to developing the underpinning theory of change and logic model and it would be good to understand if SG are happy to proceed in this way so that we can prep for the meeting this week?

Thanks



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Healthcare Improvement Scotland

m: [redacted]

e: [redacted] [nhs.scot](mailto:[redacted]@nhs.scot)

-

PA: [redacted] [nhs.scot](mailto:[redacted]@nhs.scot)



[redacted]

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www.ihub.scot

Twitter: [@online_his](https://twitter.com/online_his)

Facebook: www.facebook.com/healthcareimprovementscot

From: [redacted] [gov.scot](mailto:[redacted]@gov.scot) <[redacted]@gov.scot>

Sent: 18 February 2026 19:02

To: [redacted] [phs.scot](mailto:[redacted]@phs.scot); [redacted] (NHS Healthcare Improvement Scotland) [redacted] [@nhs.scot](mailto:[redacted]@nhs.scot); [redacted] <[redacted]@gov.scot>; [redacted] <[redacted]@phs.scot>; [redacted] (NHS Healthcare Improvement Scotland) <[redacted]@nhs.scot>; [redacted] <[redacted]@phs.scot>; [redacted] <[redacted]@gov.scot>; [redacted] (NHS Healthcare Improvement Scotland) <[redacted]@nhs.scot>; [redacted] (NHS Healthcare Improvement Scotland) <[redacted]@nhs.scot>; [redacted] (NHS Healthcare Improvement Scotland) <[redacted]@phs.scot>

Cc: [redacted] (NHS Healthcare Improvement Scotland) <[redacted]@nhs.scot>; [redacted] (NHS Healthcare Improvement Scotland) <[redacted]@nhs.scot>; [redacted] (NHS Healthcare Improvement Scotland) <[redacted]@nhs.scot>

Subject: RE: Follow up from Walk in Centres meeting 11 February

Hi all,

Thanks so much for the meeting last week, and sharing your views. As discussed, within the SG there is some work to do on outlining what the logic model includes and really narrowing the clinical spec, however, with Edinburgh now open, and other sites set to come online fairly quickly it is important that we consider and start going with the evaluation. As discussed in the attached, we would be grateful if HIS and PHS could work together to come up with an evaluation proposal, up to the number set out in the original proposal (which I think was £0.6). I understand that any proposal goes through internal processes, but hopefully given the discussions to date (attached) mean that it's already well on its way.

I would be grateful if the proposal focuses on an equal weighting of quantitative and qualitative analysis of the pilot, with a clear and direct line of reporting on the data to SG colleagues, noting the political interest in this pilot, which means that officials will be called to provide accurate statistical briefing to ministers on a regular basis.

In the round, based on the policy intention set out by the First Minister, we would be grateful if the commission could look at an ongoing model of tracking:

- Appointments (with a focus on: activity, outcomes, cost, patient experience, staff experience)
- Impact on rest of system (with a focus on reduction in pressure on existing GPs, and attendance in urgent care settings)

Underneath those, we would welcome the commission to suggest additional metrics and approaches to examine, with a focus on combatting health inequalities, opportunity to promote preventative interventions, embedded QI and scalability. We would also welcome an evidence review, which @ [REDACTED] (NHS Healthcare Improvement Scotland) I think you mentioned would be something that wouldn't be too tricky to do. We will rely on your professional expertise to set out which elements would hold the most value, noting it might not be possible to do everything.

It would also be useful to understand the process of extracting and QA'ing data from AdAstra, especially as we try and work with them to design a reconfiguration that means we're all able to measure the same things.

Welcome discussion and views, but hopefully this gives a level of comfort over our intention to commission an evaluation.

[REDACTED] | General Practice Policy Division | Primary Care Directorate | Scottish Government | [REDACTED]

From: [REDACTED] <[REDACTED]@phs.scot>

Sent: 17 February 2026 09:58

To: [REDACTED] (NHS Healthcare Improvement Scotland)

<[REDACTED]@hs.scot>; [REDACTED] <[REDACTED]@gov.scot>; [REDACTED] <[REDACTED]@pws.scot>; [REDACTED] (NHS Healthcare Improvement Scotland)

<[REDACTED]@nhs.scot>; [REDACTED] <[REDACTED]@phs.scot>; [REDACTED]
[REDACTED]@gov.scot>; [REDACTED] (NHS Healthcare Improvement
Scotland) <[REDACTED]@nhs.scot>; [REDACTED] <[REDACTED]@gov.scot>; [REDACTED]
[REDACTED] <[REDACTED]@nhs.scot>; [REDACTED] (NHS Healthcare Improvement Scotland)
[REDACTED]@nhs.scot>; [REDACTED] <[REDACTED]@phs.scot>
Cc: [REDACTED] (NHS Healthcare Improvement Scotland)
<[REDACTED]@nhs.scot>; [REDACTED] <nathan.devereux@nhs.scot>; [REDACTED]
[REDACTED] (NHS Healthcare Improvement Scotland) <[REDACTED]@nhs.scot>
Subject: RE: Follow up from Walk in Centres meeting 11 February

Thanks [REDACTED].

Going forward, can you please include [REDACTED] into any correspondence. [REDACTED] will
start her new role on the 2nd of March but will be attending our meeting next week.
Thanks [REDACTED]

From: [REDACTED] (NHS Healthcare Improvement Scotland)
<[REDACTED]@nhs.scot>
Sent: 13 February 2026 16:11
To: [REDACTED] <[REDACTED]@gov.scot>; [REDACTED] <[REDACTED]@phs.scot>;
[REDACTED] <[REDACTED]@phs.scot>; [REDACTED] (NHS Healthcare Improvement
Scotland) <[REDACTED]@nhs.scot>; [REDACTED] <[REDACTED]@phs.scot>; [REDACTED]
<[REDACTED]@gov.scot>; [REDACTED] (NHS Healthcare Improvement Scotland)
[REDACTED]@nhs.scot>; [REDACTED] <[REDACTED]@gov.scot>; [REDACTED]
[REDACTED]@nhs.scot>; [REDACTED] (NHS Healthcare Improvement Scotland)
[REDACTED]@nhs.scot>
Cc: [REDACTED] (NHS Healthcare Improvement Scotland) [REDACTED]@nhs.scot>;
[REDACTED] (NHS Healthcare Improvement Scotland) <[REDACTED]@nhs.scot>; [REDACTED]
[REDACTED] (NHS Healthcare Improvement Scotland) <[REDACTED]@nhs.scot>
Subject: Follow up from Walk in Centres meeting 11 February

Hi all

I attach a brief note of our meeting this week, if people could check for accuracy and make
any suggested changes. I do have a more detailed version if people prefer I can circulate
that.

[REDACTED] and I were discussing next steps around developing the theory of change and we
suggest that we consider looking at developing a system impact map in the first instance,
which will help to visually describe the change and anticipated impact. This will lead us to
areas we will require to measure and once we have these two things we can develop the
Logic Model which will help to clarify the detail. I have included the one for H@H as an
example. Happy to take any thoughts on this as a way forward.

You should by now have received an invite to The Teams channel where we will post all

documents for ease and if I can ask everyone to consider if they currently have anything that would be helpful to upload then please do so.

25 February at 10.30am has been circulated as the date for our next meeting and this can be circulated to any others who should be included in these scoping sessions.

[REDACTED] are both off next week but my emails will be monitored should there be any queries.

Thanks everyone.

[REDACTED]

[REDACTED]

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Healthcare Improvement Scotland

m: [REDACTED]

e: [REDACTED] [nhs.scot](mailto:[REDACTED]@nhs.scot)

-

PA: [REDACTED] [nhs.scot](mailto:[REDACTED]@nhs.scot)



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From: [REDACTED]
To: [REDACTED] (NHS Healthcare Improvement Scotland); [REDACTED]
Cc: [REDACTED] (NHS Healthcare Improvement Scotland); [REDACTED] (NHS Healthcare Improvement Scotland); [REDACTED]
Subject: RE: FW: Walk-in pilot: Phase 1 Working Group- June
Date: 22 June 2026 07:59:10

Morning all,

Hope you had a good weekend!

Thanks [REDACTED], we will make sure you are early in the agenda.

There isn't a series of meetings but I will ensure you are included in all future invites.

Thanks,

[REDACTED] I Policy Officer I General Practice Policy Division I Primary Care
Directorate I Scottish Government I St Andrews House I
t8l [REDACTED] [gov.scot](mailto:[REDACTED]@gov.scot)

abcd

From: [REDACTED] {NHS Healthcare Improvement Scotland} [REDACTED] nhs.scot>
Sent: 19 June 2026 16:19
To: - { NHS Healthcare Improvement Scotland} [REDACTED] nhs.scot>;
[REDACTED] gov.scot>
Cc: [REDACTED] (NHS Healthcare Improvement Scotland) [REDACTED] nhs.scot>;
[REDACTED] {NHS Healthcare Improvement Scotland} <nhs.scot>
Subject: RE: FW: Walk-in pilot: Phase 1 Working Group- June

Hi - an

I can attend for the first half of the meeting Tuesday afternoon, and happy to give an overview of the evaluation. Look forward to seeing you then - and we can pick up plans for future meetings thereafter.

See you soon

From: [REDACTED] [nhs.scot](mailto:[REDACTED]@nhs.scot)>
Sent: 19 June 2026 16:03
To: [REDACTED] [gov.scot](mailto:[REDACTED]@gov.scot)>
Cc: [REDACTED] {NHS Healthcare Improvement Scotland} [REDACTED] [nhs.scot](mailto:[REDACTED]@nhs.scot)>;
[REDACTED] {NHS Healthcare Improvement Scotland} [REDACTED] [nhs.scot](mailto:[REDACTED]@nhs.scot)>; -
- { NHS Healthcare Improvement Scotland} <nhs.scot>

Subject: Re: FW: Walk-in pilot: Phase 1 Working Group- June

Hello [REDACTED],

Apologies-I have only just received this and I am out of the office until Tuesday.

I will check whether anyone in the team can attend. It looks like the invite may not have included the colleagues with the relevant expertise to cover the framework, so I have copied in [REDACTED], [REDACTED] and [REDACTED] from my team in case they are able to pick this up on Monday and attend.

If not, I am sure we can arrange to contribute at a future session. Could you please share the schedule for the full series of meetings so we can plan ahead?

Many thanks,

[REDACTED]

[REDACTED]
[REDACTED]
Evidence Directorate
Healthcare Improvement Scotland

[REDACTED]

Personal Assistant - - [REDACTED]
[\[REDACTED\]@nhs.scot](mailto:[REDACTED]@nhs.scot)

From: [REDACTED] [gov.scot](mailto:[REDACTED]@gov.scot)

Sent: 19 June 2026 14:30

[REDACTED] [gov.scot](mailto:[REDACTED]@gov.scot) <[\[REDACTED\]@gov.scot](mailto:[REDACTED]@gov.scot)>;-
<[\[REDACTED\]@nhs.scot](mailto:[REDACTED]@nhs.scot)>

Subject: FW: Walk-in pilot: Phase 1 Working Group- June

When: 23 June 2026 15:00-16:00.

Where: Microsoft Teams Meeting

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Afternoon-

Apologies if you have already received this invite through other means but if not it would be great to have you at the next working group with our phase 1 leads.

We were hoping that you/the team might be able to go through the research questions and provide an overview of the evaluation side of HIS' work?

Please let me know if this would be possible.

Many thanks

-----Original Appointment-----

From: [REDACTED]

Sent: 02 June 2026 15:51

To: [REDACTED]; [REDACTED] (NHS Greater Glasgow and Clyde); [REDACTED]; [REDACTED]; [REDACTED]; [REDACTED]; [REDACTED]; [REDACTED] (NHS Borders); [REDACTED] (NHS Borders); [REDACTED]; [REDACTED]; [REDACTED]; [REDACTED] (NHS Shetland); [REDACTED] (NHS Grampian); [REDACTED] (NHS Grampian); [REDACTED]; [REDACTED] (NHS Highland); [REDACTED] [nhs.scot](https://nhs.uk); [REDACTED] [nhs.scot](https://nhs.uk); [REDACTED]; [REDACTED] (NHS Greater Glasgow and Clyde); [REDACTED]; [REDACTED]; [REDACTED]; [REDACTED]; [REDACTED] (NHS Healthcare Improvement Scotland); [REDACTED]; [REDACTED] (NHS Healthcare Improvement Scotland); [REDACTED] (NHS Healthcare Improvement Scotland); [REDACTED]; [REDACTED]; [REDACTED]; [REDACTED]; [REDACTED] (NHS Greater Glasgow and Clyde)

Cc: [REDACTED]; [REDACTED] (NHS Forth Valley)

Subject: Walk-in pilot: Phase 1 Working Group- June

When: 23 June 2026 15:00-16:00 (UTC+00:00) Dublin, Edinburgh, Lisbon, London.

Where: Microsoft Teams Meeting

Hello everyone!

I am confirming this meeting for Tuesday afternoon. If you are unable to attend, or feel I have missed anyone, please share the invite within your teams.

Best,

[REDACTED]

Microsoft Teams meeting

Join:

[REDACTED]

[p=k2t0OiOXaMSrNB8O32](#)

Meeting ID: 329 524 456 127 971

Passcode: [REDACTED]

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From: [REDACTED]
To: [REDACTED] (NHS Healthcare Improvement Scotland); [REDACTED]
Cc: [REDACTED] (NHS Healthcare Improvement Scotland); [REDACTED] (NHS Healthcare Improvement Scotland)
Subject: RE: FW: Walk-in pilot: Phase 1 Working Group- June
Date: 22 June 2026 13:23:48

Hello again [REDACTED]

Sorry, I should have asked in my earlier email but if you have anything you would like me to share ahead of the meeting, e.g. slides, could you send these over?

Thanks,

[REDACTED] I Policy Officer I General Practice Policy Division I Primary Care
Directorate I Scottish Government I St Andrews House I
t8l [REDACTED] [gov.scot](https://www.gov.scot)

abcd

From: [REDACTED] (NHS Healthcare Improvement Scotland) <nhs.scot>
Sent: 19 June 2026 16:19

Duplicate of email on pg 78.

From: - <nhs.scot>
Sent: 19 June 2026 16:03
To: [REDACTED] [gov.scot](https://www.gov.scot)>
Cc: [REDACTED] (NHS Healthcare Improvement Scotland) <nhs.scot>;
[REDACTED] (NHS Healthcare Improvement Scotland) <nhs.scot>; -
[REDACTED] (NHS Healthcare Improvement Scotland) <nhs.scot>
Subject: Re: FW: Walk-in pilot: Phase 1 Working Group- June

From: [redacted] [gov.scot](mailto:[redacted]@gov.scot)
To: [redacted] <[\[redacted\]@NHS.Healthcare.Improvement.Scotland](mailto:[redacted]@NHS.Healthcare.Improvement.Scotland)>
Cc: [redacted] <[\[redacted\]@NHS.Healthcare.Improvement.Scotland](mailto:[redacted]@NHS.Healthcare.Improvement.Scotland)>... <[\[redacted\]@NHS.Healthcare.Improvement.Scotland](mailto:[redacted]@NHS.Healthcare.Improvement.Scotland)>
Subject: RE: GP walk-ins catch-up: Proposed new time
Date: 06 July 2026 11:14:14

Hi_,

Thanks for coming back to me. I've realised that my initial email wasn't very clear, sorry about that. I was hoping to move all of the meetings to a later time, not just this week.

Thanks!

[redacted] | Policy Officer | General Practice Policy Division | Primary Care
Directorate | Scottish Government | St Andrews House |
t8l [redacted] [gov.scot](mailto:[redacted]@gov.scot)

abcd

From: [redacted] (NHS Healthcare Improvement Scotland)
<[\[redacted\]@nhs.scot](mailto:[redacted]@nhs.scot)>
Sent: 06 July 2026 11:09
To: [redacted] <[\[redacted\]@gov.scot](mailto:[redacted]@gov.scot)>
Cc: [redacted] (NHS Healthcare Improvement Scotland)
<[\[redacted\]@nhs.scot](mailto:[redacted]@nhs.scot)>
Subject: Re: GP walk-ins catch-up: Proposed new time

Hi-

I'll leave - to respond from the improvement side as I'll be on leave later this week and won't be able to join the meeting.

Best wishes
[redacted]

[redacted]
[redacted]
Healthcare Improvement Scotland

[redacted]
[redacted] [nhs.scot](mailto:[redacted]@nhs.scot)
[redacted]
[redacted]

[REDACTED]

Website: [Healthcare Improvement Scotland](#)

Twitter: [@online_his](#)

LinkedIn: [www.linkedin.com/company/healthcare-improvement-scotland/](#)

Facebook: [www.facebook.com/healthcareimprovementscot](#)

Supporting better quality health and social care for everyone in Scotland.

From: [REDACTED] [gov.scot](#) <[REDACTED]@gov.scot>

Sent: 06 July 2026 10:38

To: [REDACTED] (NHS Healthcare Improvement Scotland) <[REDACTED]@nhs.scot>;
[REDACTED] (NHS Healthcare Improvement Scotland) <[REDACTED]@nhs.scot>;
[REDACTED] (NHS Healthcare Improvement Scotland) <[REDACTED]@nhs.scot>; [REDACTED]
<[REDACTED]@nhs.scot>

Subject: GP walk-ins catch-up: Proposed new time

Good morning all,

I hope you had a good weekend!

I was wondering if we could move our weekly Thursday morning catch-up to a little later in the morning as our Deputy Director would like to attend when possible. We would suggest 10/10:30 if possible?

Thanks,

[REDACTED] | Policy Officer | General Practice Policy Division | Primary Care
Directorate | Scottish Government | St Andrews House |

✉ [REDACTED] [gov.scot](#)

abcd

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To: [REDACTED] (NHS Healthcare Improvement Scotland); [REDACTED] gov.scot; ---
[REDACTED] (NHS Healthcare Improvement Scotland); [REDACTED] (NHS Healthcare Improvement Scotland);
Cc: [REDACTED] (NHS Greater Glasgow and Clyde); [REDACTED];
[REDACTED] gov.scot;
Subject: RE: meeting to discuss OOHs data
Date: 08 May 2026 09:15:23
Attachments: [REDACTED]

Morning all!

There are a couple of other meetings being organised regarding the walk-in evaluation, apologies for what has probably been a lot of similar emails! I think it would make sense to combine to ensure each meeting is meaningful and keep us all on the same page.

I am in the process of organising a meeting between HIS and SG analysts which I think most of you have already been invited to. It is looking likely that this meeting would be on 14th May at 4pm. I don't want to hijack anyone's meeting, but if you are all happy to combine then I suggest we stick with that date to get something confirmed in diaries?

Thanks,

[REDACTED] | Policy Officer | General Practice Policy Division | Primary Care
Directorate | Scottish Government | St Andrews House |
t8l [REDACTED] gov.scot

abcd

From: [REDACTED] (NHS Healthcare Improvement Scotland) <nhs.scot>
Sent: 07 May 2026 16:50
To: [REDACTED] gov.scot>; --- gov.scot>;
[REDACTED] gov.scot>; [REDACTED]
<[REDACTED] nhs.scot>; [REDACTED] <[REDACTED] gov.scot>; -
<[REDACTED] nhs.scot>; [REDACTED] (NHS Healthcare Improvement Scotland)
<[REDACTED] nhs.scot>; [REDACTED] (NHS Healthcare Improvement
Scotland) <[REDACTED] nhs.scot>
Cc: [REDACTED] <[REDACTED] gov.scot>; [REDACTED] (NHS Greater Glasgow
and Clyde) <[REDACTED] nhs.scot>; [REDACTED]
<[REDACTED] nhs.scot>; [REDACTED] <[REDACTED] gov.scot>; -
<[REDACTED] gov.scot>
Subject: RE: meeting to discuss OOHs data

Hi

I'd be delighted to join you. Please keep me right in terms of whether other dates/times have already been suggested, but if it's helpful I can move things to make any time on either Wed 27 or Thu 28.

See you soon

■

From: ■ [gov.scot](#) ■ [gov.scot](#)>
Sent: 07 May 2026 15:48
To: ■ [gov.scot](#); ■ <■ [gov.scot](#)>; ■
■ <■ [phs.scot](#)>; ■ [gov.scot](#)>; ■
■ <■ [nhs.scot](#)>; ■ (NHS Healthcare Improvement
Scotland) <■ [nhs.scot](#)>; ■ (NHS Healthcare
Improvement Scotland) <■ [nhs.scot](#)>; ■ (NHS Healthcare
Improvement Scotland) <■ [nhs.scot](#)>
Cc: ■ <■ [gov.scot](#)>; ■ (NHS Greater Glasgow
and Clyde) <■ [nhs.scot](#)>; ■
<■ [nhs.scot](#)>; ■ [gov.scot](#); ■
■ [gov.scot](#)>
Subject: RE: meeting to discuss OOHs data

Hello,

I have copied in ■ from HIS who have all been working on the evaluation. As you can see from the trail below, colleagues are looking to arrange a meeting to discuss OOH data and how this can be utilised in the walk-in evaluation. It would be great if you were able to link in and provide availability for a meeting W/C 25 May.

Many thanks,

■ | Policy Officer | General Practice Policy Division | Primary Care
Directorate | Scottish Government | St Andrews House |
✉ [s.■@gov.scot](#)

abcd

From: ■ ■ [@gov.scot](#)>
Sent: 07 May 2026 14:54
To: ■ <■ [gov.scot](#)>; ■
<■ [phs.scot](#)>; ■ <■ [gov.scot](#)>; ■
<■ [nhs.scot](#)>; ■ <■ [gov.scot](#)>
Cc: ■ <■ [gov.scot](#)>; ■ (NHS Greater Glasgow

and Clyde) <[REDACTED]@nhs.scot>; [REDACTED]
[REDACTED]@nhs.scot>; [REDACTED]@gov.scot>; -
[REDACTED]@gov.scot>

Subject: RE: meeting to discuss OOHs data

Thanks [REDACTED],

Agree looking for dates W/C 25 May and beyond looks to be an idea - Flagging that School summer holidays commence at the end of June so it is likely that it will be difficult to find a date to suit all and perhaps when scoping it may be worth suggesting that where possible a deputy is sent where someone is unavailable?

@ [REDACTED] will be able to provide you with the HIS contact details that we have for the WiC evaluation as she has been more closely involved in co-ordinating this than myself.

Many thanks

[REDACTED]

[REDACTED]: GMS Contract Team | General Practice Policy
Di [REDACTED] Care Directorate | Scottish Government | St Andrews House |
[REDACTED]@gov.scot

From: [REDACTED]@gov.scot>
Sent: 07 May 2026 14:13
To: [REDACTED]@nhs.scot>; [REDACTED]
<[REDACTED]@gov.scot>; [REDACTED]@nhs.scot>
Cc: [REDACTED]@gov.scot>; [REDACTED] (NHS Greater Glasgow
and Clyde) <[REDACTED]@nhs.scot>; [REDACTED]
<[REDACTED]@nhs.scot>; [REDACTED] <[REDACTED]@gov.scot>; -
[REDACTED]@gov.scot>; [REDACTED] <[REDACTED]@gov.scot>;
[REDACTED]@gov.scot>

Subject: RE: meeting to discuss OOHs data

Thanks [REDACTED]

A few of us had a brief chat about timings for this at the edges of another meeting.

I agree it would probably be best to look for dates w might be helpful to include HIS evaluation leads? I'm adding - here for advice on who might be best to contact, and for any additional thoughts on timings.

[REDACTED]
Health and Social Care Analysis Division
Directorate for Population Health
Scottish Government

[REDACTED]

From: [REDACTED] <[REDACTED]@phs.scot>
Sent: 07 May 2026 08:26
To: [REDACTED] <[REDACTED]@gov.scot>; [REDACTED] <[REDACTED]@gov.scot>; [REDACTED] <[REDACTED]@nhs.scot>
Cc: [REDACTED] <[REDACTED]@gov.scot>; [REDACTED] (NHS Greater Glasgow and Clyde) <[REDACTED]@nhs.scot>; [REDACTED] <[REDACTED]@nhs.scot>; [REDACTED] <[REDACTED]@gov.scot>; [REDACTED] <[REDACTED]@gov.scot>
Subject: RE: meeting to discuss OOHs data

Hi [REDACTED]
Maybe push back to see if everyone is available on the weeks of the 25th of May or 1st of June. Thanks very much
[REDACTED]

From: [REDACTED] <[REDACTED]@gov.scot> [REDACTED] <[REDACTED]@gov.scot>
Sent: 07 May 2026 08:11
To: [REDACTED] <[REDACTED]@gov.scot>; [REDACTED] <[REDACTED]@nhs.scot>
Cc: [REDACTED] <[REDACTED]@phs.scot>; [REDACTED] <[REDACTED]@gov.scot>; [REDACTED] (NHS Greater Glasgow and Clyde) <[REDACTED]@nhs.scot>; [REDACTED] <[REDACTED]@nhs.scot>; [REDACTED] <[REDACTED]@gov.scot>
Subject: RE: meeting to discuss OOHs data

Thanks for this [REDACTED]

A you will see from the table, there is no clear date that captures everyone, so would still welcome any thoughts on how we might approach this.

Thanks all

[REDACTED]

[REDACTED]
Policy Officer | Out of Hours Team | Primary Care Capability Division | Primary Care Directorate
Scottish Government | St Andrews House | ✉ [REDACTED]@gov.scot

abcd

From: [REDACTED] <[REDACTED]@gov.scot>

Sent: 05 May 2026 15:31

To: [REDACTED] <[REDACTED]@gov.scot>; [REDACTED] <[REDACTED]@ohsscot>
Cc: [REDACTED] <[REDACTED]@phs.scot>; [REDACTED]
<[REDACTED]@gov.scot>; [REDACTED] (NHS Greater Glasgow and Clyde)
[REDACTED] <[REDACTED]@nhs.scot>; [REDACTED] <[REDACTED]@ohs.scot>;
[REDACTED] <[REDACTED]@gov.scot>; [REDACTED]
<[REDACTED]@gov.scot>
Subject: RE: meeting to discuss OOHs data

Hi everyone, sorry my availability is now included below.

HIS are leading on the WIC evaluation so may also be interested, I have a few names there which I can share, but I'm not sure who would be most relevant.

[REDACTED]
Health and Social Care Analysis Division
Directorate for Population Health
Scottish Government

[REDACTED]

From: [REDACTED] <[REDACTED]@gov.scot>
Sent: 05 May 2026 15:05
To: [REDACTED] <[REDACTED]@nhs.scot>
Cc: [REDACTED] <[REDACTED]@phs.scot>; [REDACTED]
[REDACTED] <[REDACTED]@gov.scot>; [REDACTED] <[REDACTED]@ohs.scot>; [REDACTED]
[REDACTED] <[REDACTED]@ohs.scot>; [REDACTED]
<Pauline.Bennett@gov.scot>
Subject: RE: meeting to discuss OOHs data

Dear all,

Thank you all for providing availability on this meeting.

It does not look like there are any dates that have been provided that suit everyone, as summarised below:

	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
May 11: 13:30	Yes	Yes	No	Yes	11 – 12:30
May 12: 9:30 - 12:30	Yes	Yes	No	No	No
May 18: 11:00-16:00	yes	No	No	11-12	No
May 19: 9:00 - 11:00	Yes	No	No	9-10	No
May 19: 13:30-16:00	Yes	No	No	Yes	No
May 22: 09:30 - 10:30	No	Yes	Yes	No	Yes
May 22: 13:00 – 15:00	No	Yes	No	No	Yes

1111 now off for the next fortnight (back in on the 19th), and we need to consider whether this meeting date can be pushed back, or whether there are deputies that can be sent for this one.

Would welcome your thoughts.

Cheers

[REDACTED]

[REDACTED] Out of Hours Team | Primary Care Capability Division | Primary Care Directorate
Scottish Government | St Andrews House | t8l -@g o y .scot

abcd

From: - nhs.scot>

Sent: 28 April 2026 10:09

To: [REDACTED] <[REDACTED]@gov.scot>

Cc: [REDACTED] <[REDACTED]@nhs.scot>; [REDACTED]
[REDACTED]@gov.scot>; [REDACTED] <[REDACTED]@gov.scot>; [REDACTED]
(NHS Greater Glasgow and Clyde) [REDACTED]@nhs.scot>; [REDACTED]
[REDACTED]@nhs.scot>; [REDACTED] <[REDACTED]@gov.scot>

Subject: meeting to discuss 00Hs data

Hi [REDACTED]

Following our meeting with - I wonder if you could organise a meeting with those on the email list- plus anyone else people want to invite- to discuss what OOHs data is available and indeed what other data might be available to help with the evaluation of walk in clinics

I think an hour on Teams would be good - I have copied in - for my availability

Thanks very much for your help

[REDACTED]

[REDACTED] | Public Services Delivery Scotland
Gvle Square | 1 South Gvle Crescent
Edinburgh | EH12 9EB
e: [REDACTED]@abs.scot
publicservicesdelivery.scot

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From: [REDACTED] [gov.scot](#)
To: [REDACTED] (NHS Healthcare Improvement Scotland); [REDACTED] (NHS Healthcare Improvement Scotland); [REDACTED] (NHS Healthcare Improvement Scotland); [REDACTED] [gov.scot](#); [REDACTED] [gov.scot](#)
Subject: RE: New: GP walk-ins catch up SG-HIS
Date: 16 July 2026 09:15:09
Attachments:

Hi -

Appreciate that it is a busy time of year. I think the main outstanding action is the delivery plan, will you be able to send over this week?

Thanks,

[REDACTED] I Policy Officer I General Practice Policy Division I Primary Care
Directorate I Scottish Government I St Andrews House I
t8l [REDACTED] [gov.scot](#)

abcd

From: [REDACTED] (NHS Healthcare Improvement Scotland)
<[REDACTED]@nhs.scot>
Sent: 15 July 2026 17:23
To: [REDACTED] <[REDACTED]@gov.scot>; - (NHS Healthcare Improvement Scotland) <[REDACTED]@nhs.scot>; [REDACTED] (NHS Healthcare Improvement Scotland) <[REDACTED]@nhs.scot>; [REDACTED] (NHS Healthcare Improvement Scotland) <[REDACTED]@nhs.scot>; [REDACTED]
<[REDACTED]@gov.scot>; [REDACTED] <[REDACTED]@gov.scot>; -
[REDACTED] <[REDACTED]@gov.scot>; [REDACTED] <[REDACTED]@gov.scot>; [REDACTED]
[REDACTED] <[REDACTED]@gov.scot>
Subject: RE: New: GP walk-ins catch up SG-HIS

Hi

I am not sure we will have anyone tomorrow I am a f r a i d . - and I have a board meeting at 9.30 a m , - is [REDACTED] on leave and [REDACTED] is off I think.
Can you email any specific questions?

Thanks
[REDACTED]

[REDACTED]

Healthcare Improvement Scotland

m: [REDACTED]
e: [REDACTED] [nhs.scot](mailto:[REDACTED]@nhs.scot)
-
PA: [REDACTED] [nhs.scot](mailto:[REDACTED]@nhs.scot)

[REDACTED]



HIS-rainbow-flag-sig



Website: www.healthcareimprovementscotland.org

www.ihub.scot

Twitter: [@online_his](https://twitter.com/online_his)

Facebook: www.facebook.com/healthcareimprovementscot

From: [REDACTED] gov.scot <[REDACTED]@gov.scot>

Sent: 15 July 2026 16:51

To: [REDACTED] <[REDACTED]@nhs.scot>; [REDACTED] (NHS Healthcare Improvement Scotland) <[REDACTED]@nhs.scot>; [REDACTED] (NHS Healthcare Improvement Scotland) <[REDACTED]@nhs.scot>; [REDACTED] (NHS Healthcare Improvement Scotland) <[REDACTED]@nhs.scot>; [REDACTED] <[REDACTED]@gov.scot>; [REDACTED] <[REDACTED]@gov.scot>; [REDACTED] <[REDACTED]@gov.scot>; [REDACTED] <[REDACTED]@gov.scot>; [REDACTED] <[REDACTED]@gov.scot>; [REDACTED] <[REDACTED]@gov.scot>

Subject: New: GP walk-ins catch up SG-HIS

Afternoon everyone,

I wanted to send a reminder that the catch-up on the walk-in services, for those who can make it, is scheduled for 9.30am tomorrow not 9am.

Have a good evening!

[REDACTED] | Policy Officer | General Practice Policy Division | Primary Care Directorate | Scottish Government | St Andrews House |

✉ [REDACTED] [gov.scot](mailto:[REDACTED]@gov.scot)

From: [REDACTED]@gov.scot
To: [REDACTED] (NHS Healthcare Improvement Scotland); [REDACTED] (NHS Healthcare Improvement Scotland); [REDACTED]
Cc: [REDACTED]
Subject: RE: PHS-HIS walk-in data/indicators
Date: 11 May 2026 11:22:39

Good morning_

I hope you had a good weekend. I completely understand having a smaller meeting initially, I will remove the holding invite I sent out. I would be grateful if you could send a summary of the meeting afterwards which I could share with our analytical colleagues and the wider group. I will share the invite with my Deputy Director, [REDACTED], who may wish to attend the meeting in [REDACTED] absence.

If you need anything from us at this stage, please let me know.

Thanks,

██████████ I Policy Officer I General Practice Policy Division I Primary Care
Directorate I Scottish Government I St Andrews House I
t8l ██████████ gov.scot

abcd

-----Original Appointment-----

From: [REDACTED]@phs.scot>
Sent: 11 May 2026 10:12
To: [REDACTED]; [REDACTED] (NHS Healthcare Improvement Scotland); -
 - (NHS Healthcare Improvement Scotland); [REDACTED] (NHS Healthcare
 Improvement Scotland); [REDACTED]; [REDACTED]
Subject: FW: PHS-HIS walk-in data/indicators
When: 14 May 2026 16:00-17:00 (UTC+00:00) Dublin, Edinburgh, Lisbon, London.
Where: Microsoft Teams Meeting

Good morning - [redacted] - we've got this meeting with HIS scheduled for a smaller sub-group discussion on the detail of data available. I think we'll make more progress if we keep this as a smaller group focussed discussion, rather than the whole group attending the recent workshop - but you're v welcome to join if you'd like to.

From: [REDACTED] <[REDACTED]@nhs.scot>
Sent: Friday, May 8, 2026 3:35:58 PM (UTC+00:00) Dublin, Edinburgh, Lisbon, London
To: [REDACTED] (NHS Healthcare Improvement Scotland) <[REDACTED]@nhs.scot>; [REDACTED]
 [REDACTED] (NHS Healthcare Improvement Scotland) <[REDACTED]@nhs.scot>; [REDACTED] (NHS

Healthcare Improvement Scotland) <[REDACTED]@nhs.sc>
[REDACTED]@nhs.scot>; [REDACTED] <[REDACTED]>
Subject: PHS-HIS walk-in data/Indicators
When: Thursday, May 14, 2026 4:00 PM-5:00 PM.
Where: Microsoft Teams Meeting

Microsoft Teams meeting

Join: <https://teams.microsoft.com/meet/355730247806478?>

[p=llE_RkJJpcDlr6sdRu](#)

Meeting ID: [REDACTED]

Passcode: [REDACTED]

[Need help?](#) | [System reference](#)

Join on a video conferencing device

Tenant key: [REDACTED]

Video ID: [REDACTED]

[More.info](#)

For organizers: [Meeting options](#)

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Hi all

As agreed I attach a high level note from last week's meeting largely courtesy of copilot, please let me know if you want to add or amend anything. We agreed to come together again in 2-3 weeks and I have booked the conference space at Gyle for 21 May and will send out meeting invites shortly.

We didn't formally agree anything on the Adastra demonstration but I think we were going to set up a 'dummy' account or similar, [REDACTED] was that you?

Thanks

[REDACTED]

[REDACTED]

| Primary Care | Community Care and Dementia | Improving Access | Shifting the Balance of Care

Healthcare Improvement Scotland

m: [REDACTED]

e: [REDACTED] [nhs.scot](mailto:[REDACTED]@nhs.scot)

-

PA: [REDACTED] [nhs.scot](mailto:[REDACTED]@nhs.scot)

[REDACTED]



HIS-rainbow-flag-sig



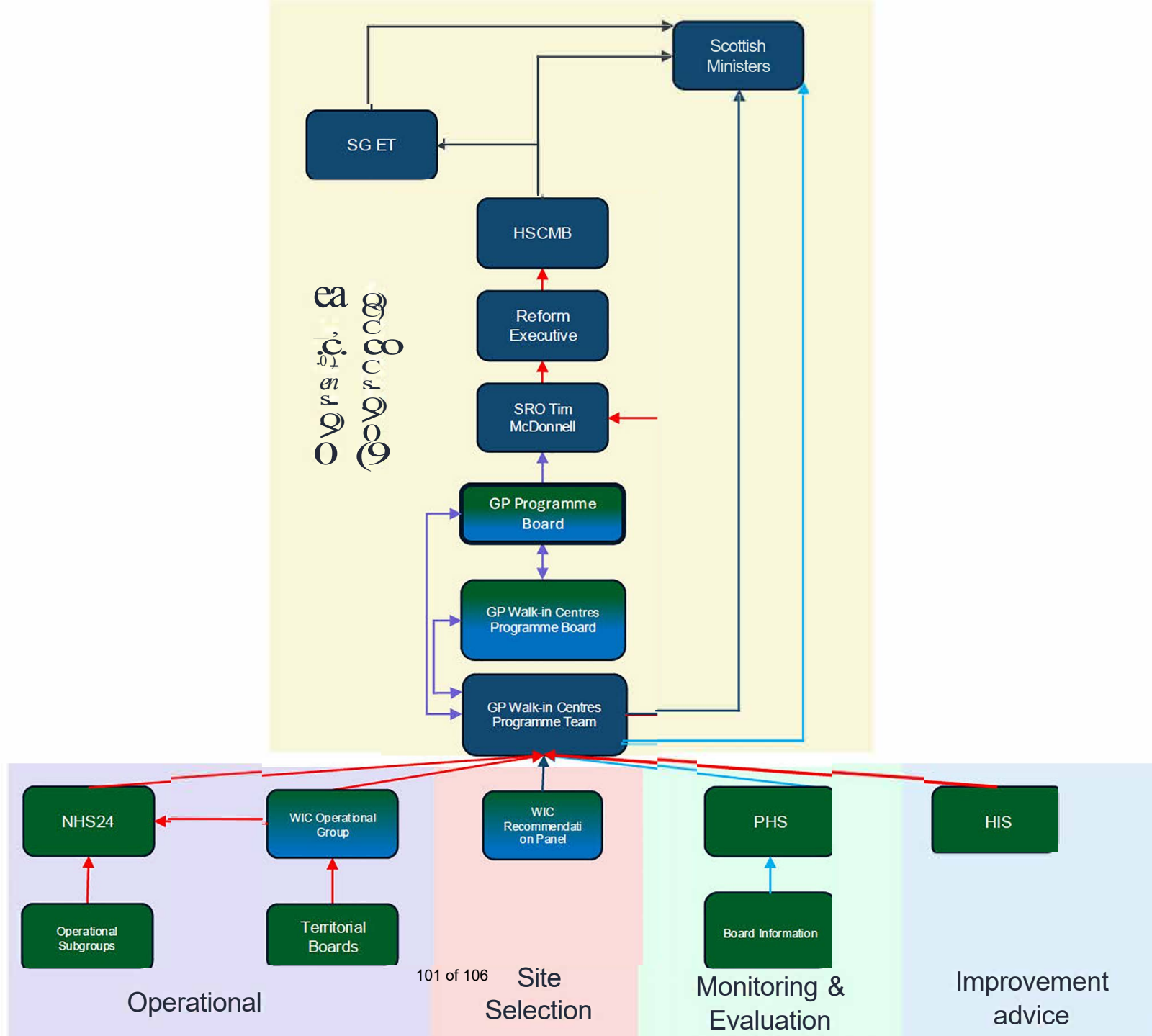
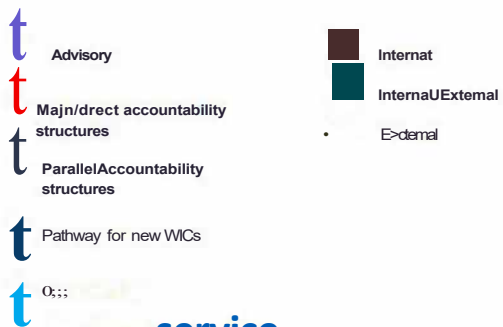
Website: www.healthcareimprovementscotland.org

www.ihub.scot

Twitter: [@online_his](https://twitter.com/online_his)

Facebook: www.facebook.com/healthcareimprovementscot

Walk-In Centres Governance DRAFT



Walk-In Centres: Governance, roles and responsibilities

Governance Body	Purpose	Membership	Reports to
Territorial Boards	To carry out day-to-day delivery and operations of the WICs. To provide routine evaluation of individual WICs.	Any Territorial Board with an open or pending WIC	Operational Delivery Group Through the relevant system (Ad Astra etc.) they also provide attendance and management data.
Operational Subgroups (to be established)	To provide insight on certain operational themes for NHS24.	To be established	NHS24
WIC Recommendation Panel	Reviews bids for funding to open WICs, recommends whether these bids should be granted funding or not.	Chief Operating Officer, DG HSC, Scottish Government Director of Health Finance, Scottish Government Director of Health Workforce, Scottish Government Deputy Chief Operating Officer, OH HSC, Scottish Government Deputy Chief Medical Officer, Scottish Government Out of Hours Unit Head, Scottish Government Director of Healthcare Improvement Scotland Chief Executive, NES National Strategic Lead for Primary Care, Health and Social Care Scotland Professional Adviser: General Practice, SG Director of Primary Care SGPC Chair NHS24	The WIC Programme Team
WIC Operational Group	Discusses operational delivery of the Walk-in Centres, highlighting common risks and issues to delivery.		The WIC Programme Team

Governance Body	Purpose	Memberships/Point of Contact	Reports to
PHS	Acts as the data holder for Management Information and Attendance Information, Extracts this information from Board systems.		The Chief Operating Officer
HIS	Acts as data assessor providing qualitative and quantitative analysis using both PHS MI and WiC patient questionnaires. To provide improvement support and evaluation of the Programme.	██████████	NHS24 The WIC Programme Team
NHS24	- Co-ordinate National Oversight & Intelligence, bringing together information, intelligence and insight to support a national understanding of programme delivery, workforce sustainability, service resilience, emerging risks and support requirements. - Coordinate National Activity, bringing together intelligence, monitoring, evaluation findings, implementation learning and operational experience to support a coherent national picture. - Help Inform Future Development, ensuring learning from programme implementation supports future service development and expansion discussions.	██████████ ██████████	GP Walk in Centres Programme Team
GP Walk-in Centres Programme Team	Responsible for the delivery of Scottish Ministers' ambition for the WICs Responsible for day-to-day delivery of the WIC Programme. Responsible for link up between operations/delivery and the SG ambition.	SG Internal ██████████ ██████████ ██████████ (COO Office -Analyst) ██████████ ██████████ ██████████	Formally reports to SRO Provides advice to the WIC Programme Board and the GPPB Provides advice to Ministers to enable them to make effective decisions, particularly about opening new WICs. Receives data from PHS and reports it directly to Ministers.

Governance Body	Purpose	Members hip	Reports to
GP Walk-in Centres Oversight Board (to be established)	To provide strategic oversight and advice across the constituted Walk-In Service Pilot Programme. The Group will support delivery of the programme by maintaining a national view of progress, risks, emerging evidence and interdependencies across the programme's main workstreams, including: • monitoring and evaluation led by Healthcare Improvement Scotland and Public Health Scotland; • local evaluation and reporting by NHS Boards; • operational delivery, including the NHS operational oversight arrangements; • Scottish Government programme management, including programme planning, risk management, reporting and coordination.	(Proposed) • [REDACTED] Chief Operating Officer • [REDACTED] Director of Primary Care/ SRO • [REDACTED] Director, Health Workforce • [REDACTED] Director, Health Finance • [REDACTED] • [REDACTED] • [REDACTED] • [REDACTED] • Deputy Chief Medical Officer representative • NHS Board Chief Executive representative • Integration Joint Board Chief Officer representative • NHS 24 representative • Healthcare Improvement Scotland representative • Public Health Scotland representative • Alliance representative / public and patient voice representative • SG programme team lead • SG finance representative • SG analytical/evaluation representative • SG secretariat	Provides advice to WIC Programme Team and the GPPB.

Governance Body	Purpose	Members hip	Reports to
GP Programme Board	The GPPB provides oversight, leadership and system-wide engagement on the programme of work underway to support general practice, including the Walk-In Centres.	• Chief Officer, South Lanarkshire HSCP - [REDACTED] • Chief Officer, Western Isles HSCP - [REDACTED] • Chief Officer, Highland HSCP -- [REDACTED] • National Strategic Lead for Primary Care, Health and Social Care Scotland -- [REDACTED] • Chief Executive, Healthcare Improvement Scotland - [REDACTED] • Chief Executive, NHS Dumfries and Galloway - [REDACTED] • Chief Executive, NHS Shetland - [REDACTED] • Director of Primary Care - [REDACTED] (Chair) • Chief Pharmaceutical Officer -- [REDACTED] • Deputy Director of General Practice Policy - [REDACTED] • Professional Adviser: General Practice -- [REDACTED] • Professional Adviser: Nursing - [REDACTED] • Chair of SGPC, BMA -- [REDACTED] • Deputy Chair of SGPC, BMA -- [REDACTED] • Deputy Chair of SGPC, BMA - [REDACTED] • Co- Chair of Primary Care Leads Clinical Group - [REDACTED] • Co-Chair of Primary Care Leads Clinical Group - [REDACTED] • Chair of Primary Care Leads Management Group - [REDACTED] • Chair of Pharmacotherapy Strategic Implementation Group - [REDACTED] • GP Policy & Contract Implementation Unit Head, SG - [REDACTED] • GP Policy & Strategy Unit Head, SG - [REDACTED] • GP Sustainability & Health Inequalities Unit Head, SG -- [REDACTED] • Head of national negotiations and representation, BMA Scotland - [REDACTED] • Health & Social Care Analysis Unit Head, SG -- [REDACTED]	Provides advice to the SRO and WIC Programme Team.

Governance Body	Purpose	Membershi p	Reports to
SRO- [REDACTED]	The SRO is ultimately accountable for a programme or project meeting its objectives, delivering the projected outcomes and realising the required benefits.	<i>NA</i>	Formally reports to the Reform Executive
Reform Executive	The Reform Executive is the governance body which provides oversight and strategic direction across all of Director General (DG) Health and Social Care (HSC) major reform policy and strategy. Within the parameters set by Scottish Ministers and Health and Social Care Management Board, the Executive will: • set the priorities for major reform (within parameters given from Scottish Ministers) and communicate these • make decisions on the inclusion of change initiatives into the Portfolio providing clarity and transparency on decision points, accountability, and contribution to the HSC vision • agree transition point for policy/strategy work into commission for delivery to relevant governance bodies e.g. National Care Service Board, NHS Scotland Planning and Delivery Board • collectively hold responsibility for monitoring Reform Portfolio progress and resolving issues that may compromise delivery and benefits realisation. The Executive will provide governance, accountability and assurance to Health and Social Care Management Board (HSCMB) and Scottish Ministers on the definition and delivery of DG HSC reform, through a single reporting mechanism. The Executive will be supported by the advisory groups in figure 1, providing expert advice as required from delivery partners across the Health and Social Care system.	SG Directors and DG	Health and Social Care Management Board (HSCMB)
Health and Social Care Management Board Appendix 2	Provides total oversight across all activity across DG Health and Social Care. Provide assurance and advice to Scottish Ministers and SG ET. 106 of 106	SG Directors and DG	Scottish Ministers and Scottish Government Executive Team FOI 3139