

From: [REDACTED] gov.scot  
To: [REDACTED] (NHS Healthcare Improvement Scotland); [REDACTED]  
Cc: Melissa Dowds [REDACTED] (NHS Healthcare Improvement Scotland); [REDACTED] (NHS Healthcare Improvement Scotland); [REDACTED]  
Subject: Walk In Services Monitoring  
Date: 21 July 2026 11:33:08  
Attachments:

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[REDACTED]

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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] and [REDACTED]

I am writing to set out our concerns about progress on the commission to provide improvement, monitoring and evaluation support for the GP Walk-In Services Programme.

As you know, Scottish Government commissioned HIS and PHS on 27 February to provide monitoring, evaluation and improvement support for 26/27, and this commission was accepted on 15 April. We recognise the complexity and sensitivity of this work, particularly as the programme is moving from initial mobilisation into wider delivery and expansion.

We also appreciate the interim update provided, which focused mainly on recruitment progress, and the time HIS colleagues have spent in longer discussions with the SG team. It is also helpful that weekly stand-ups are now in the diary. The activity timeline provides a helpful indication of intended work across improvement support, measurement and evaluation. However, while this gives greater visibility of planned activity, we remain concerned that we do not yet have sufficient detail on key products, methodologies, governance arrangements and delivery milestones to provide assurance that the commission is progressing at the pace required for the programme.

As such I am still concerned about pace and clarity of deliverables and know that my colleagues have requested a more detailed delivery plan and note it is important that this covers the following three areas:

### **1. Monitoring and evaluation**

HIS and PHS have been commissioned to provide a monitoring and evaluation framework for 2026/27. We are now one quarter into the financial year, and to date our substantive dialogue has focused mainly on the research questions.

We note from the draft timeline that HIS intends to develop and finalise an evaluation framework, undertake an evidence review, commence data collection and undertake subsequent analysis. While this is helpful, we still require greater clarity on:

- the proposed monitoring and evaluation framework;
- the evaluation tools and methods that will be used;
- when these tools will be deployed;
- the data requirements for Boards and sites;
- the timetable for baseline, interim and final outputs;
- how national evaluation will align with local Board evaluation activity.

Given the importance of the evaluation to future decisions on the programme, including expansion and any decision point beyond the current phase, we need greater clarity urgently on the proposed approach and timescales.

### **2. Improvement support**

We note the proposed programme of onboarding, site visits, coaching calls, learning sessions, project surgeries, development of guiding principles and establishment of a national learning system. However, we do not yet have a sufficiently clear understanding of:

- the underlying rationale and theory of the improvement work;
- the specific support that will be provided to sites;
- how sites will be prioritised or segmented for support;
- how improvement activity will respond to emerging operational issues;
- how learning will be captured and shared across the programme;
- how this work will align with the national monitoring and evaluation framework.

It would be helpful to receive a short note setting out the intended improvement offer, including the objectives, methods, expected outputs and indicative timetable.

### **3. Governance**

We also need assurance that robust internal governance is in place for both the implementation/improvement and evaluation components of the commission. At present, it is not clear to us how the different components are being governed internally within HIS, the links to PHS, how decisions are being made, how risks are being managed, or how progress is being tracked and escalated. We would therefore appreciate assurance on:

- the governance arrangements in place within HIS and PHS for this commission;
- senior ownership and accountability for delivery;
- how implementation, improvement, monitoring and evaluation activity are being coordinated;
- how risks, delays and dependencies are being managed;
- how these arrangements will interface with the emerging wider programme governance, including SG oversight arrangements and NHS 24's developing operational role.

We are very happy to work with you to ensure these arrangements complement the wider programme governance, rather than duplicate or cut across it.

I appreciate the complexity of this work, and the fact that the governance of the wider programme is also still being developed. However, given the stage the programme has now reached, we need greater assurance that the commissioned work is progressing at the pace required.

I would be grateful if you could provide specific assurance on the three areas above by Friday 31 July. Draft products would be welcome at this stage if final versions are not yet available, as this would allow early discussion with the SG team and help us collectively agree the way forward.

I am keen that we resolve this constructively and quickly, and ensure that the support from HIS is positioned to provide the evidence, improvement input and assurance the programme now requires.

Best wishes,

[REDACTED]

Scottish Government

[REDACTED]

Primary Care Directorate

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 18<sup>th</sup> 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 18<sup>th</sup> 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.

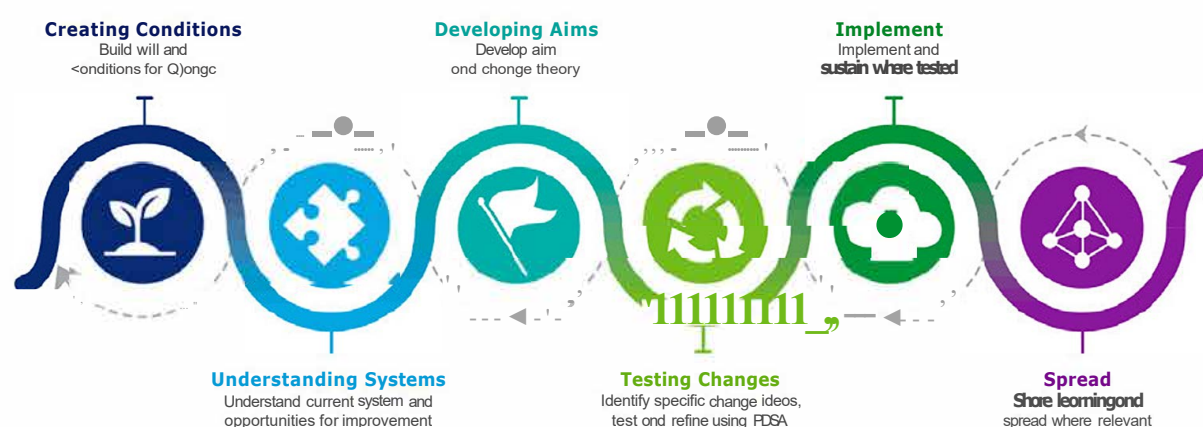
The primary rationale for the improvement support is to ensure GP Walk-in service models are implemented as fully as possible during the pilot timescale and have supported enough patients for

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 HES 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 | <ul style="list-style-type: none"> <li>Needs analysis of NHS boards</li> <li>Pathway mapping to understand current state of centre operations</li> <li>Staff and patient insights</li> <li>Stakeholder mapping to understand roles and responsibilities of those that deliver and/or influence the walk-in centre</li> <li>Data analysis of current walk-in centre activity</li> </ul> | <ul style="list-style-type: none"> <li>Engagement database</li> <li>Process map</li> <li>5 whys</li> <li>Last 10 patients tool</li> <li>Stakeholder map/register</li> <li>Run charts, pareto charts, box and whisker</li> </ul> | <p>Local: Walk-in service has a clear focus on where to focus improvement activity to maximise number of people accessing service.</p> <p>National: Intelligence gathered on key issues impacting on service delivery.</p> |

|                 |                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                               |                                                                                                                                                                                                                                                                             |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Developing aims | <ul style="list-style-type: none"> <li>• Identify priorities for each walk-in centre and articulate aims for each</li> <li>• Identify value and non-value adding parts of system</li> <li>• Data analysis of baseline to produce SMART aim</li> <li>• Define measures for tests of change</li> </ul>                                                      | <ul style="list-style-type: none"> <li>• Driver diagram</li> <li>• Fishbone diagram</li> <li>• Project charter</li> <li>• Run charts</li> </ul>               | <p>Local: Walk-in service has a measurable, time-focused aim on number of people accessing service.</p> <p>National: Projections on total number of patients expected by end of pilot.</p>                                                                                  |
| Testing changes | <ul style="list-style-type: none"> <li>• Undertake PDSA cycles for change ideas focusing on elements of DCAQ:</li> <li>• Demand: the work/treatment requested</li> <li>• Capacity: how much work could be done</li> <li>• Activity: the actual work done</li> <li>• Bring centres together to share progress and learning from tests of change</li> </ul> | <ul style="list-style-type: none"> <li>• PDSA templates</li> <li>• Routine measurement</li> <li>• Project surgery</li> </ul>                                  | <p>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.</p> <p>National: Intelligence gathered on what changes what works and continues to be challenging.</p>      |
| Implement       | <ul style="list-style-type: none"> <li>• Identify successful change ideas to be implemented</li> <li>• Agree the steps required to implement and the stakeholders that directly/indirectly affect delivery</li> <li>• Design measurement plan to monitor implementation</li> <li>• Capture learning to guide implementation at scale</li> </ul>           | <ul style="list-style-type: none"> <li>• Implementation plan</li> <li>• Stakeholder plan</li> <li>• Measurement plan</li> <li>• Guiding principles</li> </ul> | <p>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.</p> <p>National: Intelligence used to create Guiding Principles for future implementation of new models</p> |

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,**

  
Healthcare Improvement Scotland

  
Healthcare Improvement Scotland

## Appendix 1 – National monitoring and evaluation framework and engagement plan



2026-07-30  
Engagement plan.pdf

## Appendix 2 – Improvement support logic model

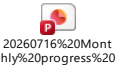
| Inputs                                                                                                                                                                                                                                                                      | Activities                  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



# Hospital at Home Programme

Progress update January - March 2026

## Hospital at Home H@H:

Is a short-term, targeted intervention providing acute level hospital care in an **individual's home** or homely setting. (1)

This programme:

- has **high satisfaction** and patient preference across a range of measures. (1)
- reduces pressure on unscheduled acute care in hospitals by **avoiding admissions** and **accelerating discharge**. (1)
- has consistent evidence of **lower costs** compared to inpatient care. (1)

## What we do:

**Optimise and expand H@H services:** Supporting NHS boards/HSCPs to optimise and expand their neonatal, paediatric and adult H@H services.

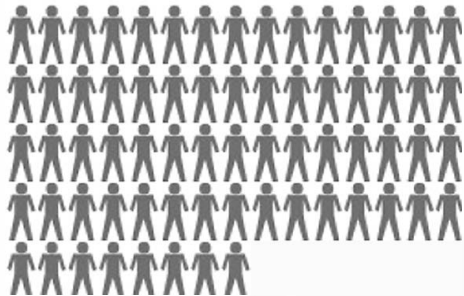
**Develop new H@H services:** Supporting the implementation of new neonatal and paediatric services across Scotland, and new adult services in remote and rural areas across Scotland

**National Learning System:** Enable neonatal, paediatric and adult H@H services to share and learn from each other.

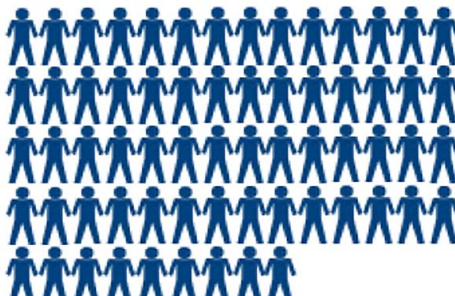
**National Infrastructure:** Develop national infrastructure to enable sustainable neonatal, paediatric and adult H@H services.

## Impact so far...

### 12% increase in adult patients managed by hospital at home services



15,811 adult patients were managed by H@H services from January to March 2025



17,768 adult patients were managed by H@H services from January to March 2026

Adult H@H services prevented over 17,500 patients spending time in hospital during January to March 2026, relieving pressure from A&E and the Scottish Ambulance Service.

## Delivering patient centred care

*"We are so grateful for the compassion and dedication shown by the whole team. This service is invaluable, and we can't thank the staff enough for the care they provided"*

Daughter of patient supported by Falkirk's H@H service

*"The care my son received was excellent and avoided multiple additional trips to hospital which are very difficult for him to manage and very stressful for us, his parents"*

Parent of patient supported by East Lothian's H@H service

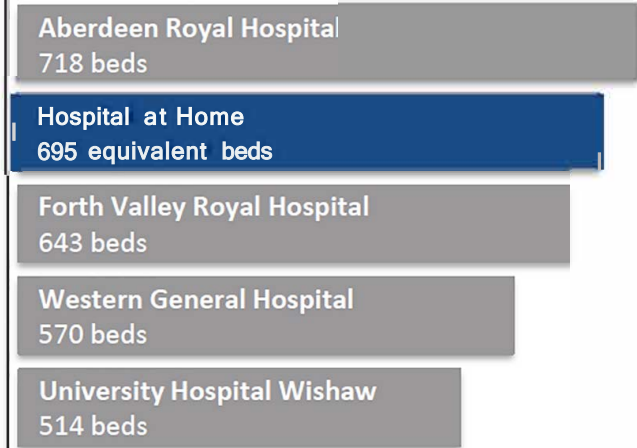
This has been achieved by...

### Working with 13 NHS boards across Scotland



We are working with services across 13 NHS boards to create new services, improve the resilience of existing services and evaluate new ways of working.

### Growing capacity to be bigger than Forth Valley Royal <sup>4</sup>



In March 2026, there was the equivalent of 695 adult hospital at home "beds" with an occupancy rate of 80%. This is larger than Forth Valley Royal in NHS Forth Valley.

### Service updates

#### Neonatal & Paediatric H@H:

NHS Tayside has begun seeing patients using an MDT approach led by AHPs.  
NHS Lanarkshire has continued seeing paediatric patients and are testing changes to expand their services.

#### Adult H@H:

In NHS Greater Glasgow and Clyde, Renfrewshire and East Renfrewshire have successfully recruited and are working together as a joint team. East Dunbartonshire are preparing to launch a new service in April.  
NHS Highland have launched a service in Inverness.  
Argyll & Bute are supported by a pharmacist working remotely as a test of change. NHS Argyll and Bute now have remote pharmacist support in place.

### Site visits

#### Neonatal & Paediatric H@H:

In March 2026, we arranged for neonatal and paediatric H@H teams to visit established services in England. Five Scottish teams visited services in Oxford and London to learn about how services developed and the impact of their work.

#### Adult H@H:

We also visited the adult H@H team in Shetland to support and improve processes relating to capturing and using patient feedback.  
We used a variety of QI tools to work through each stage of the process, assigning responsibilities and generating ideas. The team in Shetland were left with a clear plan for creating improvements to their service.

### Information sources:

1. Rapid Response - Admission avoidance hospital at home for older people with frailty, Healthcare Improvement Scotland, February 2022.
2. Monthly improvement data each adult H@H services sends to Healthcare Improvement Scotland since March 2021.
3. FHS Scotland, Acute hospital activity and NHS beds information (annual), Year ending 31 March 2025.
4. Care Opinion, <http://www.careopinion.org.uk/>

### Supporting service

*"Enabled clear, constructive planning to ensure we knew how we're going to achieve our aims. This would ordinarily have taken months to achieve against other commitments"*

Comment card feedback from an attendee at the NHS Shetland site visit.

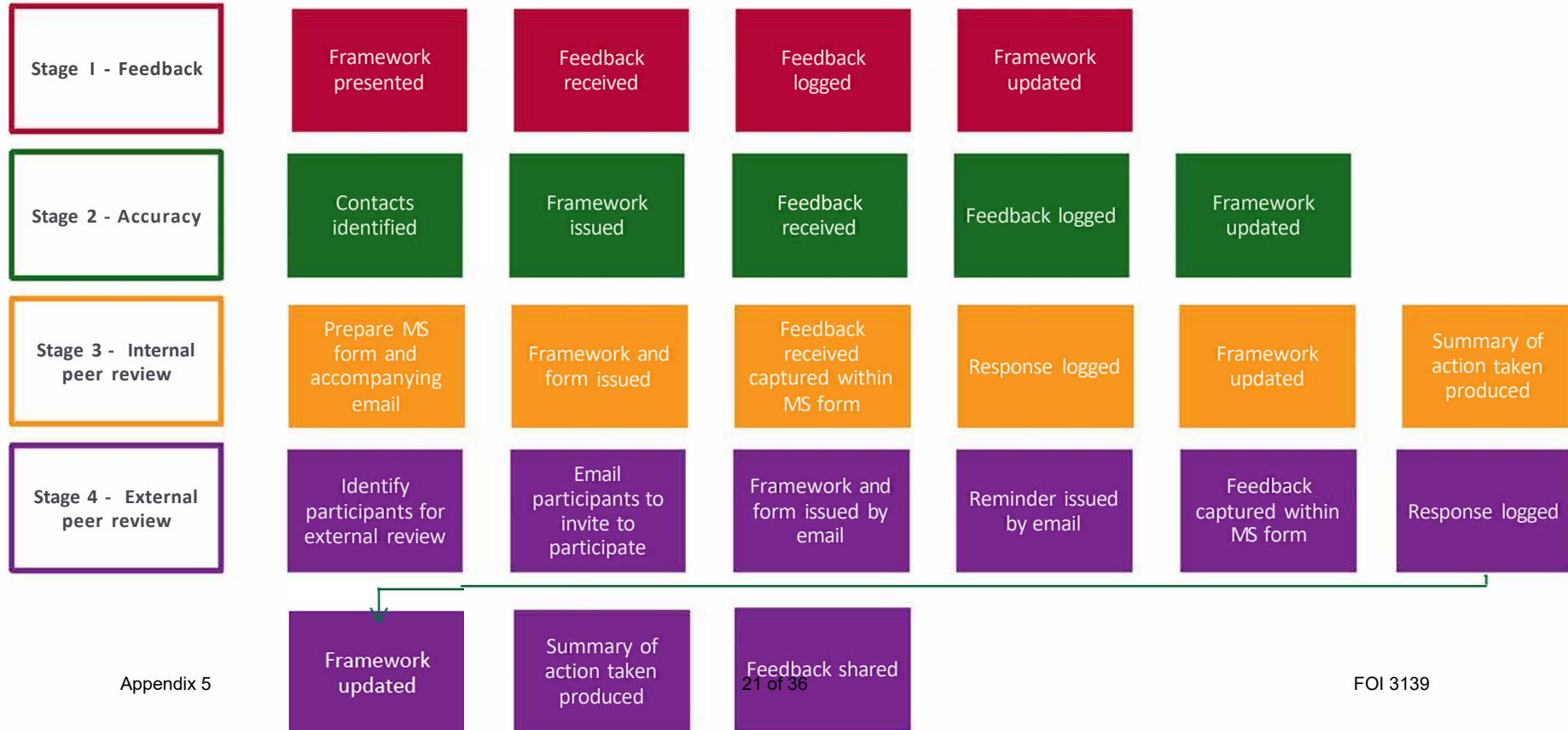
# Evaluation framework

Approach to peer review

# Approach

| <div> <div>Stage 1</div> <div>→</div> <div>Stage 2</div> <div>→</div> <div>Stage 3</div> <div>→</div> <div>Stage 4</div> </div> |                                                                                                       |                                                                                                   |                                                                             |                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <b>Purpose</b>                                                                                                                  | Feedback during development                                                                           | Accuracy checks                                                                                   | Internal peer review                                                        | External peer review                                                        |
| <b>Stakeholders</b>                                                                                                             | Tripartite colleagues: <ul style="list-style-type: none"> <li>HIS</li> <li>PHS</li> <li>SG</li> </ul> | <ul style="list-style-type: none"> <li>LIST contact, PHS</li> <li>Local representation</li> </ul> | HIS colleagues with evaluation expertise                                    | Academic advisory group                                                     |
| <b>Method</b>                                                                                                                   | Shared at meeting(s), and additional feedback by email                                                | Shared at meeting(s), and additional feedback by email                                            | Email invitation to participate<br><br>Feedback to be submitted via MS Form | Email invitation to participate<br><br>Feedback to be submitted via MS Form |
| <b>Consultation Start</b>                                                                                                       | 11/06/2026                                                                                            | 19/06/2026                                                                                        | 29/06/2026                                                                  | 17/07/2026                                                                  |
| <b>End</b>                                                                                                                      | -                                                                                                     | 26/06/2026 of 36                                                                                  | 13/07/2026                                                                  | 31/07/2026 of 3139                                                          |

# Process overview



# Timescales

|                                |                           | 08/06 | 15/06 | 22/06 | 29/06 | 06/07 | 13/07 | 20/07 | 27/07 | 03/08 | 10/08 |
|--------------------------------|---------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Stage 1 - Feedback             |                           |       |       |       |       |       |       |       |       |       |       |
| Stage 2 - Accuracy checks      |                           |       |       |       |       |       |       |       |       |       |       |
| Stage 3 - Internal peer review | Preparation               |       |       |       |       |       |       |       |       |       |       |
|                                | Consultation period       |       |       |       |       |       |       |       |       |       |       |
|                                | Review                    |       |       |       |       |       |       |       |       |       |       |
| Stage 4 - External peer review | Preparation               |       |       |       |       |       |       |       |       |       |       |
|                                | Consultation period       |       |       |       |       |       |       |       |       |       |       |
|                                | Review for implementation |       |       |       |       |       |       |       |       |       |       |

# National monitoring and evaluation framework document: extract Walk-in services pilot (2026)

Embargoed

## Background

In February 2026 the First Minister announced plans to establish a new nationwide network of 16 walk-in services open seven days a week. Scottish Government has asked all NHS boards to pilot at least one primary care 'walk-in' service in their area.

Key stated objectives of the pilot are to:

1. provide more than one million additional GP and nurse appointments,
2. reduce barriers to accessing primary care without an appointment, particularly *'reducing the 8am rush'*, and
3. reduce wider system access pressures, particularly *'reducing inappropriate attendances at emergency departments.'*

## Purpose

This draft framework has been developed to support national monitoring and evaluation of the GP walk-in services pilot in Scotland. The framework is intended to support consistency of data reporting across sites while allowing for variation in local service models, implementation timelines and local evaluation activity.

The evaluation is primarily focussed on process and early outcomes. It will cover implementation, uptake, acceptability, equity of access, indicators of system impact and resource implications. It will not provide a definitive assessment of cost-effectiveness or attribute system-level changes solely to the walk-in services pilot, and therefore will not seek to establish whether the service 'works' overall.

Appendix 1 outlines what the monitoring and evaluation framework will and will not answer.

## Our approach

### Monitoring and evaluation

In this framework, monitoring refers to the routine collection and reporting of activity, access, demographic, service-use and operational data. Evaluation refers to the synthesis and interpretation of monitoring data alongside qualitative evidence, contextual information and learning from local implementation. Monitoring will primarily describe what is happening across pilot sites; evaluation will consider what this may mean, why patterns may be occurring, and what can be learned to inform future decisions.

## Evaluability assessment

No formal evaluability assessment has been completed for this framework due to time constraints, but there is recognition that the walk-in services pilot is characterised by complexity. Service design across sites is variable and it is highly likely there will be difficulties in establishing consistently predictable outcomes and counterfactual data within the 12-month duration of the pilot. The national monitoring and evaluation framework enables national-level analysis capturing learning from across sites.

## Evidence review

A high-level evidence search and summary was carried out to capture learning from previous evaluations of primary care and community walk-in services. This has been used to inform the development of the evaluation framework.

## Theory of change

The implicit theory of change for the pilot appears to be that the introduction of walk-in services will increase access to primary care, which will reduce unmet need and reduce subsequent pressure on the healthcare system elsewhere, which will lead to improvement in overall system performance.

The evaluation will assess whether observed patterns are plausible and consistent with the developing theory of change. The evaluation will not attribute system-level changes solely to the walk-in services pilot.

## Methods and engagement

The framework will employ a predominantly formative and mixed-methods approach (combining quantitative and qualitative methods). The framework, alongside the feedback loops available across the improvement 'learning system', will provide opportunities for stakeholders to engage with wider learning from national evaluation monitoring and evaluation efforts as well as from local monitoring and evaluation activity.

## Equity and patient experience

Equity and patient experience will be considered throughout the evaluation rather than treated as standalone measures, recognising that access, acceptability, service design and local context may influence who uses services and who benefits from them.

## Evaluation questions

The following evaluation areas and questions have been developed following initial discussions with stakeholder groups and feedback from internal review.

| Area            | Questions                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Appropriateness | <ul style="list-style-type: none"><li>• To what extent are people participating in and presenting to the pilot services?</li><li>• To what extent are pilot services contributing to improved equity of access?</li></ul>                                                                                                                                                                                                                                            |
| Effectiveness   | <ul style="list-style-type: none"><li>• To what extent were pilot services implemented as intended, and if not, why not?</li><li>• To what extent were pilot services able to achieve expected objectives in:<ul style="list-style-type: none"><li>o increased appointment volume, and</li><li>o decreased system usage?</li></ul></li><li>• To what extent was patient flow as expected?</li><li>• What are people's reported experiences of the service?</li></ul> |
| Cost            | <ul style="list-style-type: none"><li>• What are the costs of delivering the pilot services?</li><li>• How do the costs of pilot services compare with the cost of other health care services?</li></ul>                                                                                                                                                                                                                                                             |

# The monitoring plan

## Approach to monitoring

Monitoring will be led by PHS with some HIS monitoring taking place via the quality improvement (QI) implementation support and learning system. Key monitoring elements from pilot sites with existing monitoring and evaluation plans will be aligned where possible, as this becomes known.

## Data collection responsibilities - to be finalised with participating organisations



| Evaluation Questions                                                                                                                                                                               | Focus of Monitoring         | Indicators                            | Targets             | Monitoring Data Sources                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|---------------------------------------|---------------------|------------------------------------------------------------|
| <b>Appropriateness</b><br><br>To what extent are people participating in and presenting to the pilot services?<br><br>To what extent are pilot services contributing to improved equity of access? | Participant characteristics | Number of participants                | Local projection    | ADASTRA<br>- patients attending from registered practices/ |
|                                                                                                                                                                                                    |                             | Time of arrival                       | Local opening hours | ADASTRA                                                    |
|                                                                                                                                                                                                    |                             | Type of presenting complaint milarity | to OOH presentation | ADASTRA<br>- High level read codes (reason for attendance) |

| Evaluation Questions                                                                                                                                                                                                                                                                                   | Focus of Monitoring     | Indicators                                                                            | Targets                               | Monitoring Data Sources                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|---------------------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                        |                         | Participant demographics                                                              | Representative of targeted population | ADASTRA<br>- CHI and postcode (for demographic-age, sex, and geographic analysis)<br>Deprivation (postcode), ethnicity (where feasible) |
| <b>Effectiveness</b><br><br>To what extent were pilot services implemented as intended? (If not, why not)<br><br>To what extent were pilot services able to achieve expected objectives in increased appointment volume and decreased system usage<br><br>To what extent was patient flow as expected? | Service characteristics | Template for Intervention Description and Replication<br>_____ framework (or similar) | No target: documenting change(s)      | via HIS Q Learning System                                                                                                               |
|                                                                                                                                                                                                                                                                                                        | Service use, KPIs       | Number of walk-in consultations available                                             | Locally specified target              | ADASTRA<br>High-level numbers of consultations by area<br>- date and time of consultations                                              |
|                                                                                                                                                                                                                                                                                                        |                         | Health care professional availability                                                 | National and local specification      | ADASTRA<br>- HCP type (with expansion to local list or national extract)<br>- count of completed consultations (not cases)              |
|                                                                                                                                                                                                                                                                                                        |                         | People attending but not having a consultation                                        | Minimise                              | ADASTRA                                                                                                                                 |

| Evaluation Questions | Focus of Monitoring                     | Indicators                                                             | Targets                                | Monitoring Data Sources                                                                                                                   |
|----------------------|-----------------------------------------|------------------------------------------------------------------------|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
|                      |                                         | Use of available consultations                                         | Rate of consultations uptake over time | ADASTRA<br>Vacant consultations rates                                                                                                     |
|                      |                                         | Time from attendance to consultation<br>(Or similar time-based metric) | --b.n;m;se                             | ADASTRA                                                                                                                                   |
|                      |                                         | Consultation resolved issue in one visit                               | Maximise as clinically appropriate     | Local/HIS QI                                                                                                                              |
|                      |                                         | Clinical staff time spent seeing patients                              | Maximise as clinically appropriate     | Local/HIS QI                                                                                                                              |
|                      | System use as an alternative to walk-in | Availability of GP practice appointments                               | No target: documenting range(s)        | GP In-hours activity data                                                                                                                 |
|                      |                                         | Number of system contacts made by target population                    | PHS (on advice of target population)   | ADASTRA<br>Target population rates of contact with NHS 24, SAS, A&E, PC OOH, GP practice, Pharmacy First for defined periods pre and post |

| Evaluation Questions                                   | Focus of Monitoring                            | Indicators                                                            | Targets                                      | Monitoring Data Sources                                                                                                                                             |
|--------------------------------------------------------|------------------------------------------------|-----------------------------------------------------------------------|----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                        | Recorded patient outcome following appointment | Appointment outcome                                                   | Similar outcomes to OOH                      | Comparison of codes with recorded FC OOH outcomes                                                                                                                   |
| What are people's reported experiences of the service? | Reaction to walk-in contacts being available   | Patient understanding of service                                      | In line with expected motivation and actions | Patient questionnaire-patient journey questions                                                                                                                     |
|                                                        |                                                | Reaction to service - eg if perceived by people as 'for them' locally | In line with expected motivation and actions | Engagement                                                                                                                                                          |
|                                                        |                                                | Patient satisfaction with service                                     | High                                         | <p>Patient survey or other service feedback mechanism</p> <p>National PREMS (TBC) covering personalisation, coordination, enablement, wellbeing and experience.</p> |

| Evaluation Questions                                                                    | Focus of Monitoring                                                                | Indicators                                        | Targets    | Monitoring Data Sources                                                                                                                                                                                                        |
|-----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|---------------------------------------------------|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                         | Anticipated risks                                                                  | Need for urgent care in 24 hours post appointment | Count data | Proportion of people using the walk-in attend A&E, have a Primary Care OOH consultation, call NHS 24 or Scottish Ambulance Service, or are admitted to hospital as an emergency within 24 hours of their walk-in consultation. |
|                                                                                         |                                                                                    | Prescribing following appointment                 | Count data | Prescribing rates of specific medications (e.g. antimicrobial and opioid medication) for walk-in sites and GP in-hours practices in the area                                                                                   |
| Cost**<br><br>What are the costs of delivering the pilot services?                      | Service costs                                                                      | Costs at each site                                | n/a        | Staff time<br>AfC staff costs<br>Overheads                                                                                                                                                                                     |
| How do the costs of pilot services compare with the cost of other health care services? | Costs associated with other services within the system (A&E, GP appointments etc.) | Reference costs/ PSSRU costs                      | n/a        | Use of other services within the system (see relevant effectiveness question)                                                                                                                                                  |

... The economic component will describe the cost of delivering the pilot services and explore associated patterns of resource use across the wider system where data are available. It will not provide a formal cost-effectiveness analysis or a definitive conclusion on value for money. Any observed changes in wider service use will be interpreted as indicative and will be considered alongside implementation context, baseline trends, site variation and qualitative evidence.

## The evaluation plan

### Approach to evaluation

Evaluation will be led by Healthcare Improvement Scotland with Public Health Scotland support in relation to synthesis of monitoring data.

Local evaluation will also be taking place - this may align with the monitoring plan only, or the evaluation plan, or both the monitoring and evaluation plan. This should be determined before the end of the scoping phase to ensure a common understanding of local implementation of the framework by site is established.

Recognising the complexity of the health and care system, the evaluation does not seek to attribute changes in system-level activity solely to the GP walk-in services pilot. Any changes in use of services will be interpreted as indicative evidence of possible contribution, rather than attribution. Where possible, routine monitoring data will be triangulated with qualitative evidence from staff, patients and local stakeholders to assess whether observed changes are plausible, consistent with a developing theory of change, and likely to be related to the pilot. Interpretation will take account of baseline trends, seasonal patterns, differences between pilot sites, time since implementation, local service changes, wider system pressures and other contextual factors.

### The evaluation plan

Data collection/analysis responsibilities - to be finalised with participating organisations

|                           |               |                  |            |     |
|---------------------------|---------------|------------------|------------|-----|
| HIS: Community Engagement | HIS: Evidence | HIS: Improvement | Pilot site | PHS |
|---------------------------|---------------|------------------|------------|-----|

| Evaluation Focus                                                                                                                                                                                   | Evidence available from monitoring                                            | Interpretation and synthesis activity                                                             |                                                                                                                                            | Additional evaluation data required                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| <b>Appropriateness</b><br><br>To what extent are people participating in and presenting to the pilot services?<br><br>To what extent are pilot services contributing to improved equity of access? | Assessment of service staffing and patients presenting to the walk-in service | Assessment of service design                                                                      | Synthesis of available monitoring data from PHS<br><br>Level of assessment of whether equitable service design in place across pilot sites | Document analysis<br><br>Mapping against framework e.g. NHS ART using <u>TIDiER</u> framework data |
|                                                                                                                                                                                                    |                                                                               | Reported and perceived motivation to attend                                                       | Qualitative data collection from staff and patients particularly in relation to reaction and any barriers to access                        | X interviews per site or per region                                                                |
|                                                                                                                                                                                                    |                                                                               |                                                                                                   |                                                                                                                                            | Use studies from learning system                                                                   |
| <b>Effectiveness</b><br><br>To what extent were pilot services implemented as intended? (If not, why not)                                                                                          | Assessment of service characteristics                                         | Assessment of enablers and barriers of effective implementation with focus on short-term outcomes | Synthesis of available monitoring data from PHS<br><br>Elicitation of staff and patient views                                              | X interviews per site or per region                                                                |
|                                                                                                                                                                                                    |                                                                               | Assessment of service maturity                                                                    | Maturity assessment led by QI colleagues                                                                                                   | Mapping against guiding principles                                                                 |
| To what extent were pilot services able to achieve expected objectives in:<br><br>a) increased                                                                                                     | Assessment of service availability and service use                            | Assessment of achievement/non-achievement of objectives                                           | Synthesis of available monitoring data from PHS                                                                                            | X interviews per site or per region                                                                |

| Evaluation Focus                                                                                                  | Evidence available from monitoring       | Interpretation and synthesis activity                                                                     |                                                                                                                                                                   | Additional evaluation data required                                                                                           |
|-------------------------------------------------------------------------------------------------------------------|------------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| <p>appointment volume</p> <p>b) decreased system usage</p>                                                        |                                          | <p>across sites and any insight into reasons for both</p>                                                 | <p>Elicitation of staff and patient views</p> <p>-any perceptions re. self-management</p> <p>-self-reporting of likely alternative system usage</p>               |                                                                                                                               |
| <p>To what extent was patient flow as expected?</p> <p>What are people's reported experiences of the service?</p> | <p>Appointment uptake and outcome(s)</p> |                                                                                                           | <p>Synthesis of available monitoring data from PHS</p> <p>Qualitative data collection from staff and patients particularly in relation to short-term outcomes</p> | <p>X interviews per site or per region</p> <p>Barriers and enablers e.g. relating to provision of PREMS framework domains</p> |
|                                                                                                                   |                                          |                                                                                                           | <p>Qualitative data collection by QI case studies from learning system colleagues</p>                                                                             |                                                                                                                               |
| <p>Cost**</p> <p>What are the costs of delivering the pilot services?</p>                                         | <p>Costs of walk-in services</p>         | <p>Analysis of cost and cost per patient encounter (attendances and consultations) across pilot sites</p> | <p>Total pilot site cost divided by patient encounters (attendances and consultations)</p>                                                                        |                                                                                                                               |

| Evaluation Focus                                                                              | Evidence available from monitoring                                                                       | Interpretation and synthesis activity                                 |                                                                                                               | Additional evaluation data required |
|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|-------------------------------------|
|                                                                                               |                                                                                                          |                                                                       |                                                                                                               |                                     |
| How does the cost of GP walk-in services compare with the cost of other health care services? | Costs of other health care services                                                                      | Comparison of cost with other services                                | Opportunity cost of workforce diversion from other services                                                   |                                     |
|                                                                                               | Indication of any changes in use of other health care services (observed via PHS data or via interviews) | Value of resources avoided due to availability/use of walk-in service | Change multiplied by the cost of the resource (eg x fewer ED attendances multiplied by cost of ED attendance) | Trend comparison with national data |

„, The economic component will describe the cost of delivering the pilot services and explore associated patterns of resource use across the wider system where data are available. It will not provide a formal cost-effectiveness analysis or a definitive conclusion on value for money. Any observed changes in wider service use will be interpreted as indicative and will be considered alongside implementation context, baseline trends, site variation and qualitative evidence.

tQualitative sampling will be purposive and proportionate, covering variation across service models, local population and geographic context.

## Appendix 1 -what the monitoring and evaluation framework will and will not answer

| <i><b>The framework can help answer</b></i>                | <i><b>The framework cannot definitively answer</b></i>                |
|------------------------------------------------------------|-----------------------------------------------------------------------|
| Who uses the services and for what types of presentation   | Whether walk-in services work in all contexts                         |
| How service models vary across sites                       | Whether any system-level change is caused solely by the pilot         |
| Whether services appear to improve access for some groups  | Whether the services reduce the "8am rush" across Scotland as a whole |
| What patterns are seen in the use of other services        | Whether the services are cost-effective                               |
| What patients, carers, staff and local stakeholders report | Whether observed changes will be sustained long term                  |
| What implementation learning should inform future rollout  | Which single model should be adopted nationally                       |