

Healthcare Improvement Scotland

Urgent and unscheduled care - Scope consultation

Introduction

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

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

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

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

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

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

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

The Royal College of Pharmacy

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

- **Yes**

- No

Please provide further comments

The scope of the standards is incredibly wide and encompasses health and care environments across a number of different settings and traversing the boundaries of traditional care settings. How will HIS be able to ensure that the standards are applied consistently across these settings where some of these will be outwith their inspection remit e.g. premises and services delivered in locations where professional regulators apply rather than HIS?

There appears to be a potential gap in relation to equitable access to care. This is particularly relevant for individuals living in remote and rural areas, those experiencing frailty, and the growing number of people receiving care through hospital-at-home and other community-based models. Urgent care services should be designed to ensure accessibility across all geographical locations and, where appropriate, within patients' own homes. This should also include people in secure settings such as prisons, custody suites.

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

- Yes
- No

Please provide further comments

Under Principles of person-centred, trauma-informed and evidence-based care: Communication and Information, we believe this needs to include digital platforms – whether that is through the mycare.scot app or in therapeutic apps such as Sleepio. Under Leadership, governance and culture: governance systems and accountability it will be particularly important when establishing referral pathways between services e.g. community pharmacy and general practice. In this section related to risk management and learning – it will be important to include standards on learning from harm across traditional boundaries of care.

In the section on high-performing staff and teams there is recognition of psychological safety and we suggest that consideration is also given to physical safety where in these environments there is an increased risk of physical assault on staff. Under the Care Environment, it is crucial that appropriate considerations are made for the safe and secure handling of medicines, including patient's own medicines brought into health and care environments.

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

- Yes
- No

Please provide further comments

RCPharm are pleased to see that community pharmacy is identified as a key specialty for representation in the development group. However, pharmacists contribute to urgent and unscheduled care across a number of settings including front door services in hospital in Emergency Departments, Acute Assessment Units, Frailty Units, Hospital at Home and NHS 24 providing pharmaceutical care and expertise to both adult and paediatric services. We would encourage HIS to consider a wider representation from pharmacy teams in secondary care.

Outside of pharmacy, our Council members also suggested representation from the following specialties and organisations:

- Palliative Care
- Mental Health
- Substance Use
- BASICS Scotland
- Cancer
- Prisons
- Radiology

5. Would you like to nominate yourself to be considered as a member of the standards development group? If you select yes, you will be asked to provide additional information.

- Yes
- No

6. The standards development group will be co-chaired by Lesley Sharkey (Nurse Director – Acute Service, NHS Tayside) and Dr Caroline Whitworth (Consultant Nephrologist, NHS Lothian). The group will convene for the first meeting in early September 2026 and will meet approximately four times over a 12-month period.

We are seeking nominations for development group members with strategic and operational backgrounds including representation from across urgent and unscheduled care settings described in the scope document. The development group will be limited to approximately 20 members and include clinical, nursing, allied health professionals, policy and managerial staff. We will also seek to achieve a balance of representatives from island, remote rural and urban healthcare settings.

Please complete the section below. This can be used for self nomination or to nominate a colleague.

Name *Josh Miller*

Role Vice Chair, Scottish Pharmacy Advisory Council Royal College of Pharmacy; Advanced Clinical Pharmacist currently working in admissions and urgent care at the Queen Elizabeth University Hospital in Glasgow.

Organisation / Network Royal College of Pharmacy

Email address Josh.Miller@nhs.scot

If you are nominating a colleague, please include your name and email.

7. If you would be representing a network or professional body please provide the name of the network or professional body. For example, third sector or Royal College.

Royal College of Pharmacy

8. Please provide a brief overview of your experience and the contribution you could make to the standards development (no more than 300 words). This may include working in a multidisciplinary development group, current involvement in relevant networks.

Josh Miller has served as an elected member of the Scottish National Board of the Royal Pharmaceutical Society since 2022 and, since the transition to the Royal College of Pharmacy in 2026, is now Vice-Chair of the Scottish Advisory Council.

I am an Advanced Clinical Pharmacist working within Acute Admissions and Urgent Care in NHS Greater Glasgow and Clyde. My role spans emergency care, the acute medical unit, and ambulatory pathways, where I provide clinical leadership in medicines optimisation, patient safety, and quality governance. I work at the interface of high-acuity, time-critical decision-making, supporting safe, effective, and person-centred care at the front door of the hospital.

A core component of my role is the development and implementation of service models that improve flow and outcomes across urgent and unscheduled care. This includes embedding pharmacy within multidisciplinary assessment pathways, supporting rapid decision-making, and optimising prescribing to reduce harm and variation. I maintain a strong focus on continuous quality improvement, using data, governance frameworks, and frontline insight to deliver safe, sustainable, and equitable services aligned to national priorities.

I have also contributed to the digital and interface agenda locally, working across acute and primary care boundaries to improve continuity of care. This includes supporting the design and adoption of digital solutions and pathways that ensure safe and effective medicines supply and governance within virtual and interface settings. I recognise the critical role of digital enablement in

delivering integrated, person-centred urgent care systems and reducing unwarranted variation.

Alongside my clinical role, I contribute to education, professional leadership, and research, including an MPhil focused on the development and support of pharmacist independent prescribers. I would bring a system-wide perspective to the standards development group, grounded in frontline experience, with a clear focus on improving safety, effectiveness, person-centredness, and sustainability of urgent and unscheduled care services."

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

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

RCPharm Policy, Professional Standards and Guidance

- Hospital Pharmacy Standards
- Medicines Administration
- Safe and Secure Handling of Medicines
- Hospital at Home Palliative and End of Life Care Policy ([Palliative and end of life care - Royal College of Pharmacy](#))

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

No.