



Healthcare  
Improvement  
Scotland

Inspections  
and reviews  
To drive improvement

# Announced Inspection Report: Independent Healthcare

**Service:** Emcare Travel Clinic, Glasgow

**Service Provider:** UK Health Enterprises Ltd

5 December 2023

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## 1 Progress since our last inspection

### What the service had done to meet the recommendation we made at our last inspection on 7 November 2019

#### Recommendation

*The service should amend its assessment questionnaire to ensure it is clear what patients are consenting to in terms of the service sharing information with their GP or other healthcare staff.*

#### Action taken

We reviewed four patient care records and found that consent to share information with the GP was obtained in each one. However, consent to share information with the patient's next of kin in an emergency was not obtained.

**A new recommendation has been made** and is reported in Domain 7 (Quality control) (see recommendation d on page 19).

## **2 A summary of our inspection**

### **Background**

Healthcare Improvement Scotland is the regulator of independent healthcare services in Scotland. As a part of this role, we undertake risk-based and intelligence-led inspections of independent healthcare services.

### **Our focus**

The focus of our inspections is to ensure each service is person-centred, safe and well led. We evaluate the service against the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, its conditions of registration and Healthcare Improvement Scotland's Quality Assurance Framework. We ask questions about the provider's direction, its processes for the implementation and delivery of the service, and its results.

### **About our inspection**

We carried out an announced inspection to Emcare Travel Clinic on Tuesday 5 December 2023. We spoke with a number of staff during the inspection. We received feedback from five patients through an online survey we had asked the service to issue to its patients for us before the inspection.

Based in Glasgow, Emcare Travel Clinic is an independent clinic providing travel health advice, medicines and vaccinations.

The inspection team was made up of one inspector.

## What we found and inspection grades awarded

For Emcare Travel Clinic, the following grades have been applied.

<b>Direction</b>	<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>	
<b>Summary findings</b>		<b>Grade awarded</b>
<p>The service's vision and purpose was to provide a professional, informative travel clinic and ensure staff were expert in providing information and travel guidance to patients. The vision statement was displayed in the service and on its website for patients to view. The vision and purpose was regularly communicated to staff. Organisational objectives formed the basis of key performance indicators which were used to review and measure performance and inform ongoing quality improvement. Good governance and reporting mechanisms were in place, and managers were visible and readily available to staff. Staff told us they enjoyed their job, and that they felt heard and supported.</p>		<p>✓✓✓ Exceptional</p>
<b>Implementation and delivery</b>	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	
<p>Staff were fully trained in travel health, and helped patients to make fully informed decisions about their travel health and appropriate vaccines, including through access to relevant government and NHS websites. Processes were in place to ensure the environment was clean, and equipment and medicines were stored safely. A thorough process of risk management, and an audit programme and quality improvement register, helped the service continually improve. Although the service gathered and used feedback from patients, a process should be developed to inform them of the outcomes of their feedback. Contact details for Healthcare Improvement Scotland should be made available to patients should they want to make a complaint.</p>		<p>✓✓ Good</p>
<b>Results</b>	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	
<p>Good processes were in place to ensure the environment was kept clean and in a good state of repair. A thorough process of recruitment, induction and appraisal was in place. Patients told us they were fully informed when making a decision about travel health. Patients' consent to sharing information with their next of kin in an emergency should be obtained.</p>		<p>✓✓ Good</p>

Grades may change after this inspection due to other regulatory activity. For example, if we have to take enforcement action to improve the service or if we investigate and agree with a complaint someone makes about the service.

More information about grading can be found on our website at: [http://www.healthcareimprovementscotland.org/our\\_work/inspecting\\_and\\_regulating\\_care/ihc\\_inspection\\_guidance/inspection\\_methodology.aspx](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx)

Further information about the Quality Assurance Framework can also be found on our website at: [https://www.healthcareimprovementscotland.org/scrutiny/the\\_quality\\_assurance\\_system.aspx](https://www.healthcareimprovementscotland.org/scrutiny/the_quality_assurance_system.aspx)

## What action we expect UK Health Enterprises Ltd to take after our inspection

The actions that Healthcare Improvement Scotland expects the independent healthcare service to take are called requirements and recommendations.

- **Requirement:** A requirement is a statement which sets out what is required of an independent healthcare provider to comply with the National Health Services (Scotland) Act 1978, regulations or a condition of registration. Where there are breaches of the Act, regulations or conditions, a requirement must be made. Requirements are enforceable.
- **Recommendation:** A recommendation is a statement which sets out what a service should do in order to align with relevant standards and guidance.

This inspection resulted in five recommendations.

Implementation and delivery	
<b>Requirements</b>	
None	
<b>Recommendations</b>	
a	<p>The service should develop a process of keeping patients informed of the impact their feedback has on the service (see page 13).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8</p>

Implementation and delivery (continued)	
<b>Recommendations</b>	
<b>b</b>	<p>The service should add Healthcare Improvement Scotland’s telephone number and email address to its complaints policy and process to allow easy access for patients (see page 16).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.20</p>
<b>c</b>	<p>The service should produce and publish an annual duty of candour report (see page 17).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>

Results	
<b>Requirements</b>	
None	
<b>Recommendations</b>	
<b>d</b>	<p>The service should record patients’ consent to share information with their next of kin in the event of an emergency in the patient care record (see page 19).</p> <p>Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14</p>
<b>e</b>	<p>The service should document in each patient care record when patients are provided with information leaflets (see page 19).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11</p>

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website:  
[www.healthcareimprovementscotland.org/our\\_work/inspecting\\_and\\_regulating\\_care/independent\\_healthcare/find\\_a\\_provider\\_or\\_service.aspx](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx)

We would like to thank all staff at Emcare Travel Clinic for their assistance during the inspection.



### 3 What we found during our inspection

#### Key Focus Area: Direction

Domain 1: Clear vision and purpose	Domain 2: Leadership and culture
<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>	

#### Our findings

The service's vision and purpose was to provide a professional, informative travel clinic and ensure staff were expert in providing information and travel guidance to patients. The vision statement was displayed in the service and on its website for patients to view. The vision and purpose was regularly communicated to staff. Organisational objectives formed the basis of key performance indicators which were used to review and measure performance and inform ongoing quality improvement. Good governance and reporting mechanisms were in place, and managers were visible and readily available to staff. Staff told us they enjoyed their job, and that they felt heard and supported.

#### *Clear vision and purpose*

The vision of the service was to provide an up-to-date, informative travel service and to support patients in making their travel decisions and ensuring they were fully informed about the most up-to-date, preventative healthcare while travelling. The service's purpose was to ensure the safety of patients by providing staff with expert knowledge on immunisations and relevant healthcare advice before travelling. A clear vision statement was displayed throughout the service and on its website.

The vision and purpose was communicated to staff during induction, and at regular staff meetings, workshops and training sessions. There was a clear process of continual review and ongoing improvement of the service and staff development to ensure this vision and purpose was achieved. The senior management team stated they worked alongside staff encouraging them in their professionalism towards the public and to ensure staff felt supported in their role.

Every year, the directors worked on overarching objectives for each aspect of the business. These included changes in key accounts, effective supervision of staff and environmental aspects. From this, key performance indicators were developed, and were used to review and measure performance. The service continually gathered information on a range of key performance indicators, including:

- patient feedback
- staff training
- patient attendance, and
- overarching business issues, for example the ordering and storing of vaccines.

The key performance indicators were discussed regularly among the team. They were also discussed more formally at Board meetings held every 4-8 weeks where they were evaluated and helped to inform the ongoing quality improvement of the service.

The strategic approach of the service was:

- to ensure a quality service was provided
  - that processes and procedures were regularly audited, and
  - to act as a resource and an advisor to patients and external professionals when required.
- No requirements.
  - No recommendations.

### ***Leadership and culture***

A wide range of staff worked in the service. This included:

- the board of directors and non-executive directors
- department managers, for example quality and operations managers
- registered nurses, and
- the medical officer.

External human resources and health and safety consultants also provided consultancy support. The service was also supported by external pharmacists.

A clear governance and reporting process was in place, including a wide range of meetings. These included:

- weekly operational meetings
- weekly human resources meetings
- monthly clinical team meetings, and
- Board meetings every 4-8 weeks.

Each meeting had associated agendas and minutes with actions attached. The quality team worked continuously on ensuring systems and processes remained at a good standard. Staff also met informally every day to discuss workloads and appointments for the day. There was a good relationship between the service and the local NHS board which involved regular meetings and frequent contact.

The managers practiced an open-door policy and staff we spoke with told us they enjoyed working for the service and felt supported by the management. Staff were encouraged to feedback on issues during each meeting and felt they were listened to by the senior team. For example, the clinic had recently been redecorated as a result of feedback from staff.

- No requirements.
- No recommendations.

## Key Focus Area: Implementation and delivery

Domain 3: Co-design, co-production	Domain 4: Quality improvement	Domain 5: Planning for quality
<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>		

### Our findings

**Staff were fully trained in travel health, and helped patients to make fully informed decisions about their travel health and appropriate vaccines, including through access to relevant government and NHS websites. Processes were in place to ensure the environment was clean, and equipment and medicines were stored safely. A thorough process of risk management, and an audit programme and quality improvement register, helped the service continually improve.**

**Although the service gathered and used feedback from patients, a process should be developed to inform them of the outcomes of their feedback. Contact details for Healthcare Improvement Scotland should be made available to patients should they want to make a complaint.**

#### *Co-design, co-production (patients, staff and stakeholder engagement)*

The service had an informative website which included up-to-date links to the Scottish Government, Public Health Scotland and NHSScotland websites for travel information and required vaccines. Information about the prices of vaccines was also included on the website and was discussed during patient consultations.

Training sessions were provided to external social care groups. These groups provide support and care to people with health conditions. The sessions included first aid, health and safety, and communication skills. This ensured that carers were knowledgeable and competent in their role.

After using the service, patients were encouraged to leave feedback about their experience by completing a questionnaire accessed by a QR code available in the reception area. Feedback was reviewed every week by the quality manager, and was collated and discussed at staff and Board meetings. Feedback involving individual staff members was fed back directly. The feedback we reviewed was mainly positive.

A number of changes had been made to the service as a result of feedback from both patients and staff. For example, as a result of feedback from a patient, a text was now sent out to patients to remind them of their appointment. Patients' comments about the reception area had resulted in changes to the layout.

Staff in the service could receive an annual flu vaccine, if wished, and received other incentives such as gift vouchers at Christmas.

### **What needs to improve**

Although the service gathered and used patient feedback to improve the service, there was no process of making patients aware of changes or improvements that had been put in place as a result of their feedback (recommendation a).

- No requirements.

### **Recommendation a**

- The service should develop a process of keeping patients informed of the impact their feedback has on the service.

### **Quality improvement**

We saw that the service clearly displayed its Healthcare Improvement Scotland registration certificate and was providing care in line with its agreed conditions of registration.

The service was fully aware of when to notify Healthcare Improvement Scotland of incidents or changes to the service, in line with our notifications guidance.

A range of policies were in place to help deliver safe, person-centred care. Policies were reviewed every year or when guidance changed, and an appropriate version control process was in place. Policies included:

- a number of medicine management policies
- emergency procedures
- infection prevention and control
- safeguarding (public protection) of children and vulnerable adults, and
- health and safety.

Staff could easily access an electronic system for reporting incidents and accidents, for example patients fainting. These were then reviewed by the senior management team and discussed at the monthly clinical meetings.

An up-to-date complaints policy and information about how to make a complaint was available on the service's website and in the reception area. Complaints were reviewed by the quality manager and discussed at the clinical and Board meetings. The service had received a small number of complaints and we saw these had been addressed appropriately.

The service had a duty of candour policy available. This is where healthcare organisations have a professional responsibility to be open and honest with patients when something goes wrong. Staff were trained in the duty of candour process.

In collaboration with the NHS, safeguarding (public protection) of children and vulnerable adults was considered and regularly addressed. The nursing staff were alert to any potential concerns of families travelling abroad and were trained in raising safeguarding concerns.

Good medicine management processes were in place. The service provided both NHS and private vaccines. Vaccines were stored in an appropriate vaccine fridge. There was a thorough process of checking stock and expiry dates of all vaccines. The immunisation policy addressed aspects of stock rotation and the 'cold chain' process. This ensures vaccines remain in the correct temperature-controlled storage at all times, including during transportation to the clinic. Temperature log books showed that the fridge temperature was checked and recorded twice a day. The NHS board also maintained a record of the fridge temperatures. Supplies of vaccines were ordered from the NHS and appropriate registered pharmacies.

Patient group directives allow services to supply and administer a medicine to a pre-defined group of people without the need for each individual to see a prescriber. These protocols were reviewed and updated every year by the medical officer, senior nurse and local pharmacist.

The service was registered with Public Health Scotland to provide yellow fever vaccinations. This is a legal requirement for anyone providing this vaccination. The certificate confirming registration was displayed in the service.

Before their appointment, patients completed a pre-travel risk assessment questionnaire. This included questions about their planned travel, accommodation they would be staying in and past history of vaccines. This was reviewed and discussed during their consultation.

The electronic records included patient's contact details, their GP and next of kin contact details, as well as their past medical history, current medications and allergies. A discussion was documented highlighting the risks, side effects and benefits of necessary vaccines and a treatment plan was developed. Patients were advised to contact NHS helplines, or their GP, should they feel unwell.

Patient care records were stored on a password protected electronic system. The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights) to ensure the safe storage and processing of confidential information.

We saw that the service had a detailed recruitment policy to ensure staff were recruited safely. The required recruitment information was stored securely on a password protected electronic system. Access to the system was appropriately restricted, for example the external human resources consultant had full access while the operations manager could only access specific areas of the system.

During staff recruitment, the appropriate background checks were completed, for example references, appropriate qualifications and Disclosure Scotland Protecting Vulnerable Groups (PVG) checks. An induction matrix was created for each new staff member. This included a pre-employment checklist and an appropriate induction programme specific to the job role. As part of the induction programme, the service had created a number of videos, for example fire safety training, and infection prevention and control.

Staff who worked as advisory consultants in the service had an appropriate recruitment process completed and were line managed and appraised by the director.

All staff had yearly appraisals that included setting and reviewing professional objectives. Formal monthly one-to-one meetings were held with their manager where their professional objectives were discussed. The service also aimed to support staff with any wellbeing issues during their one-to-one meetings. A process was in place to check each individual's registration on their professional register every year.

All staff were required to complete a mandatory training programme every year. All staff were trained in basic life support to ensure they were competent to respond in an emergency situation. Staff also carried out annual refresher training, for example on health and safety.

To support staff in the travel health information they were providing to patients, they had access to various national travel advice websites, such as the:

- Travax website
- Immunisation against infectious disease: the Green Book
- UK Malaria Prevention Guidelines, and
- TravelHealthPro websites and advice line.

The healthcare staff updated their training every year to ensure they remained aware of the latest safety measures, particularly for vaccinations, infection control, emergency procedures, and health and safety. A travel health competency programme was available for nursing staff, in line with the required training for NHS staff. This ensured staff were competent in risk assessing patients' needs. It also ensured they were providing up-to-date and relevant information to patients and were knowledgeable in accessing information online using the recognised public health and government websites.

Staff were fully supported with learning and development opportunities, for example we were told one of the nurses was considering training as an independent prescriber. We were also told about other staff members being promoted in the service, such as an office supervisor.

### **What needs to improve**

The service's complaints policy contained the address for Healthcare Improvement Scotland. We were told that, in the complaints policy on the service's website, the Healthcare Improvement Scotland logo was a live link to our complaints page. However, this was not clearly evident. Within the clinic, notices displayed on how to make a complaint to Healthcare Improvement Scotland only included our address. Our telephone number and email address should also be added to make the process of contacting Healthcare Improvement Scotland easier for patients (recommendation b).

The service published a yearly duty of candour report on its website. However, the report had not been updated in over 12 months (recommendation c).

- No requirements.

### **Recommendation b**

- The service should add Healthcare Improvement Scotland's telephone number and email address to its complaints policy and process to allow easy access for patients.



### **Recommendation c**

- The service should produce and publish an annual duty of candour report.

### ***Planning for quality***

A thorough process of risk assessment was in place. This included assessments carried out on trips and falls, fire, and moving and handling. All risk assessments were stored on an up-to-date risk register. These were reviewed regularly by the health and safety consultant and presented to the Board meetings.

An audit programme was completed throughout the year by the quality team. Clinical audits included:

- patient care records
- infection control
- emergency equipment, and
- auditing to ensure various checklists were completed.

Non-clinical audits included:

- a review of all website links in policies and standard operating procedures to ensure they were still correct
- a review of the welcome patients received from reception staff on arrival, and
- the environment.

We were told the auditing of patient care records had led to an in-depth audit of the electronic system used to store patient care records. This highlighted an issue with staff documentation which resulted in improvements in the information recorded in patient care records.

Each audit completed had associated actions and outcomes attached.

The service's quality improvement register included the outcomes of audits, complaint investigations, staff induction and key performance indicators. This was reviewed regularly at Board meetings and had associated actions attached.

The service had external accreditation, ISO 9001, in place since 2014. This is an international accreditation standard for quality management systems. The service was currently working towards achieving this again in 2024.

- No requirements.
- No recommendations.

## Key Focus Area: Results

Domain 6: Relationships

Domain 7: Quality control

*How well has the service demonstrated that it provides safe, person-centred care?*

### Our findings

**Good processes were in place to ensure the environment was kept clean and in a good state of repair. A thorough process of recruitment, induction and appraisal was in place. Patients told us they were fully informed when making a decision about travel health. Patients' consent to sharing information with their next of kin in an emergency should be documented.**

Every year, we ask the service to submit an annual return. This gives us essential information about the service such as composition, activities, incidents and accidents, and staffing details. The service submitted an annual return, as requested. As part of the inspection process, we ask the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality Assurance Framework and ask the service to tell us what it does well, what improvements could be made and how it intends to make those improvements. The service submitted a comprehensive self-evaluation.

The environment was in a good state of repair. An external cleaning company cleaned the service at the end of every day, using appropriate products and equipment. A cleaning checklist was completed. We also saw evidence of completed daily checks carried out by the nursing staff, for example checks on the defibrillator and oxygen cylinders.

There was a good supply of personal protective equipment throughout the clinic. This included gloves, aprons and face masks. We saw that clinical waste was disposed of appropriately.

We reviewed four patient care records. We saw that all relevant patient information was obtained, including past medical history and allergies. The patients' GP and next of kin contact details were also documented. Consent to treatment was completed.

Following their consultation, patients were sent an email covering the information discussed that included a patient link to Travax Open Suitcase. This is an NHS website that provides travel health information sheets to the public on their planned travels.

From the staff files we reviewed, we saw a thorough process of staff recruitment was in place, and a programme of regular one-to-one meetings with each employee and their manager. The induction process addressed all aspects for each specific job role and the appraisal process was complete.

During the inspection, and with the patient's permission, we attended a consultation with a patient requiring vaccination. We saw a detailed discussion took place reviewing all the information provided by the patient, and the risks and benefits of the vaccine. There was an opportunity for the patient to ask questions and to reconsider and come back another time.

Patients who completed the online survey told us:

- '... was super thorough in explaining all the travel vaccines required and the benefits/potential risks with them. Explained all costs also.'
- '... spoke us through everything and for certain vaccines even said I could go away and think about it but I felt enough information was provided to be able to get it there and then.'
- 'Very professional and felt well prepared.'
- 'It was seamless to book and was carried out all nice and easy along with follow up appointments.'

### **What needs to improve**

We saw consent for treatment was obtained in each patient care record reviewed and consent was also obtained to share information with patients' GPs. However, while next of kin details were requested, consent to share information with their next of kin in an emergency was not documented in the patient care records (recommendation d).

There was a process of ensuring electronic patient information leaflets (PIL) were sent from the vaccine website to patients by email. However sometimes paper copies of the PIL were given to patients. A patient who receives a paper copy of a PIL should have this documented in their care records. (recommendation e).

- No requirements.

### **Recommendation d**

- The service should record patients' consent to share information with their next of kin in the event of an emergency in the patient care record.

### **Recommendation e**

- The service should document in each patient care record when the patient is provided with a paper copy of the information leaflet.

## Appendix 1 – About our inspections

Our quality assurance system and the quality assurance framework allow us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this system to check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. Inspections may be announced or unannounced.

We follow a number of stages to inspect independent healthcare services.

### Before inspections

Independent healthcare services submit an annual return and self-evaluation to us.

We review this information and produce a service risk assessment to determine the risk level of the service. This helps us to decide the focus and frequency of inspection.



Before

### During inspections

We use inspection tools to help us assess the service.

Inspections will be a mix of physical inspection and discussions with staff, people experiencing care and, where appropriate, carers and families.

We give feedback to the service at the end of the inspection.



During

### After inspections

We publish reports for services and people experiencing care, carers and families based on what we find during inspections. Independent healthcare services use our reports to make improvements and find out what other services are doing well. Our reports are available on our website at: [www.healthcareimprovementscotland.org](http://www.healthcareimprovementscotland.org)

We require independent healthcare services to develop and then update an improvement action plan to address the requirements and recommendations we make.

We check progress against the improvement action plan.



After

More information about our approach can be found on our website:

[https://www.healthcareimprovementscotland.org/scrutiny/the\\_quality\\_assurance\\_system.aspx](https://www.healthcareimprovementscotland.org/scrutiny/the_quality_assurance_system.aspx)

## Complaints

If you would like to raise a concern or complaint about an independent healthcare service, you can complain directly to us at any time. However, we do suggest you contact the service directly in the first instance.

Our contact details are:

### **Healthcare Improvement Scotland**

Gyle Square  
1 South Gyle Crescent  
Edinburgh  
EH12 9EB

**Telephone:** 0131 623 4300

**Email:** [his.ihtregulation@nhs.scot](mailto:his.ihtregulation@nhs.scot)

You can read and download this document from our website.  
We are happy to consider requests for other languages or formats.  
Please contact our Equality and Diversity Advisor on 0141 225 6999  
or email [his.contactpublicinvolvement@nhs.scot](mailto:his.contactpublicinvolvement@nhs.scot)

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