Healthcare Improvement Scotland | Inspections and reviews
To drive improvement

# Announced Inspection Report: Independent Healthcare

**Service:** LF Aesthetics, Hamilton

**Service Provider:** LF Aesthetics

19 February 2025

NHS SCOTLAND

Healthcare Improvement Scotland is committed to equality. We have assessed the inspection function for likely impact on equality protected characteristics as defined by age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation (Equality Act 2010). You can request a copy of the equality impact assessment report from the Healthcare Improvement Scotland Equality and Diversity Advisor on 0141 225 6999 or email his.contactpublicinvolvement@nhs.scot



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**www.healthcareimprovementscotland.scot**

# Contents

# 1 Progress since our last inspection

## What the service had done to meet the recommendations we made at our last inspection on 1 August 2019

### Recommendation

*The service should develop and implement its participation policy to direct the way it engages with its patients and uses their feedback to drive improvement.*

### Action taken

Although patients were completing questionnaires about their experience of using the service, there was no evidence to show how this information was then used to improve the service. This recommendation is reported in Domain 3 (Co-design, co-production) (see recommendation b on page 15).

### Recommendation

*The service should provide information for patients on how to make a complaint.*

### Action taken

The complaints policy was now displayed in the service and included contact details for Healthcare Improvement Scotland and information about how to make a complaint to us. Aftercare leaflets had been updated advising patients of the procedure to follow if they had a complaint. The leaflets also included contact details for Healthcare Improvement Scotland.

### Recommendation

*The service should update its infection prevention and control policies to reference current legislation and best practice guidance.*

### Action taken

The infection prevention and control policy now referenced infection prevention and control legislation and best practice guidance.

### Recommendation

*The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits should be documented and improvement action plans implemented.*

### Action taken

An audit programme had now been introduced which included audits of the clinic environment, medicines stock and infection control practice.

### Recommendation

*The service should record consent for taking and sharing photographs in patient care records.*

### Action taken

The five patient care records we reviewed still did not include patients' consent for taking and sharing before and after treatment photographs. This recommendation is reported in Domain 7 (Quality control) (see recommendation g on page 22).

### Recommendation

*The service should develop and implement a quality improvement plan.*

### Action taken

A quality improvement plan had still not yet been developed. This would help to demonstrate and drive ongoing improvements in the service. This recommendation is reported in Domain 5 (Planning for quality) (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 LF Aesthetics on Wednesday 19 February 2025. We spoke with the owner/manager (sole practitioner) in the service. We received feedback from one patient through an online survey we had asked the service to issue to its patients for us before the inspection.

Based in Hamilton, LF Aesthetics is an independent clinic providing non-surgical treatments.

The inspection team was made up of one inspector.

## What we found and inspection grades awarded

For LF Aesthetics, the following grades have been applied.

| **Direction** | *How clear is the service's vision and purpose and how supportive is its leadership and culture?* |
|---|---|
| **Summary findings** | **Grade awarded** |
| The practitioner engaged in regular training and development and kept up to date with changes in the aesthetics industry. The service's aims and objectives were displayed in the service. A defined set of measurable key performance indicators should be developed to enable the service to monitor and measure the quality of the service provided. | ✓ Satisfactory |
| **Implementation and delivery** | *How well does the service engage with its stakeholders and manage/improve its performance?* |
| A range of policies and procedures helped to ensure the service delivered safe and person-centred care. Medicines were obtained from a registered supplier and infection control procedures helped reduce infection risks. Patients were involved in planning their treatment and were informed about the risks and likely outcomes from treatment. Although systems and processes were in place for auditing key aspects of the service and managing risk, a risk register should be developed. Portable electrical appliance testing must be carried out regularly and a quality improvement plan should be developed. A more formal approach to gathering and using patient feedback should be developed. | ✓ Satisfactory |
| **Results** | *How well has the service demonstrated that it provides safe, person-centred care?* |
| The clinic environment and patient equipment were clean. Patients fed back positively about the care and treatment they received. Patient care records included a detailed assessment of patients' medical history, and consent forms were signed by the patient and practitioner. However, a record of the treatment plan and aftercare advice given to patients should be documented. Good medicines governance must be followed when using unlicensed medicines for treatment, including obtaining informed consent from patients. | ✓ Satisfactory |

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: Guidance for independent healthcare service providers – Healthcare Improvement Scotland

Further information about the Quality Assurance Framework can also be found on our website at: The quality assurance system and framework – Healthcare Improvement Scotland

## What action we expect LF Aesthetics 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 two requirements and seven recommendations.

| Direction | |
|---|---|
| **Requirements** | |
| None | |
| **Recommendation** | |
| **a** | The service should develop a set of defined and measurable key performance indicators to monitor and evaluate the quality and effectiveness of the service (see page 13).<br><br>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19 |

| Implementation and delivery | |
|---|---|
| **Requirement** | |
| **1** | The provider must ensure that regular checks are carried out on the service's portable electrical appliances to ensure they are maintained in a safe condition (see page 18).<br><br>Timescale – immediate<br><br>*Regulation 3(a)*<br>*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011* |
| **Recommendations** | |
| **b** | The service should continue to develop, implement and follow its participation policy to direct the way it engages with patients and uses their feedback to improve the service (see page 15).<br><br>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8<br><br>This was previously identified as a recommendation in the August 2019 inspection report for LF Aesthetics. |
| **c** | The service should develop a risk register highlighting all risks in the service to ensure effective oversight of how the service is delivered and to ensure the safety of patients and those working in the service (see page 19).<br><br>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.14 |
| **d** | The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 19).<br><br>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19<br><br>This was previously identified as a recommendation in the August 2019 inspection report for LF Aesthetics. |

| Implementation and delivery (continued) |
|---|
| **Recommendations** |
| **e** The service should develop and document a formal business contingency plan that sets out the arrangements for continuity of care for patients, in the event of the service closing for any reason (see page 19).<br><br>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.14 |

| Results |
|---|
| **Requirement** |
| **2** The provider must ensure that when unlicensed medicines are used that appropriate medicine governance arrangements are in place, including a documented rationale for use and informed patient consent (see page 22).<br><br>Timescale – immediate<br><br>*Regulation 3(d)(iv)*<br>*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011* |
| **Recommendations** |
| **f** The service should ensure that a summary of patients' treatment plans and the aftercare advice given is recorded in patient care records (see page 22).<br><br>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19 |
| **g** The service should record consent for taking and sharing photographs in patient care records (see page 22).<br><br>Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14<br><br>This was previously identified as a recommendation in the August 2019 inspection report for LF Aesthetics. |

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website: Find an independent healthcare provider or service – Healthcare Improvement Scotland

LF Aesthetics, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at LF Aesthetics 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 |
|---|---|
| *How clear is the service's vision and purpose and how supportive is its leadership and culture?* | |

### Our findings

**The practitioner engaged in regular training and development and kept up to date with changes in the aesthetics industry. The service's aims and objectives were displayed in the service. A defined set of measurable key performance indicators should be developed to enable the service to monitor and measure the quality of the service provided.**

#### *Clear vision and purpose*

The service was owned and managed by a nurse and independent prescriber registered with the Nursing and Midwifery Council (NMC). They were also an experienced aesthetics practitioner. We saw that the practitioner engaged in regular continuing professional development managed through the NMC's registration and revalidation process. Revalidation is where clinical staff are required to regularly send evidence of their competency, training and feedback from patients and peers to their professional body, such as the NMC.

The practitioner's long-term vision was to expand the treatments provided over the next 5 years in response to requests from patients. We were told that the practitioner planned to attend further aesthetic training this year to enhance their skills, knowledge and practice in a new treatment before offering this to patients.

The aims and objectives of the service were to:

- provide person-centred care to patients in a safe and clean environment, and
- deliver aesthetic treatments to patients from highly trained, educated staff competent in their field of specialties.

#### What needs to improve

Although the service's aims and objectives were displayed in the treatment room, the service had not developed any key performance indicators to monitor and measure the quality and effectiveness of the service. A set of defined and

measurable key performance indicators would help the service to demonstrate what was working well and what could be improved. For example, the service could measure patient satisfaction rates, treatment outcomes and audit compliance. This would help to show that the service was delivering safe, effective, person-centred care for its patients in line with its aims and objectives (recommendation a).

- No requirements.

### Recommendation a

- The service should develop a set of defined and measurable key performance indicators to monitor and evaluate the quality and effectiveness of the service.

## Key Focus Area: Implementation and delivery

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

### Our findings

**A range of policies and procedures helped to ensure the service delivered safe and person-centred care. Medicines were obtained from a registered supplier and infection control procedures helped reduce infection risks. Patients were involved in planning their treatment and were informed about the risks and likely outcomes from treatment. Although systems and processes were in place for auditing key aspects of the service and managing risk, a risk register should be developed. Portable electrical appliance testing must be carried out regularly and a quality improvement plan should be developed. A more formal approach to gathering and using patient feedback should be developed.**

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

The service did not have a website and used social media to signpost prospective patients to the service. The practitioner provided information to patients about the treatments available, and the benefits, risks and costs of treatments verbally, by email and in printed leaflets.

The service treated a small number of patients each month, many of whom had attended the service since it was first registered with Healthcare Improvement Scotland in November 2017.

The service's participation policy stated feedback would be proactively sought from patients about how the service was delivered and invited patients to offer recommendations to help improve the service.

Patients were encouraged to provide feedback on a post-treatment questionnaire. We reviewed some completed questionnaires and saw that patients had fed back positively about the care and treatment they received.

### What needs to improve

We found that no system was in place to analyse findings from patient feedback, or any evidence from completed questionnaires showing examples of improvements or actions taken or of how this information was then shared with patients (recommendation b).

- No requirements.

### Recommendation b

- The service should continue to develop, implement and follow its participation policy to direct the way it engages with patients and uses their feedback to improve 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 aware that, as a registered independent healthcare service, it had a duty to report certain matters to Healthcare Improvement Scotland as detailed in our notification guidance. We noted that the service had submitted appropriate notifications to keep us informed about changes and events in the service, as required. Although no accidents or serious incidents had been reported, a clear system was also in place to record and manage any accidents or incidents that may occur in the service.

The practitioner made sure that patients' privacy and dignity was maintained. All consultations were appointment-only and only one patient was treated at a time, maintaining confidentiality. Windows were adequately screened, and the treatment room door was locked during treatments.

Appropriate policies, procedures and processes were in place to make sure the service delivered safe and person-centred care and these were regularly reviewed.

A public protection policy described the actions the practitioner would take if they had an adult protection concern. We saw that the practitioner engaged in regular public protection training to keep up to date with legislation and best practice.

A complaints policy detailing the process for managing a complaint was displayed in the service and a summary version of the policy was attached to the patient aftercare leaflet. This also included information for patients about how to make a complaint to Healthcare Improvement Scotland. No complaints had been received by the service or Healthcare Improvement Scotland since it was registered. A complaints log was maintained for documenting any complaints received about the service.

Treatments were provided from a single treatment room in a shared commercial building under a lease arrangement with a private landlord. The landlord was responsible for maintaining the gas boiler and heating system, fire safety equipment and the fixed electrical wiring in the premises. The practitioner had a fire safety policy, and we saw that a yearly fire risk assessment was carried out. Fire safety signage was visible in the treatment room. We saw the gas boiler was serviced in January this year and a yearly maintenance contract was in place. Electrical testing for the fixed wiring had taken place recently and was found to be satisfactory.

An infection prevention and control policy described the precautions in place to prevent patients and the practitioner from being harmed by avoidable infections. For example, this included information on hand hygiene, and the management of sharps and clinical waste. Only single-use personal protective equipment (such as aprons and gloves) and medical devices (such as needles and syringes) were used in the service. A contract was in place to ensure clinical waste was disposed of safely in sharps boxes and colour-coded waste bags, including the safe disposal of hazardous waste such as botulinum toxin.

Safe systems and processes were in place for ordering, prescribing and storing medicines in line with the service's medicines management policy. Medicines were obtained from an appropriately registered supplier, with any medicines that required to be prescribed by the practitioner ordered individually for each patient. An emergency kit was available in the service to respond to medical emergencies, such as an allergic reaction following treatment. We noted the practitioner was trained in life support techniques. Medicines that required to be refrigerated were stored in a lockable refrigerator and the temperature was monitored to make sure the medicines were safe to use.

The service had a duty of candour policy (where healthcare organisations have a professional responsibility to be honest with patients when something goes wrong). The practitioner confirmed that no instances had occurred that required the service to implement duty of candour principles. We saw the service's annual duty of candour report was displayed in the service.

Patients were involved in planning their treatment as part of the consultation and assessment process. The practitioner had a face-to-face consultation with every patient before any treatment was administered. We saw a full medical history was obtained. This included gathering information on allergies, current medicines and medical conditions, and any previous treatments to determine the patient's suitability for treatment. Patients were encouraged to take time to consider their treatment options.

Clinical risks associated with treatments and the preventative measures that patients must follow before and after treatment were discussed at the initial consultation. Before receiving treatment, patients had to sign a consent form to confirm they understood the risks and likely outcome of the treatment. This helped to reduce any potential risks or complications from treatment and improve treatment outcomes for patients.

Aftercare leaflets included the service's emergency contact details. Following treatment, patients were invited to attend a free follow-up appointment. This allowed the service to ensure patients were happy with the results and for the practitioner to provide any additional treatment or advice. We were told that, in the event of a power failure or other emergency, the practitioner would contact patients to postpone any planned treatments.

Patient care records were paper-based and stored securely in a lockable cabinet. We were told the practitioner planned to implement an electronic record keeping system in the future, and they were aware of the need to then register with the Information Commissioner's Office (ICO) (an independent authority for data protection and privacy rights) to make sure patients' confidential information was safely stored.

The practitioner kept up to date with changes in the aesthetics industry, legislation and best practice through subscribing to journals and attending industry-specific conferences. They had also developed informal partnerships with other experienced aesthetic practitioners who provided peer support, advice and information about new treatments and how to manage any complications from treatment. We saw evidence the practitioner completed mandatory and non-mandatory training modules in their NHS role. This included anaphylaxis (allergic reactions), safeguarding (public protection), records management and safe information handling.

### What needs to improve

We saw no evidence of a system in place to regularly check portable electrical appliances such as the refrigerator and the treatment bed to make sure they remained safe to use (requirement 1).

At the time of the inspection, no maintenance contract was in place to make sure the fire safety equipment was fit for purpose. Following the inspection, we received information to confirm that engineers had visited the premises, reviewed the existing fire safety equipment, and had supplied additional fire extinguishers in the communal areas and the kitchen. An annual contract had also now been set up to maintain the fire safety equipment in the premises. We will review this at the next inspection.

### Requirement 1 – Timescale: immediate

- The provider must ensure that regular checks are carried out on the service's portable electrical appliances to ensure they are maintained in a safe condition.

- No recommendations.

### *Planning for quality*

We saw the service had appropriate and up-to-date insurance cover for public liability, medical malpractice, and buildings and contents.

A risk management system was in place to monitor and manage risks to patients and the practitioner. We saw individual risk assessments had been completed for slips, trips and falls, needlestick incidents and medicines governance.

The practitioner had introduced an audit programme which included regular audits of the environment, a monthly stock audit of medicines and a daily log of fridge temperatures.

### What needs to improve

Although the risk assessments were regularly reviewed, a risk register should be implemented detailing all the risks and actions taken to reduce each risk (recommendation c).

A quality improvement plan had still not been developed. This would help structure and record improvements in the service and would also help the service to measure the impact of any changes and demonstrate a continuous cycle of improvement (recommendation d).

The practitioner told us they would notify patients if the service had to cease trading for any reason and that patients would be supported to find an alternative provider to continue their treatment if this occurred. However, these arrangements should be documented in a formal contingency plan (recommendation e).

Patient care records were not currently included in the service's audit programme. The practitioner told us they planned to seek peer support from an experienced aesthetic practitioner to carry out periodic audits of each other's patient care records. We will follow this up at a future inspection.

- No requirements.

### Recommendation c

- The service should develop a risk register highlighting all risks in the service to ensure effective oversight of how the service is delivered and to ensure the safety of patients and those working in the service.

### Recommendation d

- The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement.

### Recommendation e

- The service should develop and document a formal business contingency plan that sets out the arrangements for continuity of care for patients, in the event of the service closing for any reason.

## 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

**The clinic environment and patient equipment were clean. Patients fed back positively about the care and treatment they received. Patient care records included a detailed assessment of patients' medical history, and consent forms were signed by the patient and practitioner. However, a record of the treatment plan and aftercare advice given to patients should be documented. Good medicines governance must be followed when using unlicensed medicines for treatment, including obtaining informed consent from patients.**

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 satisfactory self-evaluation.

During our inspection, we found the clinic was clean and tidy, and that patient equipment was in good condition. The treatment room was cleaned between patient appointments and at the end of each day. Cleaning schedules detailed the daily and weekly cleaning tasks, and a daily cleaning checklist was completed. The correct cleaning products were used for cleaning the treatment room in line with national infection control guidance. This included chlorine-based products for sanitary fixtures and fittings, and blood or body fluid spillages. Disposable cloths and mopheads were used for cleaning.

We saw a good supply of personal protective equipment and antibacterial hand wash was available. Single-use equipment such as needles and syringes was used to prevent the risk of cross-infection. The practitioner attended regular hand hygiene training.

Medicines were stored securely in a lockable cupboard or refrigerator, as required. The medicine cupboard was clean, tidy and not overstocked and the medicines we looked at were in date. The daily log of fridge temperatures confirmed that medicines that required refrigeration were being stored at the correct temperature.

We reviewed five patient care records, and saw a fully completed medical history, which detailed whether patients had any:

- allergies
- pre-existing medical conditions
- prescribed medicines, and
- previous treatments.

A record of the patient's next of kin or emergency contact, and the name and address of their GP, was also documented. Consent forms included the risks associated with each treatment and patients had signed their consent to treatment forms in all the files we reviewed. Consent to share information with the patient's GP or other healthcare professionals in an emergency was also obtained. A record of the medicine used for treatment, including the batch number, expiry date and dosage, was recorded in all of the patient care records we reviewed. We were told that patients were given verbal and written aftercare instructions following their treatment.

Feedback from our online survey showed that patients felt they were treated with dignity and respect, were involved in decisions about their care and treatment, and were given sufficient time to reflect on their options before consenting to treatment. This helped to make sure patients had realistic expectations. Comments included:

- 'Lovely clinic.'
- '... is very nice and welcoming and takes the time to make sure you are getting the best service.'

### What needs to improve

The service used bacteriostatic saline to reconstitute the vials of botulinum toxin (when a liquid solution is used to turn a dry substance into a fluid for injection). The bacteriostatic saline used is an unlicensed product and the use of this instead of normal saline for reconstitution means that the botulinum toxin is being used outwith its Summary of Product Characteristics and is therefore termed as unlicensed use. We were told this provided better pain relief for patients. However, there was no evidence in the patient care records we reviewed that the use of unlicensed bacteriostatic saline and the unlicensed use of botulinum toxin had been discussed with patients, nor that informed consent had been sought before treatment was administered (requirement 2).

Although the patient care records we reviewed were legible, and had been signed and dated by the patient and the practitioner, there was limited information recorded about the patients' agreed treatment plan and the aftercare advice given following their treatment (recommendation f).

From our review of patient care records, we saw that patient consent for taking and sharing before and after treatment photographs was still not being documented (recommendation g).

### Requirement 2 – Timescale: immediate

- The provider must ensure that when unlicensed medicines are used that appropriate medicine governance arrangements are in place, including a documented rationale for use and informed patient consent.

### Recommendation f

- The service should ensure that a summary of patients' treatment plans and the aftercare advice given is recorded in patient care records.

### Recommendation g

- The service should record consent for taking and sharing photographs in patient care records.

## 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**

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: [The quality assurance system and framework – Healthcare Improvement Scotland]

## 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

**Email:** his.ihcregulation@nhs.scot

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or email his.contactpublicinvolvement@nhs.scot

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