

Announced Inspection Report: Independent Healthcare

Service: The Medical Suite Scotland, Glasgow

Service Provider: Dr Anne Gillespie

30 April 2025

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First published July 2025

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1 Progress since our last inspection

What the provider had done to meet the requirement we made at our last inspection on 6 December 2021

Requirement

The provider must implement a suitable system to regularly review the quality of the service.

Action taken

Although we noted the service had not experienced any accidents or incidents, or received any complaints since the last inspection, the service had introduced processes to document and manage any accidents, incidents or complaints. This will help to ensure that any actions or lessons to be learned to improve the quality of the service can be documented and taken forward. **This requirement is met.**

What the service had done to meet the recommendations we made at our last inspection on 6 December 2021

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

Some clinical audits on the management of specific medical conditions had been undertaken since the last inspection. However, no audits of other areas of the service had been carried out such as audits of infection prevention and control, health and safety, and patient care records. This recommendation is reported in Domain 5 (Planning for quality) (see recommendation e on page 19).

Recommendation

The service should develop and implement an adult support and protection policy.

Action taken

A public protection (safeguarding) policy that detailed actions that should be taken by staff in the event of an adult protection concern was now in place.

Recommendation

The service should ensure that discussion around consent to treatment, implied or otherwise, is documented in all patient care records, in line with the service's consent policy.

Action taken

We saw that patients now signed to consent for blood tests and hospital referrals. However, discussions that took place between the doctor and patient to evidence informed consent were not documented in the patient care records. This is now part of a new requirement and is reported in Domain 7 (Quality control) (see requirement 3 on page 22).

Recommendation

The service should ensure that staff receive opportunities for learning and development relevant to their role.

Action taken

A learning and development policy was now in place. Although we saw evidence of training and education undertaken by the doctor, the staff member had not undertaken any training. We were told that access to an online learning site would be sourced and made available for the staff member. This recommendation is reported in Domain 4 (Quality improvement) (see recommendation b on page 17).

Recommendation

The service should develop and implement a quality improvement plan to formalise and direct service improvement.

Action taken

Although there was evidence of improvement activities taking place, there was no documented quality improvement plan in place. This recommendation is reported in Domain 5 (Planning for quality) (see recommendation d on page 19).

Recommendation

The service should formally record the minutes of meetings. These should include a documented action plan highlighting those responsible for the actions.

Action taken

Meetings took place between the doctor and staff member at the start of the day to discuss the patient appointment list and any issues, with any actions required to be taken documented. At the end of the day, the actions were reviewed and signed off as completed, as required. All discussions were documented.

Recommendation

The service should introduce a structured system for reviewing its policies and procedures on a regular basis or when changes occur to ensure they are in line with current legislation and reflect the service provided.

Action taken

All policies we saw were signed and dated as having been recently reviewed.

Recommendation

The service should develop a more structured approach for gathering, recording and evaluating patient feedback, and using the outcomes to drive improvements in the service.

Action taken

Patients were now asked to complete an annual survey asking for their views on the service. We saw that the survey results were collated into a report. As the most recent report showed that all responses received from patients were positive, no improvement actions to be taken forward by the service were required.

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 The Medical Suite Scotland on Wednesday 30 April 2025. We received feedback from 12 patients through an online survey we had asked the service to issue to its patients for us before the inspection.

Based in Glasgow, The Medical Suite Scotland is an independent clinic providing non-surgical treatments.

The inspection team was made up of one inspector and a pharmacist.

What we found and inspection grades awarded

For The Medical Suite Scotland, the following grades have been applied.

Direction	<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>
Summary findings	Grade awarded
The service's doctor provided visible leadership and there was a positive relationship and good communication between them and their staff member. Although the service had a clear vision, defined aims and objectives and key performance indicators would help to monitor how well the service is being delivered.	✓ Satisfactory
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>
<p>Patients were encouraged to provide feedback on the service they had received. The doctor kept up to date with changes and advancements in the medical field.</p> <p>An appraisal system must be implemented to review staff performance and development. The medicines management policy must reflect what is happening in the service. Risk assessments would help to manage and reduce potential risks in the service. A quality improvement plan and programme of audits would help to demonstrate a proactive approach to improving the service.</p>	✓ Satisfactory
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>
The environment was clean and well maintained. Patients who had in-person appointments felt well informed about their care and treatment plans. All patient consultations, discussions and information must be documented to evidence safe care. Guidelines for weight management prescribing must be followed. General Medical Council (GMC) high-level principles and good practice guidance for remote prescribing should also be followed.	Unsatisfactory

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 Dr Anne Gillespie 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 four requirements and six recommendations.

Direction	
Requirements	
None	
Recommendation	
a	<p>The service should develop formalised aims and objectives with measurable key performance indicators to help monitor how well the service is being delivered (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 4.19</p>

Implementation and delivery	
Requirements	
1	<p>The provider must ensure that staff employed in the provision of the independent healthcare service receive regular individual performance reviews and appraisals and that these are recorded in the staff files (see page 17).</p> <p>Timescale – by 30 July 2025</p> <p><i>Regulation 12(c)(i)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
2	<p>The provider must ensure that its medicines management policy accurately reflects how the service is delivered, including details of all in-person and remote prescribing carried out in the service (see page 17).</p> <p>Timescale – by 30 July 2025</p> <p><i>Regulation 3(d)(iv)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendations	
b	<p>The service should ensure that staff receive opportunities for learning and development relevant to their role (see page 17).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14</p> <p>This was previously identified as a recommendation in the December 2021 and December 2019 inspection reports for The Medical Suite Scotland.</p>
c	<p>The service should develop appropriate risk assessments to protect patients and staff (see page 18).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.14</p>

Implementation and delivery (continued)	
Recommendations	
d	<p>The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (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 4.19</p> <p>This was previously identified as a recommendation in the December 2021 and December 2019 inspection reports for The Medical Suite Scotland.</p>
e	<p>The service should develop an audit programme to include audits of all patient care records, and the clinic environment and equipment (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 4.19</p> <p>This was previously identified as a recommendation in the December 2021 and December 2019 inspection reports for The Medical Suite Scotland.</p>

Results	
Requirements	
3	<p>The provider must improve the standard of record keeping in patient care records to ensure all records:</p> <ul style="list-style-type: none"> a) contain a record of the outcome of the consultation, assessment and treatment plans b) are signed, dated and timed by the healthcare professional c) are organised in a way that ensures the contents are secured in the file and in chronological order, and d) contain details of the patient's next of kin or emergency contact (see page 22). <p>Timescale – immediate</p> <p><i>Regulation 4(1)(2)(a)(b)(c)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>

Results (continued)	
Requirements	
4	<p>The provider must follow national weight management guidance and the following must be clearly documented in the patient care record:</p> <ul style="list-style-type: none"> a) steps taken to confirm the stated weight and body mass index is accurate b) treatment plans, including follow up and monitoring, and c) a record of the information provided to the patient, including dietary, physical and lifestyle advice (see page 22). <p>Timescale – immediate</p> <p><i>Regulation 3(a)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendation	
f	<p>The service should ensure systems are in place to support prescribing practitioners to follow the General Medical Council (GMC) high-level principles, good medical practice and good practice guidance for remote prescribing (see page 23).</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:

[Find an independent healthcare provider or service – Healthcare Improvement Scotland](#)

Dr Anne Gillespie, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at The Medical Suite Scotland 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 doctor provided visible leadership and there was a positive relationship and good communication between them and their staff member. Although the service had a clear vision, defined aims and objectives and key performance indicators would help to monitor how well the service is being delivered.

Clear vision and purpose

The service's vision included providing safe, personalised and flexible healthcare and being accessible to patients when needed. To help achieve this vision, we were told that all potential patients had a meeting with the doctor before they registered as a patient of the service. During this meeting, the doctor explained the service's personalised approach to patients' healthcare. The accessibility element of the service's vision included providing patients with an annual contract that allowed them unlimited appointments and telephone calls with the doctor.

What needs to improve

There were no documented aims and objectives or formal key performance indicators to help the service to measure and evaluate how well it was performing. We were told the service measured its performance by reviewing its financial growth, any complaints received and patient feedback. However, this was not documented (recommendation a).

- No requirements.

Recommendation a

- The service should develop formalised aims and objectives with measurable key performance indicators to help monitor how well the service is being delivered.

Leadership and culture

The service was owned and managed by a doctor registered with the General Medical Council with the support of one administrative member of staff.

The doctor was always present when the clinic was open providing visible leadership. The staff member had worked with the doctor for over 15 years and it was clear they had a positive working relationship. They were able to contribute with ideas for improving the service such as introducing a revised repeat prescription template which was clearer for pharmacists to read.

Meetings took place at the start of the day to discuss the day's patient appointment list, helping to ensure both members of staff were prepared for the patients attending that day. This was also an opportunity to discuss any other issues that may be affecting the service. At the end of the day, any actions to be taken forward, such as referrals to be made, were discussed and agreed. All discussions were documented.

- 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

Patients were encouraged to provide feedback on the service they had received. The doctor kept up to date with changes and advancements in the medical field.

An appraisal system must be implemented to review staff performance and development. The medicines management policy must reflect what is happening in the service. Risk assessments would help to manage and reduce potential risks in the service. A quality improvement plan and programme of audits would help to demonstrate a proactive approach to improving the service.

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

The service asked patients to complete an annual online survey to provide their views on the service. We saw that this feedback was collated into a report and evaluated, with the most recent report showing that all feedback was positive. We also saw that cards and thank you letters from patients were collected for review.

As part of the revalidation process with their regulatory body, the General Medical Council, the doctor also obtained feedback from other healthcare professionals such as hospital medical colleagues with whom they had a professional relationship through referring patients from the service.

The service did not have a website or any other online presence. All new patients came from word of mouth from existing patients or medical colleagues of the doctor. Patients who responded to our online survey commented:

- ‘... have never received a higher quality of healthcare... .’
 - ‘I cannot recommend the service highly enough, you are always treated with the utmost care and kindness, the professionalism is second to none.’
- No requirements.
 - No recommendations.

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 notifications guidance.

An infection prevention and control policy detailed the standard precautions that would be taken to reduce the risks of infection, such as hand hygiene and the use of personal protective equipment (such as disposable aprons, gloves and face masks).

A yearly fire risk assessment was carried out. Fire safety signage was displayed, and fire safety equipment was regularly checked. The fixed electrical wiring and portable electrical appliances had received appropriate safety checks.

No medicines were stored on the premises except for in the emergency kit which was easily accessible with weekly checks documented. The doctor had received life support training. A first aid kit was also available.

For in-person appointments, patients had a face-to-face consultation with the doctor who had undertaken an online training course in consent. We saw that patients signed to say they consented to blood tests and hospital referrals where required.

Hard copy patient care records were stored securely in locked filing cabinets. Emails containing patient information were sent and received on a password-protected computer. The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights) to make sure confidential patient information was safely stored.

A duty of candour policy was in place (where healthcare organisations have a professional responsibility to be honest with people when something goes wrong). An annual duty of candour report, which stated there had been no duty of candour events, was displayed in the reception area.

The service's complaints management process was displayed in the reception area. This included our contact details and made clear that patients could make a complaint to Healthcare Improvement Scotland at any time. The service told us no complaints had been received since registering with Healthcare Improvement Scotland in January 2018, and we had not received any

complaints about the service. We noted that the doctor had undertaken an online complaints management training module.

We saw that the doctor kept a file of training courses and reading that they had completed to make sure the service kept up to date with changes and advancements in the medical field.

What needs to improve

There was no staff file for the one member of staff employed in the service, whose recruitment had pre-dated registration with Healthcare Improvement Scotland. There was no record of training, ongoing safety and background checks or of appraisals taking place. Although we were told that day-to-day informal conversations took place between the doctor and the staff member, no appraisal process was in place (requirement 1).

The medicines management policy was not detailed and did not reflect the prescribing undertaken for both in-person appointments and patients having remote consultations and assessments (requirement 2).

We found no training had been undertaken by the staff member at the time of our inspection. We were told that the service planned for the staff member to have access to online training modules in the future. This has been a recommendation at previous inspections (recommendation b).

Requirement 1 – Timescale: by 30 July 2025

- The provider must ensure that staff employed in the provision of the independent healthcare service receive regular individual performance reviews and appraisals and that these are recorded in the staff files.

Requirement 2 – Timescale: by 30 July 2025

- The provider must ensure that its medicines management policy accurately reflects how the service is delivered, including details of all in-person and remote prescribing carried out in the service.

Recommendation b

- The service should ensure that staff receive opportunities for learning and development relevant to their role.

Planning for quality

As a contingency plan in case of emergencies, such as flooding, power failure or sickness of the doctor, we were told that patients would be advised to contact their NHS GP if they required healthcare.

Appropriate insurances were in-date, such as medical malpractice insurance, with the employer's liability insurance certificate displayed in the reception area.

What needs to improve

During the inspection, we discussed the assessment of risks in the service with the doctor. Although a fire risk assessment was in place, risk assessments for potential clinical risks had not been carried out (recommendation c).

Quality improvement is a structured approach to evaluating performance, identifying areas for improvement and taking corrective actions. While we were told of improvement activities taking place, such as introducing a new wellbeing service for patients, the service had not documented these in a quality improvement plan. This would help the service to structure its improvement activities, record the outcomes and measure the impact of any future service changes. This would allow the service to clearly demonstrate a culture of continuous quality improvement. This has been a recommendation at previous inspections (recommendation d).

Some clinical audits on the management of specific medical conditions had been undertaken. However, no audits of other areas had been carried out such as of the environment and equipment (to ensure compliance with infection prevention and control, and health and safety), and patient care records (to ensure these are fully and consistently completed). This has been a recommendation at previous inspections (recommendation e).

- No requirements.

Recommendation c

- The service should develop appropriate risk assessments to protect patients and staff.

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 an audit programme to include audits of all patient care records, and the clinic environment and equipment.

Key Focus Area: Results

Domain 6: Relationships	Domain 7: Quality control
<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	

Our findings

The environment was clean and well maintained. Patients who had in-person appointments felt well informed about their care and treatment plans. All patient consultations, discussions and information must be documented to evidence safe care. Guidelines for weight management prescribing must be followed. General Medical Council (GMC) high-level principles and good practice guidance for remote prescribing should also be followed.

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.

The clinic environment was modern, clean and well-equipped. Equipment was in good condition. Cleaning of the treatment rooms and equipment took place between patient appointments, as well as a full weekly clean of the clinic carried out by contract cleaners. All patients who responded to our online survey said they were satisfied with the facilities and equipment in the environment they were treated in. Comments included:

- ‘... everything is up to high standard and immaculate and welcoming environment.’
- ‘... clean, private and discreet.’
- ‘The facilities were excellent and the environment was superb.’

Measures were in place to reduce the risk of infection and cross-contamination. For example, the service had a supply of personal protective equipment and alcohol-based hand gel. A waste contract was in place to make sure that clinical waste was disposed of appropriately.

We reviewed five patient care records of patients who had attended in person for appointments. During our discussions with the doctor, it was clear that all patients and their medical history was well known to the doctor. We saw that patient referral letters to hospitals provided an indepth account of the patient, their symptoms, any blood test results and observations, medical history and reason for the referral.

All patients who responded to our online survey told us they were well informed and felt involved in the decisions about their care. Comments included:

- ‘... examined me and gave a very comprehensive assessment of all of the issues, the next steps and the expected outcomes.’
- ‘A very comprehensive explanation was given on all aspects of my medical experience.’
- ‘I was given varying options and it was explained as to what the differences were, and what one would be more suitable (but alternative options were also explained).’

As well as in-person appointments, the service also provided prescriptions to patients who had accessed a remote prescribing service. This allows patients to be prescribed medicines without a face-to-face appointment with a doctor.

What needs to improve

We found that improvements were needed to the standard of record keeping in all of the patient care records we reviewed.

- All pages and documents in the files were loose and many were without patient identifiable information on each page to ensure they were in the correct files. Many documents and entries in the patient care records were undated, or not in date order.
- We saw that some forms, such as the general clinical examination form used for documenting a single consultation and examination, had multiple entries from different appointments. It was not clear what dates the entries had been added onto the forms.
- Discussions during the appointments were not fully documented which meant that informed consent could not be evidenced.
- Most patient care records included laboratory reports from blood tests. However, there was no indication of the outcome of the analysis of the reports or subsequent discussions with patients.
- Sections of some care plans were blank.
- None of the five patient care records had a next of kin or emergency contact details documented (requirement 3).

We reviewed the prescriptions issued by the doctor through the remote prescribing service. One prescription was a request for a weight loss injection. Current National Institute for Health and Care Excellence (NICE) and Digital Clinical Excellence (DiCE) weight management guidance requires patients to receive regular diet and exercise support and monitoring in addition to weight loss medication. Patients requesting certain weight loss medications should also be asked to consent to their GP being notified. From the prescribing record we saw, we could not be assured that this guidance was being followed. As the remote prescribing service did not provide access to patients' medical records, and the doctor could not verify information by physically examining the patient, we could not be assured that adequate clinical assessment was taking place as set out by the high-level principles of remote prescribing (requirement 4).

The General Medical Council (GMC), along with other healthcare regulators, have endorsed the high-level principles for remote prescribing. These set out the standards of good practice expected of everyone when consulting and/or prescribing remotely for patients. Registered medical practitioners must also consider the GMC guidance '*Good medical practice*' (paragraph 9, Offering remote consultations) and '*Good practice in proposing, prescribing, providing and managing medicines and devices*'. These set out what should be considered when deciding if the mode of consultation meets the individual needs of the patient and supports safe care (recommendation f).

Requirement 3 – Timescale: immediate

- The provider must improve the standard of record keeping in patient care records to ensure all records:
 - a) contain a record of the outcome of the consultation, assessment and treatment plans
 - b) are signed, dated and timed by the healthcare professional
 - c) are organised in a way that ensures the contents are secured in the file and in chronological order, and
 - d) contain details of the patient's next of kin or emergency contact.

Requirement 4 – Timescale: immediate

- The provider must follow national weight management guidance and the following must be clearly documented in the patient care record:
 - a) steps taken to confirm the stated weight and body mass index is accurate
 - b) treatment plans, including follow up and monitoring, and
 - c) a record of the information provided to the patient, including dietary, physical and lifestyle advice.

Recommendation f

- The service should ensure systems are in place to support prescribing practitioners to follow the General Medical Council (GMC) high-level principles, good medical practice and good practice guidance for remote prescribing.

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.ihtregulation@nhs.scot

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