

## Action Plan

Service Name:	YourGP
Service number:	00559
Service Provider:	YourGP Group Ltd
Address:	Waterside House, 19 Hawthornbank Lane, Edinburgh, EH4 3BH
Date Inspection Concluded:	12 June 2025

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<b>Requirement 1:</b> 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.	Relevant clinical staff to be informed in writing of the requirement to document rationale for use of unlicensed medicines and informed patient consent. Email to be sent to team w/c 25 <sup>th</sup> August, from Managing Director and checked by Clinical Lead.	1 week (by 29.08.25)	Laurie Dunsire
<b>Recommendation a:</b> The service should further develop the key performance indicators to include monitoring the safe care and treatment of patients.	Managing Director will expand on ongoing management reporting to include monitoring of safe care and treatment of patients within KPIs.	1 month (by end of Q3, end of Sep 2025)	Managing Director
<b>Recommendation b:</b> The service should ensure that relevant staff have received basic gender identity training.	Operations Manager will explore options for gender identity training and roll this out with wider team.	4 months (by end of Q4, end of Dec 2025)	Operations Manager

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Name

Laurie Dunsire

Designation

Managing Director

Signature



Date

22 / 08 / 25

**In signing this form, you are confirming that you have the authority to complete it on behalf of the service provider.**

### Guidance on completing the action plan.

- **Action Planned:** This must be a relevant to the requirement or recommendation. It must be measurable and focussed with a well-defined description of how the requirement/recommendation will be (or has been) met. Including the tasks and steps required.
- **Timescales** for some requirements can be immediate. If you identify a requirement/recommendation timescale that you feel needs to be extended, include the reason why.
- **Person Responsible:** Please do not name individuals or an easily identifiable person. Use Job Titles.
- Please do not name individuals in the document.
- If you have any questions about your inspection, the requirements/recommendations or how to complete this action plan, please contact the lead inspector for your inspection.

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