Healthcare Improvement Scotland | Inspections and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: Glasgow Medical Rooms, Glasgow

Service Provider: PAMM Healthcare Limited

23 July 2025

NHS SCOTLAND

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Contents

1 Progress since our last inspection

What the provider had done to meet the requirements we made at our last inspection on 14 March 2024

Requirement

The provider must ensure appropriate governance and oversight of activities within the registered premises including:

(a) ensuring services only renting rooms within the Glasgow Medical Rooms premises for the purpose of providing an independent healthcare service are registered with Healthcare Improvement Scotland, if required to do so, and
(b) implementing appropriate governance arrangements for the individuals working under a practicing privileges agreement as part of Glasgow Medical Rooms, including ongoing background checks to ensure the safe delivery of care.

Action taken

All relevant healthcare practitioners in the service had practicing privileges contracts in place, with appropriate systems to monitor appraisal, revalidation and Disclosure Scotland requirements. **This requirement is met**.

Requirement

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

Action taken

Consent and patient information had been updated to make sure patients were informed of the use of unlicensed bacteriostatic saline. **This requirement is met**.

What the service had done to meet the recommendations we made at our last inspection on 14 March 2024

Recommendation

The service should share its vision statement with patients and staff.

Action taken

The service mission statement was available on the service's website.

Recommendation

The service should assess itself against defined key performance indicators.

Action taken

This recommendation is reported in Domain 1: Clear vision and purpose (see recommendation a on page 14).

Recommendation

The service should introduce regular full team meetings for all staff, including those with practicing privileges. Meetings should be documented and available to all staff.

Action taken

A schedule of meetings was in place for all staff.

Recommendation

The service should develop and implement a system to actively seek the views of all staff working in the service.

Action taken

Staff could raise issues at team meetings and directly with the practice manager.

Recommendation

The service should further develop its risk register to include clinical and business risks to demonstrate the proactive management of risks to patients, staff and the service.

Action taken

This recommendation is reported in Domain 5: Planning for quality (see recommendation d on page 22).

Recommendation

The service should further develop the audit process to provide more detail about what will be reviewed as part of each audit.

Action taken

This recommendation is reported in Domain 5: Planning for quality (see recommendation e on page 22).

Recommendation

The service should ensure practicing privileges staff have completed induction and mandatory training.

Action taken

Staff records confirmed that new staff have completed the induction training and all staff had completed mandatory training.

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 Glasgow Medical Rooms on Wednesday 23 July 2025. We spoke with a number of staff. We received feedback from 33 patients through an online survey we had asked the service to issue to its patients for us before the inspection.

Based in Glasgow, Glasgow Medical Rooms is an independent clinic providing non-surgical treatments.

The inspection team was made up of an inspector and pharmacist advisor.

What we found and inspection grades awarded

For Glasgow Medical Rooms, 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 service's mission and vision statement was available to patients. Leadership was visible and approachable. A range of staff meetings took place across the service kept all staff up to date with any developments or issues. Key performance indicators should be developed to set targets and help to monitor how well the service is delivered.	✓✓ Good
Implementation and delivery	*How well does the service engage with its stakeholders and manage/improve its performance?*
Patients could influence service development in a variety of ways. Information was available to patients about treatments and costs. Risk assessments and a regular audit programme were in place. The medicines management policy must accurately reflect how the service is delivered.	✓ Satisfactory
Results	*How well has the service demonstrated that it provides safe, person-centred care?*
Effective processes were in place to maintain a clean and safe environment. Safe staff recruitment procedures were in place. Patients told us they were very satisfied with care provided. Controlled drug prescribing processes must be improved.	✓ 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 PAMM Healthcare Limited 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
Recommendations	
a	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 14). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19 This was previously identified as a recommendation in the March 2024 inspection report for Glasgow Medical Rooms
b	The service should record actions arising from practice manager and owner meetings to ensure that decisions are captured and actions are trackable (see page 15). 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 the medicines management policy accurately reflects how the service is delivered to ensure the safe management of medicines (see page 20). Timescale – immediate *Regulation 3(d)(iv)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
Recommendations	
c	The service should review the contents of the emergency drug box and ensure that only drugs appropriate for use in an emergency situation in the clinic are stocked (see page 20). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11
d	The service should further develop its risk register to include clinical and business risks to demonstrate the proactive management of risks to patients, staff and the service (see page 22). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19 This was previously identified as a recommendation in the March 2024 inspection report for Glasgow Medical Rooms
e	The service should further develop the patient care record audit to provide assurance on the content and quality of the patient care record (see page 22). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19
f	The service should further develop the quality improvement plan to formalise and direct the way it drives and measures improvement (see page 22). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

Results

Requirements

2 The provider must implement a system to ensure that:

(a) it has access to relevant information from the patient's primary care healthcare record before prescribing controlled drugs or medicines that are liable to abuse, overuse or misuse, or when there is a risk of addiction, and
(b) all relevant information about the consultation and treatment is shared with the patients NHS GP when the consultation/episode of care is completed (see page 25).

Timescale – immediate

Regulation 3(a)
The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

3 The provider must ensure that private prescription forms for schedule 2 and 3 drugs are not used by any other prescriber (see page 25).

Timescale – immediate

Regulation 3(d)(iv)
The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

4 The provider must ensure that patients GP details and any patient allergies are documented in the patient record (see page 25).

Timescale – immediate

Regulation 4(1)
The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

Recommendations

None

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

PAMM Healthcare Limited, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at Glasgow Medical Rooms 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 service's mission and vision statement was available to patients. Leadership was visible and approachable. A range of staff meetings took place across the service kept all staff up to date with any developments or issues. Key performance indicators should be developed to set targets and help to monitor how well the service is delivered.

Clear vision and purpose

The service's mission was to provide preventative healthcare to keep its patients healthy, proactively detect conditions and deliver prompt, efficient, and compassionate treatment.

The service's vision was to:

- optimise patient health and wellbeing, providing person-centred, high-quality care to diagnose, treat and refer its patients, where necessary
- value patient wellbeing and help reduce the time away from work for the staff of the companies that use the service, and
- use these values to provide excellent patient satisfaction.

Many patients used the service as a regular GP practice and others accessed a variety of healthcare services as required. Many patients were from oversees and sought support with prescriptions. The practice manager told us that the service's approach was to deliver personalised healthcare, assessing and delivering care safely around individual patient's needs and preferences.

What needs to improve

While the service had a clear vision, it did not have specific, measurable aims and objectives or formal key performance indicators that would allow it to measure its performance (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 practice manager provided visible leadership in the service and was responsible for the day-to-day operation of the clinic. The management and leadership structure was clearly defined with well-understood roles and responsibilities. Key leadership positions included the practice manager, lead receptionist and marketing manager.

The service had a mix of staff employed directly by the service and those who worked under a practicing privileges agreement (staff not employed directly by the provider but given permission to work in the service). Staff included:

- administration staff
- GPs
- physiotherapists
- psychiatrists, and
- nurses.

Monthly staff rotas were generated and shared through the HR platform system, allowing for effective workforce planning. We saw that all clinical staff were registered with an appropriate professional body, such as the General Medical Council (GMC) or Nursing and Midwifery Council (NMC). A system was in place to make sure professional registration and revalidation was up to date.

We saw a schedule of staff meetings with clinicians and staff. Agendas are circulated in advance to make sure all participants could have an input. Most meetings were minuted and action plans were documented and carried forward to future meetings for review. Daily huddles allowed an exchange of information between staff. Monthly administrative meetings provided a forum where staff could share feedback and raise any issues.

The service contracted a human resources consultancy. We saw a full range of policies covering all aspects of staff management in place. Staff were given a handbook, which provided a comprehensive overview of the service, including policies and procedures for:

- absence management
- health and safety and
- raising concerns.

Training records showed that staff could access a range of training, including infection control and basic life support. Staff were clearly informed of their roles and responsibilities and could access additional support if required, including counselling.

What needs to improve

A weekly meeting between the practice manager and owner was not documented. While this was described as informal, aspects of the service were discussed and actions agreed. These agreed actions were not recorded and tracked as part of the service's governance (recommendation b).

- No requirements.

Recommendation b

- The service should record actions arising from practice manager and owner meetings to ensure that decisions are captured and actions are trackable.

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

Patients could influence service development in a variety of ways. Information was available to patients about treatments and costs. Risk assessments and a regular audit programme were in place. The medicines management policy must accurately reflect how the service is delivered.

Co-design, co-production *(patients, staff and stakeholder engagement)*
The service's participation policy described the way patient feedback would be gathered and used to inform service developments. Patient feedback was gathered through:

- cards and emails
- complaints activity
- online reviews
- questionnaires, and
- social media.

We saw that all patient feedback was analysed and actioned, if appropriate. Feedback was very positive about staff and showed a high satisfaction with treatments.

We saw that patient feedback had led to service improvements, such as the service installing a ramp to improve accessibility.

Patient information was provided verbally during consultations and treatments. Digital and paper-format information leaflets were also shared with patients. Patients were kept well informed about treatment plans, associated costs and timeframes in advance of their appointments.

The service shared a newsletter with its registered patients and corporate partners, which provided updates about the service, staff and treatments. Patient feedback was a standing agenda item in the team meetings.

Patients who completed our online survey told us they felt fully informed. Comments included:

- ‘Excellent consultation. Very informative on the medical side and absolutely transparent with the costs.’
- ‘I was given all required information prior to my consultation and given lots of information by the clinician.’
- ‘I have given an explanation about what was happening at all times including any worsening advice.’

What needs to improve

The service told us it planned to introduce staff and patient forum groups to:

- encourage open dialogue
- gather diverse perspectives, and
- involve staff and patients in developing the service.

We will follow this up at future inspections.

- 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.

The service had a range of policies and procedures in place to support safe care delivery for patients and staff, including those for:

- duty of candour
- health and safety
- medicine management, and
- safeguarding.

The service's infection prevention and control policy described the standard infection control precautions in place to prevent the risk of infection. This included:

- hand hygiene
- sharps management, and
- the use of personal protective equipment (such as gloves, aprons and face masks).

We saw a supply of single-use equipment was available to prevent the risk of cross-infection. A waste disposal contract was in place for the collection and disposal of clinical waste, used syringes and needles.

The service had a process in place for managing incidents and accidents. The service had not experienced any incidents and accidents since its registration with Healthcare Improvement Scotland. The practice manager was able to describe the reporting process should any incidents occur.

A consent policy was in place and we saw that patients were sent relevant forms before treatment. Information requested included current medical issues and past medical history. Patients were provided with information on treatments, costs and consent forms. The consent form included potential risks or side-effects of the treatment, if applicable. The information provided in the forms was discussed during the consultation. Patients who completed our online survey confirmed the information provided was thorough. Comments included:

- 'Everything was explained to me prior to the procedure.'
- 'Everything was explained to me in full detail and I felt included. She was happy to discuss my concerns.'

Information governance policies were in place and included retention and disposal of records. Patient care records were electronic and the system was password-protected and fully backed up. The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights).

The service complaints policy included Healthcare Improvement Scotland's contact details. Details of how a patient could make a complaint was on the website and available in the service. We looked at the complaints the service had received and noted that these had been addressed in line with its policy.

Duty of candour is where organisations have a duty to be open and honest with patients when something goes wrong. We saw a duty of candour policy in place and the service had published a yearly duty of candour report on its website. No duty of candour incidents had occurred in the service.

A health and safety policy was in place and outlined how the service would maintain the health, safety and welfare of its employees, patients and visitors. A yearly fire risk assessment was carried out and we saw that fire drills had been carried out with staff. Fire safety signage was displayed, fire safety equipment was in place and regularly checked.

Maintenance was the responsibility of the landlord and we were told that they were responsive to any requests for repairs. Regular maintenance and servicing was planned for the gas system and water safety. Records were kept of servicing and calibration of medical equipment.

The service's medication policy set out how medication was ordered, stored, prescribed and administered. Medicines were stored in locked cupboards and a locked fridge in the practice manager's office. A vaccine fridge was located in one clinic room. Temperatures were monitored daily. Medication stocks were limited to in use, as generally the service prescribed rather than dispensed. Controlled drugs were not stocked in the service.

Emergency medicines were easily accessible in the practice manager's office and we saw a record of weekly checks was maintained. The service is a Public Health Scotland-designated Scottish Yellow Fever Vaccination Centre. The service is registered with the Medicines and Healthcare products Regulatory Agency to receive alerts, recalls and safety information about drugs and medical devices.

The service had implemented an electronic prescription system to replace paper prescriptions and the practice manager told us this system provided for safer and more effective prescribing. This system allowed the service to track and monitor the status of each prescription, reducing errors. QR codes were used.

All staff working in the service had been enrolled in the Protecting Vulnerable Groups (PVG) scheme. Appropriate recruitment checks had been completed on each staff member, including references, qualifications and identity checks. All staff working under the practicing privileges agreement had a contract in place.

Mandatory training, including that for cardiopulmonary resuscitation certification, was provided to all staff. We saw training records which showed a range of training had been completed, including that for:

- adult support and protection
- basic life support
- infection prevention and control
- information governance, and
- safe record-keeping.

Training was provided through two online training platforms. All training activities were documented and we saw certificates stored on individual staff files.

What needs to improve

The service's medicines and controlled drugs policy had not been updated to reflect the prescribing situation at the time of our inspection. The policy included how the service would order controlled drug stock and included the need for a controlled drug register. A controlled drug register was not applicable as the service did not hold controlled drug stock (requirement 1).

Midazolam 10mg/2ml injection was included in the emergency drug box. The pharmacist advisor told us that this was a high-risk injectable medicine and not necessary as buccal preparations are available. Buccal midazolam and rectal diazepam were both stocked and available in the service. This was removed from the box and the list of emergency drugs was amended during our inspection. We advised the practice manager to review the contents of emergency drug box (recommendation c).

Requirement 1: Timescale - immediate

- The provider must ensure that the medicines management policy accurately reflects how the service is delivered to ensure the safe management of medicines.

Recommendation c

- The service should review the contents of the emergency drug box and ensure that only drugs appropriate for use in an emergency situation in the clinic are stocked.

Planning for quality

The service carried out a range of risk assessments. A daily checklist helped to identify any environmental hazards or concerns about maintenance and equipment. Other risk assessments included those for fire safety and health and safety. A risk register contained some risks in the service.

There was a yearly audit programme, which included audits for:

- maintenance
- medication
- patient care records, and
- security.

A monthly safety and maintenance audit covered:

- health and safety
- housekeeping storage, and
- personal protective equipment.

We saw that these audits showed high compliance with standards.

The service had a contingency plan in place in case of emergencies, such as flood or power failure. This arrangement would provide patients with an option to continue their treatment plans with an alternative practitioner. Appropriate insurances were in-date, such as public and employer liability insurance. We saw these displayed in the service.

What needs to improve

The service's risk register included risk assessments of health and safety, as well as fire safety. However, the service did not have risk assessments in place for clinical or business risks (recommendation d).

Patient care record audits only recorded when notes had been uploaded to the system and we saw no assurance activity assessing the quality and content of the notes. For example, the audits did not check whether consent, assessment or allergies were documented (recommendation e).

The service's quality improvement plan was an audit programme. This did not include planned improvements with associated actions, timelines, or staff responsible for completion (recommendation f).

- No requirements.

Recommendation d

- The service should further develop its risk register to include clinical and business risks to demonstrate the proactive management of risks to patients, staff and the service.

Recommendation e

- The service should further develop the patient care record audit to provide assurance on the content and quality of the patient care record.

Recommendation f

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

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

Effective processes were in place to maintain a clean and safe environment. Safe staff recruitment procedures were in place. Patients told us they were very satisfied with care provided. Controlled drug prescribing processes must be improved.

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, comfortable, clean and well-equipped. The equipment appeared in good condition and was serviced in line with the service's schedule. All equipment was calibrated and portable appliance tested (PAT) to make sure of its safety and compliance. A specialist equipment policy detailed the management and maintenance of all clinical devices.

Cleaning of the treatment rooms and equipment took place between patient appointments, as well as three times a week. 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:

- 'Very clean and relaxing.'
- 'Quiet waiting area, which was well ventilated and not crowded, doctors consultation room was equally large and airy.'

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 six patient care records and saw that comprehensive assessments and consultations were carried out. These included taking a full medical history with details of any health conditions, medications and previous treatments. We saw evidence that treatment plans were developed and agreed with patients. We saw that where patients were referred to other specialists, a comprehensive detailed referral letter was provided. The practice manager told us that during care transitions and handovers, careful consideration was given to patient preferences and access to services, including:

- allied health professionals
- outpatient, and
- pharmacy.

We reviewed four staff files for two employed non-clinical staff and four clinical staff who were working under a practicing privileges arrangement. We saw that appropriate safe recruitment checks included:

- Disclosure Scotland status check
- professional registration (where applicable)
- professional indemnity insurance, and
- references.

The practice manager delivered inductions for all staff members (including agency staff, those on practicing privileges and temporary personnel) to maintain consistent standards of care and safety.

Patients told us they had confidence in the service and staff. Comments included:

- ‘The staff were all very competent, from receptionist to nurses and doctors.’
- ‘All professionals in the clinic are extremely knowledgeable and friendly.’

What needs to improve

The service's prescription pad for writing controlled drugs prescriptions was named for the owner who is a GP, which meant that only the owner could prescribe on this pad. However, we found that other clinicians were prescribing from it. Private controlled drug prescription pads in the UK (Forms FP10PCD or equivalent) are solely for the use of the named prescriber whose details are printed on the pad. This means:

- only the named prescriber can use that pad to write prescriptions, and
- another prescriber cannot legally use someone else's private controlled drug pad, even if they work in the same practice (requirement 2).

The patients GP was not routinely informed when controlled drugs were prescribed. GMC guidance states that doctors must have sufficient medical information or summary (ideally from the patient's own records or GP) before prescribing controlled drugs or high-risk or addictive medicines, unless in an exceptional emergency (requirement 3).

Next-of-kin and GP information was not always documented in patient care records for patients attending vaccination appointments (requirement 4).

Requirement 2 – Timescale: immediate

- The provider must implement a system to ensure that:

  (a) it has access to relevant information from the patient's primary care healthcare record before prescribing controlled drugs or medicines that are liable to abuse, overuse or misuse, or when there is a risk of addiction, and
  (b) all relevant information about the consultation and treatment is shared with the patients NHS GP when the consultation/episode of care is completed.

Requirement 3 – Timescale: immediate

- The provider must ensure that private prescription forms for schedule 2 and 3 drugs are only used by the prescriber to whom the private prescription pad is issued to.

Requirement 4 – Timescale: immediate

- The provider must ensure that patients GP details and any patient allergies are documented in the patient record.

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

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

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