

Action Plan

Service Name:	The Dawn Practice
Organisation Number:	01794
Service Provider:	Munizco Ltd
Address:	First Floor, 65 Bath Street, Glasgow, G2 2BX
Date Inspection Concluded:	18 November 2025

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p>Requirement 1: The provider must implement a system to ensure that:</p> <p>(a) It has access to relevant information from the patient's primary care healthcare record before prescribing controlled drug or medicines that are liable to abuse, overuse or misuse, or when there is a risk of addiction.</p> <p>(b) All relevant information about the consultations and treatment is shared with the patient's NHS GP when the consultation or episode of care is completed (see page 20).</p> <p>Timescale – by 18 February 2026</p>	<p>a) The practice will implement a client-led process requiring patients to obtain and submit relevant information from their NHS GP at the point of first contact for ADHD or psychiatry assessments. This includes current medications, relevant diagnoses, substance misuse history, and previous controlled drug prescribing. Information will be checked for completeness and clinically reviewed by clinicians prior to assessment and before any prescribing decision. Prescribing of controlled or misuse-risk medicines will not proceed without this review, except in exceptional circumstances with senior clinical approval. Policies and procedures will be updated to reflect this.</p>	<p>To be completed by 5th February</p>	<p>Dr Michelle Muniz, Clinical Director</p>

File Name: IHC Inspection Post Inspection - Action Plan template AP	Version: 1.1	Date: 8 March 2023
Produced by: IHC Team	Page:1 of 3	Review Date:
Circulation type (internal/external): Internal/External		

<i>Regulation 3(a)</i> <i>The Healthcare Improvement Scotland</i> <i>(Requirements as to Independent Health</i> <i>Care Services) Regulations 2011</i>	b) While already in practice, the provider will formalise in policy and procedure - a standardised process to ensure that all relevant consultation and treatment information is shared with the patient's NHS GP at the end of each consultation or episode of care. Clinicians complete a structured GP summary letter including diagnosis, treatment decisions, medications, risks, and follow-up arrangements. Information is sent securely within defined timeframes, and confirmation of dispatch is recorded to support continuity of care.		
Recommendation a: The service should develop a strategic plan that sets out its key priorities for the future direction of the business. This should include clear aims and objectives, along with key performance indicators, and should be shared with staff and patients (see page 12). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19	The service will develop and implement a strategic plan that clearly sets out its future direction, key priorities, and areas for service development. The plan will include defined aims and objectives supported by measurable key performance indicators to monitor progress and quality outcomes. The strategy will be reviewed regularly through governance processes and updated as required. A summary version will be shared with staff and patients to promote transparency, confidence, and engagement in the organisation providing care and support.	To be completed by 30 June 2026	Mr Tomas Garcia and Dr Michelle Muniz (Directors and co-founders)
Recommendation b: The service should further develop its quality improvement plan to include outcomes from patient feedback and complaints to help inform improvements in the service (see page 21).	While already undertaken, the service will further develop its quality improvement plan to make more explicit the systematic incorporation of learning from patient feedback, compliments, and complaints. Themes and outcomes will be reviewed through governance processes to identify service	To be completed by 30 Sep 2026	Mr Tomas Garcia and Dr Michelle Muniz (Directors and co-founders)
File Name: IHC Inspection Post Inspection - Action Plan template AP	Version: 1.1	Date: 8 March 2023	
Produced by: IHC Team	Page:2 of 3	Review Date:	
Circulation type (internal/external): Internal/External			

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19	improvements and quality priorities. Actions taken and improvements achieved will be recorded and monitored using measurable outcomes.		
This was previously identified as a recommendation in the 25 May 2023 inspection report for The Dawn Practice.			

Name	Dr Michelle Muniz	
Designation	Clinical Director	
Signature	<i>Michelle Muniz</i>	
Date	14.1.26	

- **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 the timescale for completion is immediate. If you identify a requirement/recommendation timescale that you feel needs to be extended, include the reason why.
- Please do not name individuals or an easily identifiable person in this document. Use Job Titles.
- If you have any questions about your inspection, the requirements/recommendations or how to complete this action plan, please contact the lead inspector.

File Name: IHC Inspection Post Inspection - Action Plan template AP	Version: 1.1	Date: 8 March 2023
Produced by: IHC Team	Page:3 of 3	Review Date:
Circulation type (internal/external): Internal/External		