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To drive improvement

# Announced Follow-up Inspection Report: Independent Healthcare

**Service:** The Medical Suite Scotland, Glasgow

**Service Provider:** Dr Anne Gillespie

28 October 2025

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# 1 A summary of our follow-up inspection

## Previous inspection

We previously inspected The Medical Suite Scotland on 30 April 2025. That inspection resulted in four requirements and six recommendations. As a result of that inspection, Dr Anne Gillespie produced an improvement action plan and submitted this to us. The inspection report and details of the action plan are available on the Healthcare Improvement Scotland website at:

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

## About our follow-up inspection

We carried out an announced follow-up inspection to The Medical Suite Scotland on Tuesday 28 October 2025. The purpose of the inspection was to follow up on the progress the service has made in addressing the four requirements and six recommendations from the last inspection. This report should be read along with the April 2025 inspection report.

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

Improved grades awarded as a result of this follow-up inspection will be restricted to no more than 'Satisfactory'. This is because the focus of our inspection was limited to the action taken to address the requirements and recommendations we made at the last inspection. Grades higher than Satisfactory awarded at the last inspection will remain the same. Grades may still change after this inspection due to other regulatory activity.

		Grade awarded
<b>Direction</b>	<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>	✓ Satisfactory
<b>Implementation and delivery</b>	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	✓ Satisfactory
<b>Results</b>	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	Unsatisfactory

The grading history for The Medical Suite Scotland can be found on our website.

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](#)

We found that the provider still had work to do to address the requirements made at our previous inspection. It had taken steps to act on some of the recommendations we made.

Of the four requirements made at the previous inspection on 30 April 2025, the provider has:

- met one requirement, and
- not met three requirements.

### **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 three requirements and five recommendations which remain outstanding.

## Implementation and delivery

### Requirements

- 1** 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 10).

Timescale – by 28 January 2026

*Regulation 12(c)(i)*

*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

This was previously identified as a requirement in the April 2025 inspection report for The Medical Suite Scotland.

- 2** 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 10).

Timescale – by 28 January 2026

*Regulation 3(d)(iv)*

*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

This was previously identified as a requirement in the April 2025 inspection report for The Medical Suite Scotland.

### Recommendations

- a** The service should ensure that staff receive opportunities for learning and development relevant to their role (see page 11).

Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14

This was previously identified as a recommendation in the December 2019, December 2021 and April 2025 inspection reports for The Medical Suite Scotland.

## Implementation and delivery (continued)

### Recommendations

- b** The service should develop appropriate risk assessments to protect patients and staff (see page 11).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.14

This was previously identified as a recommendation in the April 2025 inspection report for The Medical Suite Scotland.

- c** The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 11).

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 December 2019, December 2021 and April 2025 inspection reports for The Medical Suite Scotland.

- d** The service should develop an audit programme to include audits of all patient care records, and the clinic environment and equipment (see page 11).

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 December 2019, December 2021 and April 2025 inspection reports for The Medical Suite Scotland.

## Results

### Requirement

- 3** 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 (see page 13).

Timescale – immediate

*Regulation 3(a)*

*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

This was previously identified as a requirement in the April 2025 inspection report for The Medical Suite Scotland.

### Recommendation

- e** 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 13).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11

This was previously identified as a recommendation in the April 2025 inspection report for The Medical Suite Scotland.

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.



## 2 Progress since our last inspection

What the provider had done to meet the requirements and recommendations we made at our last inspection on 30 April 2025

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

#### ***Clear vision and purpose***

##### **Recommendation**

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

##### **Action taken**

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

We were told that the performance of the service was measured by the outcome of the doctor's GMC documented annual appraisal. This included reviews from patients and medical peers, and the documented monthly report produced of clinic activity, patient numbers and financial growth. Although all of this information was not collated into one overarching performance report, the doctor was aware of how the service was performing against each of the above indicators.

## 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

#### **Quality improvement**

##### **Requirement**

*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.*

##### **Action taken**

The staff member had worked in the service for many years and communicated daily with the doctor about the service and performance. Since the last inspection, we saw that a monthly report of work undertaken the previous month such as patients seen, referrals made and blood tests carried out was now being produced. This document also had a comment section for a discussion about the staff member's performance. After completion, the section was signed and dated by the doctor. We were told that this was the documented one-to-one performance review. However, a formal annual appraisal had not yet taken place and a staff file was not in place.

We saw evidence of the doctor's GMC appraisal with their responsible officer.

**This requirement is not met** (see requirement 1 on page 6).

##### **Requirement**

*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.*

##### **Action taken**

Although work had been carried out to update the medicines management policy, we found that it still lacked sufficient detail, in particular for the prescribing of medication carried out both in the clinic (after a face-to-face consultation) and remotely to patients online.

**This requirement is not met** (see requirement 2 on page 6).

### **Recommendation**

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

### **Action taken**

We were told that online training modules had been identified for the staff member. However, they had not yet started to complete these (**see recommendation a on page 6**).

### **Planning for quality**

#### **Recommendation**

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

#### **Action taken**

We saw evidence that a fire risk assessment and water safety risk assessment were carried out annually. No other clinical risk assessments had yet been identified (**see recommendation b on page 7**).

#### **Recommendation**

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

#### **Action taken**

We were told that the planned improvements reported in the last inspection report, such as introducing a new wellbeing service for patients, had not yet been implemented. We were also told that a consultant cardiologist would soon join the service under a practicing privileges agreement (staff not directly employed by the service but given permission to work in the service). However, a quality improvement plan had still not been developed to document these improvements, and record any outcomes and impact resulting from them (**see recommendation c on page 7**).

#### **Recommendation**

*The service should develop an audit programme to include audits of all patient care records, and the clinic environment and equipment.*

#### **Action taken**

No audits had taken place on the patient care records, or the clinic environment and equipment (**see recommendation d on page 7**).

## 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

#### Requirement

*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.*

#### Action taken

We reviewed five patient care records for patients who had attended the service for face-to-face appointments. We saw that the service had implemented a new structure for the patient care records of new patients and was gradually reorganising existing patient care records. The changes we saw included:

- consultations, assessments and treatment plans were documented, including the outcome of test results and the discussion with the patient
- entries were signed, dated and timed by the doctor
- the contents of the records were secured in the file, ensuring no loose pages, and
- a new patient registration form included a field for documenting patients' next of kin and GP.

**This requirement is met.**

## Requirement

*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.*

## Action taken

During the inspection, we were provided with a document that the doctor told us was supplied by the remote prescribing service they prescribe for. The remote prescribing service allows patients to be prescribed medicines without a face-to-face appointment with a doctor. The document stated that the remote prescribing service had methods in place to verify a patient's weight and body mass index, and to monitor and support the patient. However, from the system view of the online patient care records the doctor had access to, this could not be demonstrated. Therefore, the local view of the online patient care records did not have sufficient detail for the doctor to be assured that the verification, monitoring and support was in place for each patient they were prescribing for. Where a service is providing care to patients, even if these are referred from a third party, the registered service must ensure that it complies with statutory requirements in relation to record keeping and the welfare of patients.

**This requirement is not met** (see requirement 3 on page 8).

## Recommendation

*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.*

## Action taken

We were shown the process of how the doctor issued prescriptions to patients on the remote prescribing system. We saw that patients completed a general medical health questionnaire and a medication-specific questionnaire which the doctor reviewed before issuing the prescription. However, we saw no evidence that the prescribing doctor had access to sufficient patient information to ensure that adequate clinical assessment and monitoring was taking place as set out by the GMC high-level principles of remote prescribing (**see recommendation e on page 8**).

## Appendix 1 – About our inspections

Our quality of care approach and the quality assurance framework allows us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this approach 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.



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

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