

Action Plan

Service Name:	YourGP
Organisation Number:	02707
Service Provider:	YourGP Group Ltd
Address:	53 Dundas Street, Edinburgh, EH3 6RS
Date Inspection Concluded:	28 January 2026

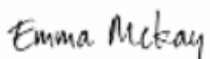
Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p>Requirement 1: The provider must ensure that all prescribing aligns with national guidance, including:</p> <p><i>(a) access to relevant information from the patient's primary care healthcare record before prescribing controlled drugs or medicines that are liable to abuse, overuse or misuse, or where there is a risk of addiction</i></p> <p><i>(b) improving the standard of record keeping in patient care records to ensure they contain a detailed record of consultations to demonstrate safe prescribing, and</i></p> <p><i>(c) sharing all relevant information about the consultation and treatment with the patient's</i></p>	<ul style="list-style-type: none"> Review existing policy in relation to GMC requirements Prescribing decision-making flow chart tool to be created to assist decision making regarding prescribing of all schedules of controlled medication Meet with HIS to discuss practicalities of (a, b and c) – we will endeavour to do this, but after meeting HIS staff, it was agreed that this is not always practical – documentation regarding risk assessment, decision making rationale and ongoing requirements were discussed – see attached proposed tool. Process and prescribing policy to include advising patients that NHS GP can be advised of medication prescribed. Strict 	Immediate	KC
		Immediate	KC
		Immediate	KC

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<p><i>NHS GP when the consultation/episode of care is completed (see page 11).</i></p> <p>Timescale – immediate</p> <p><i>Regulation 3(a) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>	<p>prescribing policy for bridging prescriptions and requirements for ongoing or longer-term prescribing. Policy to encompass sharing information with NHS GP via embedded template</p>		
<p>Recommendation a: The service should ensure that policies are relevant to the service and reflect how the service is delivered, including the provision of remote consultations and prescribing (see page 11).</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>	<ul style="list-style-type: none"> Existing policy was reviewed, and whilst deemed relevant, it was felt that a simplified policy and decision making tool would help our neurodivergent staff (classed a reasonable adjustment by HIS at 16/03/26 meeting). Remote consulting (phone and video) will follow the same process as in-person consulting in regards the decision tool. New, simplified policy and decision tool support patient-centred care whilst encompassing all pillars of medical ethics: beneficence, non-maleficence, rationing and justice. This is formulated via patient information regarding how we will share information, explicit requirement for contemporaneous documentation from patients regarding their current care, and management of expectation that prescribing will be at the discretion of the doctor. 	<p>Immediate</p>	<p>KC</p>
<p>Recommendation b: The service should further develop its audit programme to</p>	<ul style="list-style-type: none"> MD and PM will perform regular audits of CD prescribing. 	<p>Immediate</p>	<p>LD and EM</p>

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<p>include the prescribing of controlled drugs (see page 11).</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>			
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Name	Emma McKay	Date	18/03/2026
Designation	Practice Manager		
Signature			

- **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.

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