



Healthcare
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Scotland

Inspections
and reviews
To drive improvement

Announced

Inspection Report: Independent Healthcare

Service: The Heriot Clinic, Edinburgh

Service Provider: The Heriot Clinic Ltd

30 January 2026

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Contents

1	A summary of our inspection	4
<hr/>		
2	What we found during our inspection	8
<hr/>		
	Appendix 1 – About our inspections	16
<hr/>		

1 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 The Herriot Clinic on Friday 30 January 2026. We spoke with the manager (practitioner) during the inspection. We received feedback from six patients through an online survey we had asked the service to issue to its patients for us before the inspection. This was our first inspection of this service.

Based in Barnton, The Herriot Clinic is an independent clinic providing private GP consultations.

The inspection team was made up of two inspectors.

What we found and inspection grades awarded

For The Heriot Clinic, the following grades have been applied.

Direction	<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>
Summary findings	Grade awarded
The sole practitioner is an independent GP registered with the General Medical Council. The service had clear and measurable aims and objectives to deliver high quality, safe general practice. The aims and objectives were clearly displayed on the service's website. Key performance indicators should be developed.	✓ Satisfactory
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>
Patients were fully informed about treatment options and involved in all decisions about their care. Policies and procedures were in place to help deliver safe patient care. Clear processes and procedures were in place for managing complaints. Risk assessments were carried out. A quality improvement plan and audit programme were in place.	✓✓ Good
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>
The environment and equipment were extremely clean and well maintained. Good infection control measures were in place. Patients reported high levels of satisfaction and told us they felt safe and cared for in the service. Patient care records were fully completed. Consultations were detailed.	✓✓ Good

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 The Heriot Clinic Ltd 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 no requirements two recommendations.

Direction	
Requirements	
None	
Recommendation	
a	The service should develop key performance indicators that are reviewed regularly to ensure the aims and objectives of the service are being met (see page 9). 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	
Requirements	
None	

Implementation and delivery (continued)

Recommendation

- b** The service should develop a process to communicate to patients how their feedback is used to improve the service (page 11).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8

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](#)

We would like to thank all staff at The Heriot Clinic for their assistance during the inspection.

2 What we found during our inspection

Key Focus Area: Direction

Domain 1: Clear vision and purpose	Domain 2: Leadership and culture
<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>	
Our findings	

The sole practitioner is an independent GP registered with the General Medical Council. The service had clear and measurable aims and objectives to deliver high quality, safe general practice. The aims and objectives were clearly displayed on the service's website. Key performance indicators should be developed.

Clear vision and purpose

The service was owned and managed by an independent GP who is registered with the General Medical Council (GMC). The service offered consultations, treatments (including health screening) and referrals. The service displayed its vision on its website, stating that it used a 'traditional, relationship-based model of healthcare to deliver high quality general practice to patients.' It also stated that it focused on giving 'the individual the time and space they need.'

A quality improvement plan was used to measure how the service was performing. Clinical indicators, such as patient satisfaction was used to inform improvements in the service. Findings from other services' inspections were reviewed and used to help inform the service's policies and development.

The service had a small patient group at the time of our inspection and had identified ways to expand as part of its longer-term improvement plan.

- No requirements.

What needs to improve

The service did not have key performance indicators (KPIs) in place. Setting KPIs would allow the service to review and monitor its performance and evidence how these are being met. KPIs should include monitoring the safe care and treatment of patients, such as compliance with clinical audits, complaints and adverse events (recommendation a).

Recommendation a

- The service should develop key performance indicators that are reviewed regularly to ensure the aims and objectives of the service are being met.

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

Patients were fully informed about treatment options and involved in all decisions about their care. Policies and procedures were in place to help deliver safe patient care. Clear processes and procedures were in place for managing complaints. Risk assessments were carried out. A quality improvement plan and audit programme were in place.

Co-design, co-production (patients, staff and stakeholder engagement)

A participation policy described how patient feedback would be gathered and used to continuously improve how the service was delivered. The majority of patients were returning clients. All patient consultations were appointment-only and face-to-face. The service's website was comprehensive and informative and included the practitioner's background, experience and qualifications. Treatments and costs were clearly set out. Patients could book appointments through the service's website, email or calling directly.

The service actively sought feedback from patients about their overall experience of the service, in line with its patient participation policy. This helped encourage patients to participate and be involved in service improvements. We saw some changes had been made as a result of feedback, such as:

- an improved booking system to allow patients to book direct and choose a time that suited their needs, and
- introduction of new software to allow patients to settle payments easier.

The practitioner used feedback received from patients to help assess whether changes that had been implemented had improved patient experience.

What needs to improve

While the service regularly gathered feedback from patients, it did not have a process in place to inform patients about the impact of their feedback on the service (recommendation b).

- No requirements.

Recommendation b

- The service should develop a process to communicate to patients how their feedback is used to improve the service.

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 of the notification process to Healthcare Improvement Scotland. During our inspection, we saw that the service had not experienced any events that should have been notified to Healthcare Improvement Scotland.

The service was proactive in developing and implementing policies to help make sure that patients had a safe experience in the service. Policies were reviewed every year, or as required to make sure they remained relevant to the service and in line with national guidance.

Key policies included those for:

- emergency arrangements
- infection prevention and control
- medicines management
- patient privacy and dignity, and
- safeguarding (public protection) of adults and children.

Infection prevention and control measures were in place to reduce the risk of infection. Equipment was cleaned between appointments and the clinic was cleaned at the end of the day. Equipment, including personal protective equipment (such as disposable aprons and gloves), was single-use to prevent the risk of cross-infection, where appropriate. Antibacterial hand wash and disposable paper hand towels were used to maintain good hand hygiene. Clinical waste was safely disposed of and stored in a secure area until collection. A clinical waste contract was in place.

While the service did not stock medicines, an emergency policy was in place, the service had an emergency drug supply in a GP private medical bag and a first aid kit. A process was in place for checking these. The service did sometimes prescribe medicines electronically, where the prescription was created and sent to the pharmacy directly to avoid misuse.

Maintenance contracts for fire safety equipment and portable appliance testing for electrical equipment were up to date. A current fire risk assessment was in place. Electrical fixed wiring testing had been carried out and any actions identified.

The service's complaints policy was available in the service and on the website. This advised patients that they could contact Healthcare Improvement Scotland at any point during the complaint process and included our contact details. At the time of our inspection, the service had received no complaints since its registration with Healthcare Improvement Scotland in July 2023.

The service had a duty of candour policy in place (where healthcare organisations have a professional responsibility to be honest with people when something goes wrong). Its most recent duty of candour report was available on the service's website. We noted that the service had not experienced any incidents that required it to follow the duty of candour process. The service had a system in place to manage incidents.

Consultations were appointment-only and mainly face-to-face. Patients had the option of a home visit or online consultation if required. Patients who booked through the website automatically received a registration form and medical history questionnaire. This form was reviewed again during the initial consultation or any further visits and amended as appropriate. A comprehensive consultation included assessment and full medical history, as well as current medications. Where appropriate, the service provided aftercare leaflets, which included its contact details.

The service maintained supportive professional relationships with other independent healthcare and NHS services as part of shared patient care arrangements.

Patient care records were stored on an electronic system that was password-protected and the service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights). The service's GDPR policy (general data protection regulations) was also available for patients on the website. Consent to share information was requested and recorded.

The practitioner participated in formal appraisal under the Medical Appraisal Scotland scheme as part of their revalidation. This is how doctors demonstrate to the GMC that they are up to date and fit to practice and are themselves an appraiser. The practitioner also compared the service with similar services registered with Healthcare Improvement Scotland to review its performance and service delivery. This helped to provide confidence and assurance in the

practitioner's own performance. We were told that the practitioner regularly linked in with other GPs offering a similar service across Edinburgh. They did this through a closed GP chat group that could be used for advice and shared learning.

- No requirements.
- No recommendations.

Planning for quality

We saw that a range of audits had been regularly carried out, including those for:

- cleaning
- environment
- patient care records
- patient feedback and satisfaction, and
- quality improvement.

We saw that all results from audits were documented and actions taken if appropriate. Audit results were also reflected in the quality improvement plan. The quality improvement plan was regularly reviewed and updated.

The service's clinical governance process included a risk register, which was reviewed regularly. Appropriate risk assessments were in place to effectively manage risk in the service, including those for:

- data protection
- fire, and
- infection prevention and control.

We saw that the service had a business continuity plan in place in the event of the service closing unexpectedly.

- No requirements.
- No recommendations.

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

The environment and equipment were extremely clean and well maintained. Good infection control measures were in place. Patients reported high levels of satisfaction and told us they felt safe and cared for in the service. Patient care records were fully completed. Consultations were detailed.

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 comprehensive self-evaluation.

Feedback from our online survey was very positive about the experience patients had at the service. Patients told us they had been treated with dignity and respect. They liked the surroundings, had plenty of time for their appointments and were happy with the service provided. Comments included:

- '[The practitioner] has a great manner and is very efficient.'
- 'I was treated with respect.'
- '[The practitioner] discussed options and I was aware of the available potential paths.'
- 'Had separate discussions at different times with choices set out and time to think and decide.'
- 'The surgery is clean, bright, warm, and well laid out.'
- 'I am very pleased with the service I have received from this practice, I intend to use it again, and I have recommended it to others. Also, I find its costs are reasonable and it offers good value.'

We saw very good compliance with infection prevention and control procedures, including an up-to-date clinical waste management contract and clear procedures in place for:

- clinical waste disposal
- safe disposal of medical sharps, such as syringes and needles, and
- single-use patient equipment disposal.

The service had a good supply of alcohol-based hand rub and appropriate personal protective equipment was available. Daily cleaning schedules were fully completed and up to date. The correct cleaning products were used in line with national guidance, such as chlorine-based cleaning products for sanitary fixtures and fittings.

We reviewed three electronic patient care records and saw evidence of comprehensive record-keeping. All entries were legible, signed and dated. Each patient care record showed a clear pathway from assessment to treatment provided. Costs of treatment were detailed, so patients knew exactly what they were paying for. Advice on specific aftercare was given if appropriate and documented in all patient care records we reviewed. Patient information included taking a full medical history, with details of any:

- existing health conditions
- medications
- previous treatments, and
- referral, if appropriate.

The patient care records included GP and next of kin details, as well as consent to share information with their GP and other relevant staff.

- No requirements
- No recommendations

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.



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.
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