



Healthcare  
Improvement  
Scotland

Inspections  
and reviews  
To drive improvement

# Announced Focused Inspection Report: Independent Healthcare

**Service:** YourGP, Edinburgh

**Service Provider:** YourGP Group Ltd

28 January 2026

Healthcare Improvement Scotland is committed to equality. We have assessed the inspection function for likely impact on equality protected characteristics as defined by age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation (Equality Act 2010). You can request a copy of the equality impact assessment report from the Healthcare Improvement Scotland Equality and Diversity Advisor on 0141 225 6999 or email [his.contactpublicinvolvement@nhs.scot](mailto:his.contactpublicinvolvement@nhs.scot)

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# 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 YourGP on 28 January 2026. The purpose of the inspection was to make sure the service was delivering care safely to patients, in light of intelligence received regarding controlled drug prescribing. We spoke with the managing director during the inspection.

Based in Edinburgh, YourGP is an independent clinic providing non-surgical and minor surgical treatments.

The inspection team was made up of one inspector and one clinical advisor.

## What we found and inspection grades awarded

For YourGP, the following grades have been applied.

<b>Implementation and delivery</b>	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>
<b>Summary findings</b>	<b>Grade awarded</b>
Medicines management policies were in place and regularly reviewed. An incident investigation process allowed for learning and improvements from incidents.  Prescribing of medication must follow national guidance. Implementing further governance would help make sure that appropriate safeguards are in place for the safe prescribing of controlled drugs and the protection of patients from serious harm.	Unsatisfactory

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 YourGP Group 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 one requirement and two recommendations.

### Implementation and delivery

#### Requirement

- 1** The provider must ensure that all prescribing aligns with national guidance, including:
- (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*
  - (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*
  - (c) sharing all relevant information about the consultation and treatment with the patient's NHS GP when the consultation/episode of care is completed (see page 11).*

Timescale – immediate

*Regulation 3(a)*

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

## Implementation and delivery (continued)

### Recommendations

- 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).

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

- b** The service should further develop its audit programme to include the prescribing of controlled drugs (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

## Requirements and recommendations carried forward from our 13 November 2025 inspection

### Requirement

The provider must ensure botulinum toxin is used in line with the manufacturer's and best practice guidelines.

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

### Recommendations

The service should use its governance systems to monitor and demonstrate that the aims and objectives set out in its statement of purpose are being met.

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 should develop a process to inform patients how patient feedback has been used to improve the service.

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.1

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](#)

YourGP Group Ltd, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at YourGP for their assistance during the inspection.

## 2 What we found during our inspection

### Key Focus Area: Implementation and delivery

#### Domain 4: Quality improvement

#### Our findings

**Medicines management policies were in place and regularly reviewed. An incident investigation process allowed for learning and improvements from incidents.**

**Prescribing of medication must follow national guidance. Implementing further governance would help make sure that appropriate safeguards are in place for the safe prescribing of controlled drugs and the protection of patients from serious harm.**

#### *Quality improvement*

The service had an identified clinical lead responsible for the safe, effective and secure use of medicines.

A system was in place for the development, approval and review of clinical policies from an appropriate healthcare professional, including document control. The managing director and clinical lead formally reviewed policies every 2 years. Amendments made to the policies between full reviews were tracked.

The service had medicine management related policies in place, including:

- medicines optimisation and management
- controlled drugs, and
- prescribing.

The General Medical Council (GMC) is the regulator for doctors and has guidance in place for situations where a doctor who is not the patient's regular GP. It states that if more information is needed before prescribing any medication, the prescribing doctor should ask for the patient's consent to contact their usual GP (usually an NHS GP).

Controlled drugs are subject to high levels of regulation due to their potential for abuse and harm. If the doctor does not have access to relevant information from the patient's medical records, controlled drugs or any medicine liable for abuse, misuse or overuse must not be prescribed. This GMC guidance was reflected in the service's own controlled drugs policy.

We reviewed the patient care records of two overseas patients, who had been prescribed controlled drugs and stated they were not registered with an NHS GP. In this scenario, the service had accepted a letter from a medical professional as evidence of their diagnosis, in line with the service's controlled drugs policy.

Before our inspection, an NHS GP practice had raised a concern with the service about the prescription of a controlled drug to one of their patients. We saw evidence that the service had taken actions as a result of this concern, including:

- notifying YourGP doctors
- adding an alert to the patient care record of the individual concerned indicating that no further controlled drugs are to be prescribed, and
- organising training for controlled drugs prescribing for the service's doctors.

A full incident review was planned with relevant staff for a date after our inspection.

### **What needs to improve**

We reviewed a patient care record from one patient registered with an NHS GP. The patient had been prescribed a large quantity of a controlled drug on three occasions, without YourGP obtaining relevant information from the patient's NHS GP record. This was not in line with the GMC guidance and the service's own policy. The service's policy also stated that the patient must provide evidence of their previous, controlled-drug prescription from their NHS GP before a new prescription was provided. We saw no evidence in the patient care record that this had happened.

The patient care record did not include sufficient documented information to demonstrate that the risks associated with prescribing controlled drugs for this patient had been assessed. Assessments would include considering the possibility that the patient may be obtaining medicines from other sources. The patient care record also lacked evidence to adequately explain the rationale for prescribing the controlled drug and in large quantities.

The service's policy stated that a copy of the prescription should be retained in the patient care record. However, we found that this copy was not retained.

The service's prescribing policy stated that prescriptions that the prescribing clinician feels could be misused should be accompanied by a 'Prescription Authorisation Form'. We saw that the prescribing doctor completed a Prescription Authorisation Form with the patient during a consultation. While

the form documented basic patient information, it did not allow for a sufficient level of detail. The Prescription Authorisation Form was sent to the patient's NHS GP after the appointment. We were told and saw no evidence that any other documentation was sent to the patient's NHS GP (requirement 1).

While all first-time patients had an in-person consultation with a doctor, other appointments could be in person, online or over the telephone. Remote consultations and prescribing were not reflected in the service's prescribing policy or controlled drugs policy (recommendation a).

The service carried out regular audits of patient care records. However, we saw no specific audit of the requirements to help make sure the prescribing of controlled drugs was safe (recommendation b).

### **Requirement 1 – Timescale: immediate**

- The provider must ensure that all prescribing aligns with national guidance, including:
  - (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*
  - (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*
  - (c) sharing all relevant information about the consultation and treatment with the patient's NHS GP when the consultation/episode of care is completed.*

### **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.

### **Recommendation b**

- The service should further develop its audit programme to include the prescribing of controlled drugs.

## 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.

### 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](http://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.ihtregulation@nhs.scot](mailto:his.ihtregulation@nhs.scot)

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