Healthcare Improvement Scotland | Inspections and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: GP Matters, Glasgow

Service Provider: GP Matters Ltd

14 July 2026

NHS SCOTLAND

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

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www.healthcareimprovementscotland.scot

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1 Progress since our last inspection

What the provider had done to meet the requirements we made at our last inspection on 15 November 2022

Requirement

The provider must arrange for all hazardous waste produced by the service to be segregated and disposed of in line with appropriate national waste legislation.

Action taken

A suitable clinical waste contract was in place for the removal and disposal of clinical waste. The correct sharps box was used to dispose of botulinum toxin. **This requirement is met**.

Requirement

The provider must implement effective systems that demonstrate the safe recruitment of appropriate staff.

Action taken

The service's employment policy had been updated and new processes put in place. On reviewing new staff files, we saw that appropriate employment references and occupational health status (where appropriate) were recorded. **This requirement is met**.

Requirement

The provider must ensure that relevant prospective employees are not included on the adults' or children's list of the Protecting Vulnerable Groups (Scotland) Act 2007.

Action taken

New staff files we reviewed demonstrated that all staff had their Protecting Vulnerable Groups status checked. **This requirement is met**.

Requirement

The provider must ensure staff receive regular performance reviews and appraisals to make sure their job performance is documented and evaluated.

Action taken

The service had recruited a number of new staff and one had been employed for longer than 1 year. We saw that a yearly appraisal had been carried out for this member of staff. **This requirement is met**.

What the service had done to meet the recommendations we made at our last inspection on 15 November 2022

Recommendation

The service should develop and use a formal method of obtaining patient feedback to help evaluate and drive improvement.

Action taken

The service gathered feedback from service questionnaires and an online review platform. The link for this was available on the service's website and at reception.

Recommendation

The service should ensure that appropriate cleaning products are used for the cleaning of all sanitary fittings, including clinical wash hand basins, in line with national guidance.

Action taken

The service did not follow the national guidance for cleaning sanitary fittings. This recommendation is reported in Domain 7: Quality control (see recommendation h on page 23).

Recommendation

The service should document in patient care records the batch numbers and expiry dates of all medicines used.

Action taken

We saw that batch number and expiry dates of all medicines used were documented in patient care records we reviewed.

2 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 GP Matters on Tuesday 14 July 2026. We spoke with the directors of the service during the inspection. We received feedback from 29 patients through an online survey we had asked the service to issue to its patients for us before the inspection. We telephoned staff working in the service.

Based in Glasgow, GP Matters is an independent clinic providing GP consultations and non-surgical treatments

The inspection team was made up of two inspectors.

What we found and inspection grades awarded

For GP Matters, the following grades have been applied.

Direction	*How clear is the service's vision and purpose and how supportive is its leadership and culture?*
Summary findings	**Grade awarded**
The service had a vision and purpose in its business plan. Key performance indicators were in place. Leadership was visible and approachable. Staff told us they enjoyed working for the clinic. The vision and purpose of the service should be accessible to patients. Evidence of the ongoing review of the key performance indicators should be developed.	✓ Satisfactory
Implementation and delivery	*How well does the service engage with its stakeholders and manage/improve its performance?*
Information about available treatments was available on the website and in the service. Patient feedback was gathered in a variety of ways. Staff contributed to the improvements in the service. Policies and processes were in place to help make sure the service was safe. Electronic patient care records were password protected. Staff were recruited safely. A range of risk assessments were in place and audit programme was evident. Maintenance and servicing was carried out. Medicine fridge temperatures should be checked every day.	✓ Satisfactory
Results	*How well has the service demonstrated that it provides safe, person-centred care?*
The environment was clean, well maintained and uncluttered. Staff were recruited safely. Patients told us they had a positive experience of the service. Controlled drug prescribing must be improved in line with GMC standards. Important patient information must be readily available to all healthcare professionals reviewing patients. An annual return must be submitted when requested. Sanitary fittings should be cleaned in line with national guidance.	✓ Satisfactory

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 GP Matters 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 three requirements and eight recommendations.

Direction	
Requirements	
	None
Recommendations	
a	The service should ensure that information about its vision and purpose is available to patients and staff (see page 14). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19
b	The service should ensure there is a process in place to demonstrate that the key performance indicators are reviewed and monitored (see page 14). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19
c	The service should develop a programme of formal staff meetings. These should be documented and include any actions taken and those responsible for the actions. Minutes of meetings should be shared with all members of staff to ensure issues discussed and decisions made are communicated (see page 15). 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

Recommendations

d The service should keep patients informed of the impact their feedback has on the service (see page 17).

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

e The service should ensure the medicine fridge temperature is monitored every day (see page 19).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

f The service should develop a process of regularly assessing the completion of patient care records (see page 20).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

Results

Requirements

1 The provider must implement a system to ensure that:

(a) it has 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 when there is a risk of addiction, and
(b) all relevant information about the consultation and treatment is shared with the patients NHS GP when the consultation/episode of care is completed (see page 23).

Timescale – immediate

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

Results (continued)	
Requirements	
2	The provider must ensure that patient information in the patient care records is up to date and readily available to all healthcare staff involved in meeting patients' health and welfare needs. This must include past medical history, current routine medicines and any allergies (see page 23). Timescale – immediate *Regulation 4(3)(b)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
3	The provider must submit an annual return when requested by Healthcare Improvement Scotland (see page 23). Timescale – immediate *Regulation 5(1)(c)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
Recommendations	
g	The service should develop checklists capturing the regular cleaning of the clinic and the regular checks of expiry dates of single-use equipment and medicines (see page 23). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19
h	The service should ensure the follow the national guidance for infection prevention and control when cleaning the sanitary fittings (see page 23). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11

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

GP Matters Ltd, the provider, must address the requirements and make the necessary improvements as a matter of priority.

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

3 What we found during our inspection

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

The service had a vision and purpose in its business plan. Key performance indicators were in place. Leadership was visible and approachable. Staff told us they enjoyed working for the clinic.

The vision and purpose of the service should be accessible to patients. Evidence of the ongoing review of the key performance indicators should be developed.

Clear vision and purpose

The vision of the service was 'to be recognised as a trusted provider of high-quality private healthcare.' The service also stated that its purpose was 'to provide accessible, personalised healthcare where patients feel listened to, valued and supported.'

The service's business plan demonstrated how it would achieve its vision and purpose. The business plan's objectives included making sure that appropriately qualified staff were recruited and retained and that patients received a high-quality service. The business plan was reviewed every year.

A number of patients used the service as their main GP service and others accessed it for particular aspects of care and treatment, such as travel healthcare and pre-employment medical checks.

What needs to improve

The service had a clear vision and purpose stated in the business plan. However, this was not available for patients using the service to access (recommendation a).

The business plan highlighted performance indicators, including patient experience, quality and safety and staff development. We saw a plan in place to monitor these. However, we saw no documented evidence that the performance indicators were monitored (recommendation b).

- No requirements.

Recommendation a

- The service should ensure that information about its vision and purpose is available to patients and staff.

Recommendation b

- The service should ensure there is a process in place to demonstrate that the key performance indicators are reviewed and monitored.

Leadership and culture

The practice manager was responsible for the day-to-day running of the clinic. Other staff working in the service included clinical and non-clinical staff. Healthcare staff in the clinic worked under practicing privileges agreements (where staff are not formally employed by the service but have an agreement in place to do so). Staff included:

- administrative staff
- GPs, and
- nurses.

We saw that all clinical staff were registered with an appropriate professional body, such as the General Medical Council (GMC) or the Nursing Midwifery Council (NMC).

Following a suggestion from a member of staff, the service had developed an encrypted online messaging platform where all staff could communicate with each other and clinic updates could be shared. We were told that the practice manager had daily communications with staff. Staff had contributed to improvements in the service, such as suggesting the introduction of a digital information screen in the reception area.

Staff we spoke with told us they felt supported in their role and that leadership was visible and approachable.

What needs to improve

The service did not hold formal staff meetings. Scheduled, documented staff meetings with a planned agenda would allow staff to have open discussions about future improvements in the service (recommendation c).

- No requirements.

Recommendation c

- The service should develop a programme of formal staff meetings. These should be documented and include any actions taken and those responsible for the actions. Minutes of meetings should be shared with all members of staff to ensure issues discussed and decisions made are communicated.

Key Focus Area: Implementation and delivery

Domain 3: Co-design, co-production	Domain 4: Quality improvement	Domain 5: Planning for quality
How well does the service engage with its stakeholders and manage/improve its performance?		

Our findings

Information about available treatments was available on the website and in the service. Patient feedback was gathered in a variety of ways. Staff contributed to the improvements in the service. Policies and processes were in place to help make sure the service was safe. Electronic patient care records were password protected. Staff were recruited safely. A range of risk assessments were in place and audit programme was evident. Maintenance and servicing was carried out.

Medicine fridge temperatures should be checked every day.

Co-design, co-production *(patients, staff and stakeholder engagement)*
Patient information was readily available on the service's website. In the reception area of the service, a digital screen provided patients with information, including on treatments available and their costs.

Recognising that a high proportion of Chinese students faced problems accessing healthcare in Glasgow, the service developed a link on its website to access treatment information in Chinese. This was set up in consultation with Chinese student groups.

Patient feedback was received through online review platforms and a patient feedback survey. Information on how to access a questionnaire was available at reception. Feedback was reviewed and a feedback summary was developed. Any improvement actions were highlighted. Some of the recent actions highlighted include monitoring of appointment times and the automated booking process.

Patients who completed our online survey told us:

- 'I have been repeatedly given extensive, accurate, balanced and clear information regarding all aspects of the treatment.'
- 'Very good clear and open communication'.
- 'I have been repeatedly given extensive, accurate, balanced and clear information regarding all aspects of the treatment.'

- ‘We discussed in detail what the potential benefits and side effects etc there would be and I was able to ask as many questions as required.’

What needs to improve

The service had a process in place for patients to feedback about their experience. However, we saw no evidence that the service informed patients about the improvements made as a result of patient feedback (recommendation d).

- No requirements.

Recommendation d

- The service should keep patients informed of the impact their feedback has on 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 that, as a registered independent healthcare service it had a duty to report certain matters to Healthcare Improvement Scotland, as detailed in our notification guidance.

A range of policies and procedures were in place to support safe care delivery for patients and staff, including those for:

- duty of candour
- health and safety
- medicine management, and
- safeguarding.

The service’s infection prevention and control policy referenced the national guidance and described the standard infection control precautions in place to prevent the risk of infection. This included:

- hand hygiene
- sharps management, and
- the use of personal protective equipment (such as gloves, aprons and face masks).

We saw a supply of single-use equipment was available to prevent the risk of cross-infection. A waste disposal contract was in place for the collection and disposal of clinical waste, including used syringes and needles.

The service had developed a policy for managing incidents that demonstrated a process for managing incidents and accidents. The policy highlighted that learning from incidents was shared with the staff involved. The practice manager was able to describe the reporting process should any incidents occur and show us how this was recorded.

Information governance policies were in place and included retention and disposal of records. Patient care records were electronic and the system was password-protected and fully backed up. The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights).

The service complaints policy included Healthcare Improvement Scotland's contact details. Details of how a patient could make a complaint was available in the service and on its website.

Duty of candour is where healthcare organisations have a professional responsibility to be honest with patients when things go wrong. The service had an annual statement on its website explaining duty of candour and whether incidents had triggered duty of candour in the last 12 months.

A medicine management policy was in place and the service stocked a small amount of medicines, stored safely in locked cupboards or fridges. Medicines were mainly prescribed rather than dispensed from the service. Vaccinations were stored appropriately in a locked fridge and regular temperature checks were carried out and documented. The service is a Public Health Scotland designated Scottish Yellow Fever Vaccination Centre. Travel health information was accessed through a Department of Health online platform.

Supplies of medicines were obtained from an appropriately registered pharmacist. No controlled drugs were stored in the service.

We saw that an emergency box was available in the consulting room, which included emergency medicines. The medicines in the emergency box were in-date and a checklist demonstrated completed weekly checks.

An up-to-date employment policy was in place, which set out the service's recruitment process and the pre-employment checklist. All staff working in the service had been enrolled in the Disclosure Scotland Protecting Vulnerable Groups (PVG) scheme. Appropriate recruitment checks had been carried out on

each staff member, including references, qualifications and identity checks. All staff working under the practicing privileges agreement had a contract in place. An appraisal process was in place for staff.

What needs to improve

While we saw evidence that regular medicine fridge temperature checks had been carried out during the week, checks over the weekends were not documented (recommendation e).

A number of staff had been recruited in the year before our inspection and we were told a process was in place for yearly checks to be carried out. This helped make sure staff continued to be safe to work in the service. We will follow this up at future inspections.

- No requirements.

Recommendation e

- The service should ensure the medicine fridge temperature is monitored every day.

Planning for quality

A health and safety policy was in place and outlined how the service would maintain the health, safety and welfare of its employees, patients and visitors. A yearly fire risk assessment was carried out and fire safety signage was displayed. Fire safety equipment was in place and regularly checked. The service kept records of portable appliance testing (PAT), as well as regular servicing and calibration of medical equipment.

The service carried out a variety of risk assessments. A safety checklist helped to identify any environmental hazards or concerns about maintenance, equipment and medication management. Other risk assessments included those for fire safety and health and safety. A risk register contained risks in the service.

An audit programme was in place, which included audits for:

- health and safety
- maintenance
- medication, and
- records management.

The service had developed an improvement action plan which highlighted previous improvement plans that had been closed, as well as currently active

actions. These included a range of issues, such as staff training and building repair. The improvement plan had a timescale attached and named an allocated individual to complete the action.

An up-to-date business continuity plan was in place to address how the service would respond in the event of an emergency or service interruption. This included alternative sites to provide a service from.

What needs to improve

While a records management audit was in place, we saw no evidence that the service carried out any patient care record audits. Records management audits did not check whether patients' consent, assessment or allergies were documented in patient care records (recommendation f).

The service's improvement plan could be further developed to include actions from:

- audits
- complaints
- incidents, and
- feedback.

We will follow this up at future inspections.

- No requirements.

Recommendation f

- The service should develop a process of regularly assessing the completion of patient care records.

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 was clean, well maintained and uncluttered. Staff were recruited safely. Patients told us they had a positive experience of the service.

Controlled drug prescribing must be improved in line with GMC standards. Important patient information must be readily available to all healthcare professionals reviewing patients. An annual return must be submitted when requested. Sanitary fittings should be cleaned in line with national guidance.

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.

The clinic and equipment appeared clean, well maintained and clutter free. We were told that clinical staff carried out cleaning in between patient appointments in the rooms, and reception staff attended to the rest of the cleaning. A cleaning task list was kept at reception. Appropriate measures were in place to reduce the risk of infection to patients, in line with the service's infection prevention and control policy. For example, alcohol-based hand gel and personal protective equipment (such as gloves and face masks) was available.

Patients receiving aesthetic treatments and ongoing prescriptions for mental health disorders had a full assessment carried out and consent was obtained to share information with their NHS GP. For those patients, the service shared updates with the NHS GPs where appropriate.

Staff were recruited appropriately and with safety checks in place, including Disclosure Scotland Protecting Vulnerable Groups (PVG).

Patients who completed our online survey told us:

- ‘Very professional and caring attitude from clinicians and staff.’
- ‘Facilities are pleasant and private and the equipment is sufficient and well maintained’.
- ‘Beautiful surroundings, calm and staff are always warm’.
- ‘I have every confidence in the skill and professionalism of my doctor and support staff.’

What needs to improve

Patients receiving prescriptions over many years to manage historical conditions with the use of control drugs were reviewed regularly and a repeat prescription was prescribed. We saw that these patients’ NHS GPs were not informed about any consultation or medicines prescribed. The service also did not have a full medical history from the patients’ NHS GP before prescribing control drugs. This is not in line with the GMC’s *guidance Good practice in prescribing and managing medicines and devices* (requirement 1).

We reviewed seven patient care records of patients receiving a variety of treatments. We saw that some patients had been attending the service regularly for 9 years or longer. In this time, the patient care records had been transferred to an electronic system. However, some patient information was not transferred across to the new system. This information included past medical history, current routine medicines and allergies (requirement 2).

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. While requested, the service did not submit an annual return this year (requirement 3).

While a checklist was in place for checking emergency medicines, the service did not have a process in place to record checks of regular medicines and single-use equipment. A checklist was available at reception for cleaning that should be completed daily. However, no schedule was available for signing in the rooms or reception to give assurance that these tasks had been carried out (recommendation g).

The service did not follow national infection prevention and control guidance when cleaning sanitary fittings (recommendation h).

Requirement 1 – Timescale: immediate

- The provider must implement a system to ensure that:

  (a) it has 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 when there is a risk of addiction, and
  (b) all relevant information about the consultation and treatment is shared with the patients NHS GP when the consultation/episode of care is completed.

Requirement 2 – Timescale: immediate

- The provider must ensure that patient information in the patient care records is up to date and readily available to all healthcare staff involved in meeting patients' health and welfare need. This must include past medical history, current routine medicines and any allergies.

Requirement 3 – Timescale: immediate

- The provider must submit an annual return when requested by Healthcare Improvement Scotland.

Recommendation g

- The service should develop checklists capturing the regular cleaning of the clinic and the regular checks of expiry dates of single-use equipment and medicines.

Recommendation h

- The service should ensure they follow the national guidance for infection prevention and control when cleaning the sanitary fittings.

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.

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**

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.ihcregulation@nhs.scot

You can read and download this document from our website.
We are happy to consider requests for other languages or formats.
Please contact our Equality and Diversity Advisor on 0141 225 6999
or email his.contactpublicinvolvement@nhs.scot

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