Healthcare Improvement Scotland | Inspections and reviews
To drive improvement

Announced Follow-up Inspection Report: Independent Healthcare

Service: YourGP, Edinburgh

Service Provider: YourGP Group Ltd

9 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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1 A summary of our follow-up inspection

Previous inspection

We previously inspected YourGP on Thursday 13 November 2025. That inspection resulted in one requirement and two recommendations. We also inspected YourGP on Wednesday 28 January 2026, which resulted in one requirement and two recommendations. As a result of those inspections, YourGP Group Ltd produced improvement action plans and submitted them to us. The latest 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 YourGP on Thursday 9 July 2026. This service was previously known as YourGP (Dundas Street). The purpose of the inspection was to follow up on the progress the service has made in addressing the two requirements and four recommendations from the last two inspections. This report should be read along with the November 2025 and January 2026 inspection reports.

The inspection team was made up of two inspectors.

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

The grading history for YourGP 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 had complied with all the requirements made at our two previous inspections. It had also taken steps to act on all the recommendations we made.

Of the two requirements made at the previous two inspections on Thursday 13 November 2025 and Wednesday 28 January 2026, the provider has met all the requirements.

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 no requirements and no recommendations.

We would like to thank all staff at YourGP 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 previous inspections on 13 November 2025 and 28 January 2026

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

Action taken

The service outlined its aims and objectives in a statement of purpose, displayed in the clinic for staff and patients to see. These included providing safe, high-quality person-centred care that was compliant with the legal requirements of an independent healthcare service. Since the last inspection, the service had strengthened the link between its governance framework and the aims and objectives outlined in its statement of purpose. This now included:

- regular governance meetings with documented review against stated aims
- reporting clearly in governance minutes how objectives were monitored and met, and
- yearly review of the statement of purpose as part of the governance cycle

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

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

Recommendation

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

Action taken

'You said, we did' summaries displayed on the reception television screen informed patients of service improvements resulting from patient feedback. The screen information included the methods that could be used to provide feedback, as well as the complaints process.

Quality improvement

Requirement – 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.

Action taken

During our inspection, we saw that the service was asking all its current patients for a summary of their relevant history from their primary healthcare record. We saw a process in place for any instance where the service was not able to access relevant information.

We saw that changes had been made to the electronic patient care record system for improved documentation of the GP consultation. The GP had to confirm that a risk assessment of the treatment or prescription had been carried out and deemed clinically appropriate. The sections in the consultation record were mandatory and the system did not allow the user to move onto the next screen until fully completed.

During the last inspection, it had been noted that while a prescription for controlled drugs had been written on a controlled drug prescription pad, a copy had not been scanned into the patient care record. All controlled drug prescriptions were now entered on the electronic patient record system, which promoted the GP to issue a written prescription when required. This meant that an electronic record of all controlled drugs was kept.

Patient information had been updated to include consent for contacting their NHS GP or other primary healthcare provider. A standardised letter had been developed and implemented for the GPs to use, to write to their patients' NHS GP or other primary healthcare provider.

The service had updated its prescribing policies to state that patients must consent to YourGP contacting their NHS GP or primary healthcare provider to:

- ‘Appraise them of the current prescription and to request further information as appropriate. Failure to consent to this will result in no prescription being issued’.

This requirement is met.

Recommendation

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.

Action taken

It was agreed during a post-inspection meeting with Healthcare Improvement Scotland that a reviewed, simplified policy together with a prescribing decision-making tool would be a clearer and more supportive process for staff. It was also decided that remote consulting would follow the same process as in-person consulting and so would also be supported by the revised policy and tool.

Recommendation

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

Action taken

The service had made changes to its patient electronic care record system to allow for extraction and audit of all patients records where controlled drugs had been prescribed. An audit had been carried out for all controlled drug prescribing over the 3 months before our inspection. Any actions resulting from this audit had been added to the quality improvement plan and actions had been completed. Audits of controlled drug prescription pads were carried out weekly.

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 – Timescale: immediate

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

Action taken

We saw that the service took immediate action to prevent the use of botulinum toxin outside of the manufacturer's guidance. The vial of botulinum toxin that had been part-used was immediately disposed of and the area for improvement was added to the service's quality improvement plan. A review of relevant protocols was completed and clinicians were reminded to work in line with the manufacturer's guidance. Ongoing compliance was monitored through medicine management governance processes and audit.

This requirement is met.

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**

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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