



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: Glasgow Medical Rooms, Glasgow

Service Provider: PAMM Healthcare Limited

14 March 2024

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First published June 2024

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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 20 September 2022

Requirement

The provider must notify Healthcare Improvement Scotland of certain matters and within the appropriate notice period as detailed in the notifications guidance.

Action taken

The manager was now aware that Healthcare Improvement Scotland must be notified of certain matters and had made appropriate notifications since the last inspection. **This requirement is met.**

Requirement

The provider must ensure that a registered manager can provide clear leadership and proper oversight of the whole service.

Action taken

A new registered manager had been employed since October 2022 providing visible and consistent leadership in the service. **This requirement is met.**

What the service had done to meet the recommendations we made at our last inspection on 20 September 2022

Recommendation

The service should continue to develop its participation policy to direct the way it engages with its patients and uses their feedback to drive improvement.

Action taken

We saw that all patients were asked to leave an online review about their experience of using the service. Feedback surveys were also available in reception for patients to complete. We saw evidence that the manager collated, reviewed and responded to feedback received.

Recommendation

The service should develop a programme of audits to cover key aspects of care and treatment. Audits must be documented and improvement action plans implemented.

Action taken

An audit programme was now in place that included planned audits for medicines management, the environment, patient care records and staff files.

Although the type of audit and the date that the audit took place was documented, there was no further detail of what was looked for as part of some of the audits. A new recommendation has been made and is reported in Domain 5 (Planning for quality) (see recommendation f on page 19).

Recommendation

The service should ensure a system is in place to make sure that practicing privileges staff currently working in the service are subject to ongoing background checks to ensure the safe delivery of care.

Action taken

A process had now been implemented as part of the recruitment process to ensure all new staff were subject to initial background checks. This helped to ensure they were safe to work in the service. However, some staff files did not have evidence that regular ongoing background checks continued to take place. A new requirement has been made and is reported in Domain 2 (Leadership and culture) (see requirement 1 on page 13).

Recommendation

The service should develop and implement a quality assurance system and a quality improvement plan to formalise and direct the way it drives and measures improvement.

Action taken

A quality improvement plan was now in place that documented quality improvement activities such as refurbishment, actions arising from audit findings and inspection activity.

Recommendation

The service should formally record the minutes of staff and management meetings. These should include any actions taken and those responsible for the actions.

Action taken

We were provided with agendas and minutes of some meetings. However, other meetings were not recorded at all. This recommendation is reported in Domain 2 (Leadership and culture) (see recommendation c on page 13).

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 Glasgow Medical Rooms on Thursday 14 March 2024. We spoke with the manager during the inspection. We received feedback from seven patients through an online survey we had asked the service to issue to its patients for us before the inspection.

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

The inspection team was made up of one inspector.

What we found and inspection grades awarded

For Glasgow Medical Rooms, 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 service's vision statement should be shared with patients and staff. A system of governance of practicing privileges staff and other services renting rooms must be implemented. Key performance indicators should be identified and used to measure the service's performance. Staff meetings should be introduced for all staff groups, a record kept and shared with staff.		Unsatisfactory
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	
The service actively encouraged feedback from patients to help improve the service. An informative website and social media provided information on the service and treatments available. Policies were in place to ensure the safety and wellbeing of patients and staff, and an appropriate complaints process was followed. Medicines governance processes, including obtaining informed consent from patients, must be followed. Audits should be developed to include more detailed evidence of review. Clinical and business risks should be identified and assessed.		✓ Satisfactory
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	
The clinic environment and equipment were clean and well maintained. Patient care records were fully completed. All staff should complete induction and mandatory training.		✓ 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 PAMM Healthcare Limited 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 two requirements and seven recommendations.

Direction	
Requirement	
1	<p>The provider must ensure appropriate governance and oversight of activities within the registered premises including:</p> <ul style="list-style-type: none"> a) ensuring services only renting rooms within the Glasgow Medical Rooms premises for the purpose of providing an independent healthcare service are registered with Healthcare Improvement Scotland, if required to do so, and b) implementing appropriate governance arrangements for the individuals working under a practicing privileges agreement as part of Glasgow Medical Rooms, including ongoing background checks to ensure the safe delivery of care (see page 13). <p>Timescale – immediate</p> <p><i>Regulation 12(d) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>

Direction (continued)	
Recommendations	
a	<p>The service should share its vision statement with patients and staff (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>
b	<p>The service should assess itself against defined key performance indicators (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>
c	<p>The service should introduce regular full team meetings for all staff, including those with practicing privileges. Meetings should be documented and available to all staff (see page 13).</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> <p>This was previously identified as a recommendation in the September 2019, May 2022 and September 2022 inspection reports for Glasgow Medical Rooms.</p>

Implementation and delivery	
Requirement	
2	<p>The provider must ensure that when unlicensed medicines are used that appropriate medicine governance arrangements are in place, including documented rationale for use and informed patient consent (see page 18).</p> <p>Timescale – immediate</p> <p><i>Regulation 3(d)(iv)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>

Implementation and delivery (continued)	
Recommendations	
d	<p>The service should develop and implement a system to actively seek the views of all staff working in the service (see page 15).</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>
e	<p>The service should further develop its risk register to include clinical and business risks to demonstrate the proactive management of risks to patients, staff and the service (see page 19).</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>
f	<p>The service should further develop the audit process to provide more detail about what will be reviewed as part of each audit (see page 19).</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>

Results	
Requirements	
None	
Recommendation	
g	<p>The service should ensure practicing privileges staff have completed induction and mandatory training (see page 21).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14</p>

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](#)

PAMM Healthcare Limited, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at Glasgow Medical Rooms 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
<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>	

Our findings

The service's vision statement should be shared with patients and staff. A system of governance of practicing privileges staff and other services renting rooms must be implemented. Key performance indicators should be identified and used to measure the service's performance. Staff meetings should be introduced for all staff groups, a record kept and shared with staff.

Clear vision and purpose

The service told us its vision was to put 'staff and patients' health and safety first' and to 'provide person centred care and... deliver high quality care to help diagnose, treat and refer effectively and efficiently.'

What needs to improve

The service's vision statement was not visible in the service and there was no evidence that it had been shared with patients and staff. This would help to inform them of the service's purpose and goals (recommendation a).

During the inspection, we were provided with a copy of a presentation that we were told was used as a tool to assess and evaluate the service. However, it was not clear how this would be used to evaluate the service and there was also no evidence of this happening. There was also no evidence of any specific key performance indicators used to measure performance (recommendation b).

- No requirements.

Recommendation a

- The service should share its vision statement with patients and staff.

Recommendation b

- The service should assess itself against defined key performance indicators.

Leadership and culture

The manager provided visible leadership in the service and was responsible for the day-to-day governance of the clinic. Employed staff included the owner who was a registered GP and administration staff. Most staff, including GPs, nurses and physiotherapists, worked in the service under a practicing privileges agreement (staff not employed directly by the provider but given permission to work in the service). We were told a formal staff rota helped to ensure an appropriate staff skill mix with a clinician and an experienced member of staff always on duty to support other staff members.

All staff involved in clinical procedures were registered with an appropriate professional body such as the General Medical Council or Nursing and Midwifery Council.

A raising and reporting concerns policy described the process staff could take if they needed to, such as speaking with their line manager. The policy also signposted staff to external organisations for support or to take their concerns further.

We saw minutes of a monthly administration staff team meeting which had a set agenda including training, audits and marketing.

What needs to improve

There was confusion in the service about the different responsibilities for services who only rented rooms in the premises and individuals who were working as part of the service under a practicing privileges arrangement. This meant that some services trading from the premises may have been required to register with Healthcare Improvement Scotland. There was no evidence that staff working under a practicing privileges arrangement were subject to management and oversight to ensure they were complying with the service's policies and procedures. For example, staff working under practicing privileges managed and retained their own patient care records, and the manager did not have access to these records to ensure the treatments provided were safe and the records were being fully and accurately completed. We were also told that routine ongoing checks of practicing privileges staff had been carried out to ensure they remained safe to work in the service. However, this was not evidenced in the staff files. For example, there was no evidence of:

- annual check of professional registration
- Disclosure Scotland status update
- updated insurance policies, and
- annual appraisal from substantive post (where the main job is with another employer such as the NHS) (requirement 1).

Other than the formal administration staff team meeting, we were told other meetings took place but were not minuted. This included a daily huddle with all staff present in the clinic that day and a monthly management meeting. The team meeting that took place did not include practicing privileges staff (recommendation c).

Requirement 1 – Timescale: immediate

- The provider must ensure appropriate governance and oversight of activities within the registered premises including:
 - a) ensuring services only renting rooms within the Glasgow Medical Rooms premises for the purpose of providing an independent healthcare service are registered with Healthcare Improvement Scotland, if required to do so, and
 - b) implementing appropriate governance arrangements for the individuals working under a practicing privileges agreement as part of Glasgow Medical Rooms, including ongoing background checks to ensure the safe delivery of care.

Recommendation c

- The service should introduce regular full team meetings for all staff, including those with practicing privileges. Meetings should be documented and available to all staff.

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

The service actively encouraged feedback from patients to help improve the service. An informative website and social media provided information on the service and treatments available. Policies were in place to ensure the safety and wellbeing of patients and staff, and an appropriate complaints process was followed.

Medicines governance processes, including obtaining informed consent from patients, must be followed. Audits should be developed to include more detailed evidence of review. Clinical and business risks should be identified and assessed.

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

The service's participation policy described the way patient feedback would be gathered and used to improve the service. Patient feedback was encouraged through:

- an email sent following an appointment with a link to an online review site
- cards in the reception area with a link to the online review site, and
- feedback questionnaire in the reception area.

The questionnaire asked for patients' views about their experience of the service, including:

- suitability of appointment time
- staff friendliness
- cleanliness of the clinic, and
- consultation.

We saw that feedback was collated, reviewed and responded to where appropriate by the manager. An example where the service had made improvements was to install a wheelchair ramp following feedback from patients about issues accessing the service.

The service's website provided a description of the services, treatments and costs. Leaflets were available in the reception area and a variety of information packs could be given, tailored to suit the appointment type.

The service provided educational information on its website, social media and through monthly patient newsletters to raise health awareness on topics such as:

- sun safety
- breast cancer
- nutrition and hydration, and
- menopause.

There was also 'meet the team' posts about the staff working in the service. Patients could also engage with the service through a 'chat function' on the service's website where they could directly message the manager in real time.

What needs to improve

We were told that staff could make suggestions during meetings and directly to the manager. We were given an example of a new prescription process being trialled as a result of a suggestion from a staff member. However, staff did not have a way to formally provide structured feedback, such as through a staff survey, about any improvements or changes that would benefit the service (recommendation d).

- No requirements.

Recommendation d

- The service should develop and implement a system to actively seek the views of all staff working in 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 notifications guidance.

The service had produced policies and procedures for the safety, care and treatment of patients and staff, including:

- infection prevention and control
- health and safety
- management of emergencies, and
- medicines management.

A safeguarding policy made sure that a clear protocol was in place to respond to any adult or child protection concerns. Other policies to protect patients, such as dignity and respect, and equality and diversity, had been produced. A poster was displayed in reception offering a chaperone to patients if required. The service had an accident and incident reporting procedure in place, and we were told there had not been any accidents or incidents in recent years.

An infection prevention and control policy detailed the standard precautions that would be taken to reduce the risks of infection, such as hand hygiene and the use of personal protective equipment. A waste contract was in place to make sure that clinical waste was disposed of appropriately.

A health and safety policy described how the service would meet its responsibilities to ensure the health, safety and welfare of its employees, patients and visitors. A yearly fire risk assessment was carried out. Fire safety signage was displayed, fire safety equipment was in place and regularly checked and fire alarm testing took place.

Contact details for the property maintenance company and contractors were accessible in case of issues with the premises, such as repairs being required. An annual planned maintenance programme was in place for servicing and safety checks such as for the gas system, fire equipment and water system. Records were kept of servicing and calibration of medical equipment.

The service's medication policy described how medicines were procured, stored, prescribed and administered in the service. Medicines were stored in locked cupboards and a locked fridge, and the fridge temperature was monitored to make sure medicines were stored at the appropriate temperature. Emergency medicines were easily accessible and checked every week and emergency protocols were displayed in the service. The service is a Public Health Scotland designated Scottish Yellow Fever Vaccination Centre. The service is registered with the Medicines and Healthcare products Regulatory Agency to receive alerts, recalls and safety information relating to drugs and medical devices.

A consent policy detailed how consent would be obtained from patients. Following an appointment booking, patients were sent relevant forms to complete such as medical history, patient information and consent. The consent form detailed any side effects or risks of the treatment if applicable. The information provided in the forms was discussed during the consultation.

For aesthetic treatments, patients had a follow-up review appointment. All patients could also contact the clinic if they had any concerns. Aftercare information was given to patients and information about urgent out-of-hours care was available through a voicemail which patients accessed when they telephoned the clinic.

Policies for the management of information were in place. Patient care records were stored on a password-protected electronic database. The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights).

The service had a complaints management process in place, which patients could access on the website. This made clear that patients could make a complaint to Healthcare Improvement Scotland at any time. The service provided evidence showing that complaints received by the service had been managed following its own complaints policy.

A duty of candour policy was in place (where healthcare organisations have a professional responsibility to be honest with people when something goes wrong). Services are required to produce and publish a yearly duty of candour report, even where the duty had not been used. The most recent report was published on the service's website. We were told the service had not had any instances requiring the need to implement duty of candour principles. Employed staff had received duty of candour training.

The service received human resources and employment law advice from an external advisor. The service had a process in place for the induction of new staff and mandatory training that staff had to complete through an online training database that included:

- duty of candour
- infection prevention and control
- complaints management
- patient consent
- clinical record keeping, and
- safeguarding (child and adult protection).

We were told one-to-one meetings between employed staff and their line managers took place but were not documented. However, formal annual appraisals included documented discussions about performance, strengths and areas for development. We were provided with examples of how staff had developed and received promotions in the service.

The owner of the service is a registered GP. We were told they chaired a monthly meeting of peer GPs in the local area to share information and learning to keep up to date with best practice.

What needs to improve

We saw the service used bacteriostatic saline to reconstitute the vials of botulinum toxin. This is when a liquid solution is used to turn a dry substance into a specific concentration of solution. The bacteriostatic saline used is an unlicensed product and the use of this instead of normal saline for reconstitution means that the botulinum toxin is being used outwith its Summary of Product Characteristics and is therefore termed as unlicensed use. We were told this provided better pain relief for patients. However, there was no evidence in the patient care record that the use of unlicensed bacteriostatic saline and the unlicensed use of botulinum toxin had been discussed with patients or that informed consent had been sought before treatment was administered (requirement 2).

Requirement 2 – Timescale: immediate

- The provider must ensure that when unlicensed medicines are used that appropriate medicine governance arrangements are in place, including documented rationale for use and informed patient consent.

- No recommendations.

Planning for quality

The service had a contingency plan in place to refer patients to other Healthcare Improvement Scotland registered services in case of emergencies, such as flood or power failure. This arrangement would provide patients with an option to continue their treatment plans with an alternative practitioner.

Appropriate insurances were in-date, such as public and employer liability insurance, and these were displayed in the service.

A quality improvement plan documented quality improvement activities such as refurbishment, actions arising from audit findings and inspection activity.

What needs to improve

The service's risk register included risk assessments of health and safety, fire safety and COVID-19. However, there were no risk assessments for clinical or business risks (recommendation e).

There was a rolling programme of audits of the environment, medicines management, staff files and patient care records. However, there was no clear information about what the audits of patient care records and staff files would review (recommendation f).

- No requirements.

Recommendation e

- The service should further develop its risk register to include clinical and business risks to demonstrate the proactive management of risks to patients, staff and the service.

Recommendation f

- The service should further develop the audit process to provide more detail about what will be reviewed as part of each audit.

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 clinic environment and equipment were clean and well maintained. Patient care records were fully completed. All staff should complete induction and mandatory training.

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 satisfactory self-evaluation.

We saw an improvement in the clinic environment since our previous inspections, and found the clinic environment to be clean and well organised. There was an ongoing refurbishment project and we saw that some non-compliant clinical hand wash basins, taps and flooring had been replaced. Equipment was in good condition. Cleaning of the treatment rooms and equipment was carried out between patient appointments, as well as a full clean of the clinic every day, with appropriate products. All patients who responded to our survey said they were satisfied with the facilities and equipment in the environment they were treated in. Comments included:

- ‘The facilities and equipment are all very modern and clean.’
- ‘Pleasant surroundings.’

Measures were in place to reduce the risk of infection and cross-contamination. For example, the service had a good supply of personal protective equipment and alcohol-based hand gel. There was good management of clinical waste, including sharps (injection needles and syringes).

The three patient care records we reviewed showed that comprehensive assessments and consultations were carried out. These included taking a full medical history with details of any health conditions, medications, allergies and previous treatments. We saw evidence of treatment plans being developed and agreed with patients.

All patients who responded to our survey told us they received adequate information about their procedure and felt involved in the decisions about their care. Comments included:

- ‘Everything was thoroughly explained, and confirmation requested that I understood.’
- ‘Have always been involved in in-depth conversation about my care and treatment.’

We reviewed four staff files for two employed non-clinical staff and two clinical staff who were working under a practicing privileges arrangement. We saw that appropriate safe recruitment checks included:

- Disclosure Scotland status check
- professional registration (if applicable)
- professional indemnity insurance
- proof of identity, and
- references.

Patients told us they had confidence in the service and staff. Comments included:

- ‘Quick, reliable and trustworthy.’
- ‘Dr [] is very knowledgeable in her field and explained everything fully to me.’

What needs to improve

Although we saw evidence of induction and mandatory training for the employed staff members, there was no evidence of this training for the practicing privileges staff (recommendation g).

- No requirements.

Recommendation g

- The service should ensure practicing privileges staff have completed induction and mandatory training.

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

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or email his.contactpublicinvolvement@nhs.scot

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