Announced Inspection Report: Independent Healthcare

Service: Glasgow Medical Rooms, Glasgow
Service Provider: PAMM Healthcare Limited

19 May 2022
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 Progress since our last inspection

What the service had done to meet the recommendations we made at our last inspection on 26 September 2019

Recommendation

The service should develop a duty of candour policy.

Action taken

The service had now developed a duty of candour policy (where healthcare organisations have a professional responsibility to be honest with people when things go wrong).

Recommendation

The service should develop a programme of audits to cover key aspects of care, treatment and record keeping, including all types of patient care records. Audits should be documented and improvement action plans implemented.

Action taken

An audit programme reviewing key aspects of care and treatment to ensure the safe delivery and quality of the service had still not been developed. This recommendation is reported in Quality indicator 5.1 (see recommendation d).

Recommendation

The service should securely destroy original Protecting Vulnerable Groups (PVG) and Basic Disclosure certificates. A record of all background checks should be kept in each staff member’s personnel file.

Action taken

We found evidence that staff Disclosure Scotland certificates were still being kept. This recommendation is reported in Quality indicator 7.1 (see recommendation f).

Recommendation

The service should develop a practicing privileges policy.

Action taken

A practicing privileges policy had now been produced detailing the responsibilities and assurance measures in place for practicing privileges agreements.
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 still unable to see evidence that minutes of staff meetings were being recorded. This recommendation is reported in Quality indicator 9.4 (see recommendation h).

Recommendation
The service should develop a quality improvement plan to evaluate and measure the impact of service improvement.

Action taken
A quality improvement plan had still not been developed. This recommendation is reported in Quality indicator 9.4 (see recommendation g).
2 A summary of our inspection

The focus of our inspections is to ensure each service is person-centred, safe and well led. Therefore, we only evaluate the service against key quality indicators which apply across all services. However, depending on the scope and nature of the service, we may look at additional quality indicators.

About our inspection

We carried out an announced inspection to Glasgow Medical Rooms on Thursday 19 May 2022. We received feedback from two patients through an online survey we had asked the service to issue for us before the inspection.

The inspection team was made up of one inspector and one inspector observing.

As part of the inspection process, we asked the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality 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 limited self-evaluation.

What we found and inspection grades awarded

For Glasgow Medical Rooms, the following grades have been applied to the key quality indicators inspected.

<table>
<thead>
<tr>
<th>Key quality indicators inspected</th>
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<tr>
<td><strong>Domain 2 – Impact on people experiencing care, carers and families</strong></td>
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<tr>
<td>Quality indicator</td>
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<tr>
<td>2.1 - People’s experience of care and the involvement of carers and families</td>
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<tr>
<td><strong>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</strong></td>
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<tr>
<td>5.1 - Safe delivery of care</td>
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appropriately, and improvements were needed to how equipment and the environment was cleaned. An audit programme should be introduced to assure the safe delivery and quality of the service. Healthcare Improvement Scotland must be notified of certain matters as noted in its notifications guidance.

**Domain 9 – Quality improvement-focused leadership**

| 9.4 - Leadership of improvement and change | No quality assurance system was in place for reviewing the quality of the care and treatment provided. Issues identified in the previous inspection had not been addressed. A quality improvement plan should be developed. | Unsatisfactory |

The following additional quality indicators were inspected against during this inspection.

**Additional quality indicators inspected (ungraded)**

<table>
<thead>
<tr>
<th>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</th>
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<tr>
<td><strong>Quality indicator</strong></td>
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<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
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<th>Domain 7 – Workforce management and support</th>
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<tr>
<td>7.1 - Staff recruitment, training and development</td>
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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:  
http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx

Further information about the Quality Framework can also be found on our website at:  

What action we expect PAMM Healthcare Limited to take after our inspection

This inspection resulted in five requirements and eight recommendations. Requirements are linked to compliance with the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, or a condition of registration. See Appendix 1 for a full list of the requirements and recommendations.

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website:  
www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx

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

Outcomes and impact

This section is where we report on how well the service meets people’s needs.

Domain 2 – Impact on people experiencing care, carers and families
High performing healthcare organisations deliver services that meet the needs and expectations of the people who use them.

Our findings

Quality indicator 2.1 - People’s experience of care and the involvement of carers and families

The service’s website provided information on services, treatments and costs. A formal method for collecting and evaluating patient feedback and documenting complaints would help to continue to improve the quality of the service provided.

The service’s website detailed the qualifications and experience of the clinicians in the service, and the range of services and treatments offered. It also provided a brief description of what patients should expect to happen during each procedure and the costs involved.

The clinic environment helped maintain patients’ privacy and dignity. Individual consulting and treatment rooms could be locked when in use and windows were adequately screened. Patients told us they felt fully informed and included in decisions about their care and had confidence in the service. One patient commented:

- ‘At all times kept suitably informed.’

The service’s participation policy detailed how it would gather patient feedback. A comments box was available in the reception for patients to leave feedback and they were also asked to leave a review on a web-based review site.

The service’s complaints policy detailed how it would manage any complaints received. Details of how to make a complaint were available on the service’s website and a complaints leaflet was available in reception.
What needs to improve
We were told the service had only received verbal complaints. However, we found these were not being documented. This meant the service could not evidence what action was taken to address a complaint and make any required improvements (requirement 1).

The service’s participation policy did not make clear how it would collate and then evaluate patient feedback to help make any improvements in the service. Although patients were asked verbally for feedback, this was not recorded. We saw feedback received from patients on social media was not responded to online by the service. As a result, it was not clear how feedback was used to drive improvements in the service. A more formal method for collecting and evaluating patient feedback would help the service to identify any required improvements and measure the impact of any changes made on the service (recommendation a).

Duty of candour is where healthcare organisations have a professional responsibility to be honest with people when things go wrong. Although the service had developed a duty of candour policy since the last inspection in September 2019, we were told that staff had not received duty of candour training (recommendation b).

Requirement 1 – Timescale: by 14 August 2022
- The provider must maintain a complaints log to record complaints made to the service, and document any resulting actions taken.

Recommendation a
- 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.

Recommendation b
- The service should ensure staff are trained in the principles of duty of candour.
Service delivery

This section is where we report on how safe the service is.

Domain 5 – Delivery of safe, effective, compassionate and person-centred care

High performing healthcare organisations are focused on safety and learning to take forward improvements, and put in place appropriate controls to manage risks. They provide care that is respectful and responsive to people’s individual needs, preferences and values delivered through appropriate clinical and operational planning, processes and procedures.

Our findings

Quality indicator 5.1 - Safe delivery of care

Some policies were in place to guide safe care. However, patient equipment was not being stored appropriately, and improvements were needed to how equipment and the environment was cleaned. An audit programme should be introduced to assure the safe delivery and quality of the service. Healthcare Improvement Scotland must be notified of certain matters as noted in its notifications guidance.

We were told that equipment cleaning was carried out in between patient appointments and cleaning of the clinic environment took place at the end of each day. Appropriate measures were in place to reduce the risk of infection to patients. For example, alcohol-based hand gel and personal protective equipment such as gloves, aprons and face masks were available. A contract was in place for the safe disposal of sharps, such as needles and syringes, and other clinical waste.

A medicines management policy was in place for the safe procurement, prescribing, administration and storage of medicines. No controlled drugs (medications that require to be controlled more strictly, such as some types of painkillers) were used in the service. Non-refrigerated medicines were stored in a locked cabinet. The temperature of the vaccines fridge was monitored to make sure medicines were being stored at the correct temperatures. We saw temperature recording sheets were completed. Arrangements were in place to deal with medical emergencies. This included the availability of a first aid kit and emergency medicines. We were told the nurse regularly checked them to make sure they remained in date.
The service treated adults and children from birth. A parent or guardian always accompanied children receiving treatment in the service. An adult and child protection policy was in place to protect patients at risk of harm or abuse, as well as a chaperone policy.

A range of other policies and procedures helped the service to deliver care safely, such as:

- duty of candour
- infection prevention and control
- raising and reporting concerns, and
- consent.

A landlord was responsible for managing repairs, maintenance and the security of the building. This included fire safety checks and water testing.

Patients who responded to our online survey said they were satisfied with the facilities and equipment in the environment they were treated in.

**What needs to improve**

Since registration of the service with Healthcare Improvement Scotland in September 2017, the service had extended its business premises by leasing an additional floor of the building. Healthcare Improvement Scotland was not notified of the change to the premises (requirement 2).

The environment was cluttered which meant effective cleaning could not take place, and equipment and supplies were not stored appropriately. For example:

- items were stored on the floor
- items used for clinical procedures were stored around the clinical wash hand basin, which meant they could be contaminated by splashing water
- sterile instrument packs were stored in a dusty cupboard, and
- desks and shelves were cluttered.

We also saw baby changing equipment was contaminated and that the correct cleaning solution was not being used to clean sanitary fittings, including clinical wash hand basins (requirement 3).

We found that the emergency medicines and first aid kit were not being stored appropriately. The emergency medicines box was stored in the staff kitchen. Patients could enter this room through an open door from the corridor allowing
unauthorised access. The first aid kit was stored in a cupboard containing cleaning supplies (requirement 4).

We were told that checks carried out on emergency medicines and clinic cleanliness were recorded on a portable electronic device. However, the device had malfunctioned. Therefore, there was no evidence of any of these checks being carried out (recommendation c).

We saw evidence of some documented risk assessments carried out such as for the cleaning of patient equipment and COVID-19 risks to staff. However, as reported in the September 2019 inspection, the service was still not carrying out any audits to review the safe delivery and quality of the service, such as audits of patient care records, medicine management, and the safety and maintenance of the care environment. An audit programme would help the service structure its approach to this ongoing review, and demonstrate how improvements are being identified and implemented (recommendation d).

**Requirement 2 – Timescale: immediate**
- ■ The provider must notify Healthcare Improvement Scotland of certain matters as detailed in the notifications guidance.

**Requirement 3 – Timescale: immediate**
- ■ The provider must ensure the general patient environment and patient equipment remains clean and safe to use, including ensuring equipment is decontaminated (cleaned) using the correct products.

**Requirement 4 – Timescale: immediate**
- ■ The provider must ensure that emergency drugs and medical supplies are stored appropriately.

**Recommendation c**
- ■ The service should ensure that a reliable process and system is in place to record evidence of safety checks.

**Recommendation d**
- ■ 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.
Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Healthcare staff must have full access to patient care records to be able to provide care safely.

Patients could book an appointment online or by telephone. Following the booking, patients received confirmation by text and email and were asked to complete an online patient information form. This included information on their medical history, next of kin, NHS GP details and consent for sharing information with other healthcare professionals, if required.

We saw evidence of daily staff huddles taking place to make sure staff were fully informed of patients who would be attending the service that day.

Patient care records were stored on a password-protected electronic system. The service was registered with the Information Commissioner’s Office (an independent authority for data protection and privacy rights). The service had a patient privacy notice on its website detailing how it complied with data protection regulations.

What needs to improve

The service had moved its electronic patient care records to a new database provider. However, problems had occurred during the transition, which the database provider was working to resolve. This had left the service without a fully functioning patient care record system and limited access to patient care records. Care records of returning patients had to be requested from the previous database provider on a patient-by-patient basis. As we could not review full patient care records during the inspection, we were unable to assure ourselves of the quality of documentation (requirement 5).

Requirement 5 – Timescale: immediate

- The provider must ensure that it has full access to patient care records at all times. A contingency plan must be in place in case of future system failures.

- No recommendations.
Domain 7 – Workforce management and support
High performing healthcare organisations have a proactive approach to workforce planning and management, and value their people supporting them to deliver safe and high quality care.

Our findings

Quality indicator 7.1 - Staff recruitment, training and development

Pre-employment checks were carried out on employed staff. Staff received an induction and had opportunities for training and development. Annual background checks of staff with practicing privileges would help to ensure these staff continued to be safe to work in the service.

The service carried out pre-employment checks to make sure employed staff were safe to work in the service, in line with its recruitment policy.

Staff received an induction and opportunities for training and development. Job descriptions detailed staff roles and responsibilities. Staff completed a period of shadowing to gain experience in the role and an appraisal system was in place.

The service had recruited some self-employed specialist healthcare professionals under a practicing privileges arrangement (staff not employed directly by the provider but given permission to work in the service). A practicing privileges policy was in place.

What needs to improve
We reviewed two files for the practicing privileges healthcare professionals. We saw that the practicing privileges agreements in the files were unsigned and there was no evidence of checking:

- Disclosure Scotland status
- insurance renewal
- proof of immunisation status
- professional registration status remained up to date, and
- continuing professional development (CPD) or mandatory training undertaken (recommendation e).

We also reviewed two employed staff files. In one staff file, we found a photocopy of a Disclosure Scotland certificate had not been destroyed. Similar issues had been identified during the September 2019 inspection (recommendation f).
No requirements.

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

**Recommendation f**
- The service should securely destroy original Protecting Vulnerable Groups (PVG) and Basic Disclosure certificates and photocopies.
Vision and leadership

This section is where we report on how well the service is led.

Domain 9 – Quality improvement-focused leadership

High performing healthcare organisations are focused on quality improvement. The leaders and managers in the organisation drive the delivery of high quality, safe, person-centred care by supporting and promoting an open and fair culture of continuous learning and improvement.

Our findings

Quality indicator 9.4 - Leadership of improvement and change

No quality assurance system was in place for reviewing the quality of the care and treatment provided. Issues identified in the previous inspection had not been addressed. A quality improvement plan should be developed.

A GP registered with the General Medical Council owned and managed the service. The GP was a member of a primary care support group. This provided them with opportunities for peer support with other GPs and helped them to keep up to date with best practice and changes in legislation.

The GP and service manager attended monthly business coaching sessions. They told us these interactions with other business owners and managers provided opportunities for shared learning. For example, the usefulness of daily staff huddle meetings had been discussed at a coaching session. This was then taken back and implemented in the service. During these huddles, staff could discuss any challenges from the previous day and suggest changes to improve the service. They were also used as an opportunity to discuss and celebrate any successes.

The service had a clear reporting system in place to record all accidents, incidents and adverse events. We saw evidence of an improvement made following an incident which had been investigated, with team discussions held and a solution found to prevent similar incidents in the future.

What needs to improve

As reported in the September 2019 inspection, no overarching quality assurance system or process was in place for reviewing the quality of the care and treatment provided. For example, outcomes from audits and patient feedback should be included in a quality improvement plan and used to improve the service (recommendation g).
Although we were told that staff meetings were held regularly, we could not be provided with any minutes from these. A record of staff meetings would provide evidence of discussions and decisions reached to improve accountability and governance. We had identified similar issues at the September 2019 inspection (recommendation h).

■ No requirements.

**Recommendation g**

■ 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.

**Recommendation h**

■ The service should formally record the minutes of staff and management meetings. These should include any actions taken and those responsible for the actions.
Appendix 1 – Requirements and recommendations

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 at the discretion of Healthcare Improvement Scotland.

- **Recommendation:** A recommendation is a statement that sets out actions the service should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

### Domain 2 – Impact on people experiencing care, carers and families

<table>
<thead>
<tr>
<th>Requirement</th>
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<tbody>
<tr>
<td>1 The provider must maintain a complaints log to record complaints made to the service, and document any resulting actions taken (see page 10).</td>
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Timescale – by 14 August 2022

*Regulation 15(7)*  
*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

<table>
<thead>
<tr>
<th>Recommendations</th>
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| a 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 (see page 10).  

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

| b The service should ensure staff are trained in the principles of duty of candour (see page 10).  

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.4 |
## Domain 5 – Delivery of safe, effective, compassionate and person-centred care

### Requirements

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<thead>
<tr>
<th></th>
<th>Requirement</th>
<th>Timescale</th>
<th>Reference</th>
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</table>
| 2 | The provider must notify Healthcare Improvement Scotland of certain matters as detailed in the notifications guidance (see page 13). | Immediate         | Regulation 5(1)(b)  
The Healthcare Improvement Scotland (Applications and Registration) Regulations 2011 |
| 3 | The provider must ensure the general patient environment and patient equipment remains clean and safe to use, including ensuring equipment is decontaminated (cleaned) using the correct products (see page 13). | Immediate         | Regulation 3(d)(i)(ii)  
The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011 |
| 4 | The provider must ensure that emergency drugs and medical supplies are stored appropriately (see page 13). | Immediate         | Regulation 3(d)(iv)  
The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011 |
| 5 | The provider must ensure that it has full access to patient care records at all times. A contingency plan must be in place in case of future system failures (see page 14). | Immediate         | Regulation 3(b)  
The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011 |
**Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)**

<table>
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<tr>
<th>Recommendations</th>
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<tr>
<td><strong>c</strong> The service should ensure that a reliable process and system is in place to record evidence of safety checks (see page 13).</td>
</tr>
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</table>

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

| **d** 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 (see page 13). |

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

This was previously identified as a recommendation in the September 2019 inspection report for Glasgow Medical Rooms.

**Domain 7 – Workforce management and support**

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<th>Requirements</th>
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<tr>
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<table>
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<tr>
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<tr>
<td><strong>e</strong> The service should ensure a system is in place to make sure that practicing privileges staff are subject to ongoing background checks to ensure the safe delivery of care (see page 16).</td>
</tr>
</tbody>
</table>

Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14

| **f** The service should securely destroy original Protecting Vulnerable Groups (PVG) and Basic Disclosure certificates and photocopies (see page 16). |

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24

This was previously identified as a recommendation in the September 2019 inspection report for Glasgow Medical Rooms.
## Domain 9 – Quality improvement-focused leadership

### Requirements

None

### Recommendations

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<tr>
<td><strong>g</strong></td>
<td>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 (see page 18).</td>
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Appendix 2 – About our inspections

Our quality of care approach and the quality 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.

**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.

**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.

More information about our approach can be found on our website: [www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.aspx](http://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.aspx)
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

Telephone: 0131 623 4300

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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