



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: Essence Medical Cosmetic Clinic, Glasgow

Service Provider: Essence Medical Ltd

11 September 2023

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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 8 August 2019

Recommendation

The service should update its infection prevention and control policy to include reference to the National Infection Prevention and Control Manual.

Action taken

The service's infection prevention and control policy had now been updated to include reference to Health Protection Scotland's *National Infection Prevention and Control Manual*.

Recommendation

The service should develop a written retention and destruction policy for patient care records.

Action taken

The service had now updated its medical records management policy to include detailed information about the retention and destruction of patient care records.

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 Essence Medical Cosmetic Clinic on Monday 11 September 2023. We spoke with the manager who is the sole clinical practitioner in the service, and two staff members during the inspection. We received feedback from five patients through an online survey we had asked the service to issue to its patients for us before the inspection. A further three patients contacted us by email or telephone before the inspection.

Based in Glasgow, Essence Medical Cosmetic Clinic is an independent clinic providing non-surgical treatments.

The inspection team was made up of one inspector.

What we found and inspection grades awarded

For Essence Medical Cosmetic Clinic, 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	
<p>The service had a clear vision and purpose to deliver a quality patient-focused service to ensure it meets patients' needs and expectations from treatment. Effective processes were in place to help identify and sustain service improvement. Mystery shoppers' results confirmed the service was delivering quality care to its patients. Staff described the practitioner's leadership as visible, inclusive and approachable.</p>	✓✓✓ Exceptional	
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	
<p>Patients' experience of the service was regularly assessed and used to continually improve how the service was delivered. The practitioner also sought feedback from other healthcare professionals to make sure they continued to deliver a high standard of care and clinical treatment to patients. Staff had worked in the service for a number of years and told us the practitioner appreciated and regularly rewarded them for their long-serving commitment.</p> <p>Good systems were in place for monitoring and managing risk, and regular audits were carried out to review key aspects of care and treatment. A quality improvement plan was in place. Good systems were also in place for managing medicines. A system for regularly reviewing Disclosure Scotland background checks for staff should be introduced.</p>	✓✓ Good	
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	
<p>The care environment and equipment was clean, equipment was fit for purpose and regularly maintained. Staff described the provider as a good employer and a good place to work. Patients told us they were very satisfied with their care and treatment. Safe practices were in place for medicines management, infection control and recruitment of staff.</p>	✓✓✓ Exceptional	

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 Assurance Framework can also be found on our website at:
https://www.healthcareimprovementscotland.org/scrutiny/the_quality_assurance_system.aspx

What action we expect Essence Medical Ltd to take after our inspection

The actions that Healthcare Improvement Scotland expects the independent healthcare service to take are called requirements and recommendations.

- **Requirement:** A requirement is a statement which sets out what is required of an independent healthcare provider to comply with the National Health Services (Scotland) Act 1978, regulations or a condition of registration. Where there are breaches of the Act, regulations or conditions, a requirement must be made. Requirements are enforceable.
- **Recommendation:** A recommendation is a statement which sets out what a service should do in order to align with relevant standards and guidance.

This inspection resulted in one recommendation.

Implementation and delivery	
Requirements	None
Recommendation	<p>a The service should introduce a system to obtain a Disclosure Scotland background check for all staff at regular intervals. This will ensure that staff remain safe to work in the service (see page 17).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24</p>

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

We would like to thank all staff at Essence Medical Cosmetic Clinic 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 had a clear vision and purpose to deliver a quality patient-focused service to ensure it meets patients' needs and expectations from treatment. Effective processes were in place to help identify and sustain service improvement. Mystery shoppers' results confirmed the service was delivering quality care to its patients. Staff described the practitioner's leadership as visible, inclusive and approachable.

Clear vision and purpose

The service had a mission 'to provide a quality patient-focused service where treatments are of the highest possible standard' and a vision to 'nurture a culture of continuous and sustained improvement to consistently deliver safe, evidence-based care to meet patients' needs and expectations. The service's core values supported the service to deliver its mission and recognised its patients as unique individuals, nurtured an open and inclusive culture and promoted the patient's right to be treated with dignity, compassion and respect. The core values were prominently displayed in the service and included in some of its policy documents.

Key performance indicators helped the service identify and measure the effectiveness of the quality of the service it provided. For example, it regularly collected and evaluated data from patient satisfaction surveys, compliance audits and risk assessments. This enabled the service to:

- monitor how care was delivered and how the service performed
- meet patients' expectations
- enhance strategic decision making, and
- create opportunities for improvement.

Mystery shoppers were commissioned by the practitioner to make sure patients received a quality service from when they first made contact with the service through to treatment and aftercare. We saw two positive mystery shopping reports from January and May 2023.

Every year the service benchmarked itself against other similar services using the General Medical Council's (GMC) patient feedback questionnaire. The questionnaire included an assessment of the doctor's consultation skills and medical professionalism. The most recent survey completed in July 2023 was issued to a random sample of 40 patients in the service. The results were collated and compared from national benchmark data from over 400 aesthetic doctors by the British College of Aesthetic Medicine. Survey results were extremely positive.

The service had been nominated for, shortlisted and won numerous customer service and specific cosmetic industry awards over the last few years. In 2022, the service received an 'Excellent Patient Service Award' for its clear and measurable commitment to patient service.

The practitioner delivered keynote lectures and advanced training masterclasses to doctors, surgeons, and aesthetic nurses nationally and internationally. Several years ago, the practitioner invented a dermal filler technique and was the registered owner of its trademark. We were told this technique was now being used in a number of countries worldwide.

- No requirements.
- No recommendations.

Leadership and culture

The service is managed and led by a single-handed medical practitioner who was registered with the General Medical Council (GMC).

The practitioner belonged to a number of professional organisations including the Aesthetic Complications Group (ACE) and was an associate member of the British College of Aesthetic Medicine. The practitioner had edited and published articles in trade journals, was a national and international guest speaker and trainer at conferences, and a clinical lecturer in aesthetic medicine. A small team of receptionists supported the practitioner to deliver the service.

A well-defined clinical governance framework set out the key elements in place to monitor the quality and safe delivery of care and treatment in the service according to its clinical governance policy. This included education and training, clinical audits and risk management, complaints handling and information governance.

For example, the practitioner engaged in regular continuing professional development (CPD) managed through the GMC registration and revalidation process and through annual professional appraisals. The practitioner actively encouraged staff members to engage in relevant CPD activity such as supervision, training, and annual performance and appraisal meetings. This was then used as a tool to support and develop staff.

As staff were often the first point of contact for patients, the practitioner completed a training needs analysis. This helped the practitioner identify specific training needs and priorities that matched staff members' role and produced a yearly training plan. This ensured staff were suitably equipped with the skills, knowledge and tools they needed to do their job well. For example, to help them respond appropriately to patient enquiries or complaints, book appointments and offer effective support to patients awaiting treatment.

The practitioner actively promoted leadership and autonomy within the team. We saw that one staff member had a lead role in facilitating clerical training sessions in the service. Staff we spoke with were clear about their roles and responsibilities and how to raise concerns if they had any.

We saw the practitioner promoted a positive culture of staff engagement by adopting a 'whole team' approach to support the future direction of the service. For example, regular staff meetings and daily huddles provided formal and informal opportunities for team discussion, as well as sharing information from patient feedback, audit results, improvement activities and training.

An open-door policy helped to encourage open communication between the practitioner and the team. Staff told us they were encouraged to raise issues, concerns, suggestions or observations at any time. Minutes of staff meetings we reviewed confirmed that staff actively contributed at these meetings and shared their ideas for how to improve the service. Staff described the practitioner's leadership as visible, approachable, inclusive and always open to sharing ideas for improvement.

- No requirements.
- No recommendations.

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

Patients' experience of the service was regularly assessed and used to continually improve how the service was delivered. The practitioner also sought feedback from other healthcare professionals to make sure they continued to deliver a high standard of care and clinical treatment to patients. Staff had worked in the service for a number of years and told us the practitioner appreciated and regularly rewarded them for their long-serving commitment.

Good systems were in place for monitoring and managing risk, and regular audits were carried out to review key aspects of care and treatment. A quality improvement plan was in place. Good systems were also in place for managing medicines. A system for regularly reviewing Disclosure Scotland background checks for staff should be introduced.

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

Key information about the service was available on its website. This included information about treatments, costs and how to make appointments. We also saw comprehensive educational resources, podcasts and a 'question and answer' section about specific aesthetic treatments. Patients were emailed individual information which included links to information from its website. We saw the service also published its complaints procedure, previous inspection reports and its duty of candour report on the website.

The service's patient participation strategy described the methods it used to gather feedback from patients. To ensure patients received safe and effective patient care, the service actively sought their feedback about the service and used this information to change practice, meet patients' expectations, address any concerns and fulfil their individual needs. This enabled the service to demonstrate a collaborative approach with patients to help continually improve the way the service was delivered.

Patient feedback was gathered in a variety of ways, including 'in clinic and online surveys', patient questionnaires, social media reviews and website testimonials. Patients were also encouraged to provide verbal feedback about their experience at any stage of their treatment.

The feedback was analysed and the results were presented and discussed at staff meetings. The two patient survey analysis reports for September-December 2022 and April-May 2023 that we reviewed showed high levels of patient satisfaction. Feedback from surveys was also shared with patients by email and on the service's website.

We saw evidence of action plans being developed to address formal and informal feedback from patients. For example, some patients requested a preference to have their post-treatment aftercare instructions emailed to them after their treatment. An action plan was developed and an electronic version of the aftercare instructions was now stored in the patient record management system and sent to those patients who requested it.

The practitioner also sought feedback from other stakeholders. For example, as part of the GMC revalidation process, we saw an analysis from a formal peer questionnaire completed by a number of healthcare professionals in July 2023. The questionnaire included questions relating to the practitioner's clinical, communication, organisational and teaching skills, as well as their honesty and integrity. Results were positive and provided assurance of the practitioner's commitment to continuing professional development and fitness to practice.

Although the service had a small staff team, staff told us the practitioner involved them in all decisions about the service. Minutes from the staff meetings showed that staff could freely express their views and staff confirmed this. Staff told us they felt appreciated and valued by the practitioner who they said regularly acknowledged and thanked them for their hard work and long serving commitment to the service. As well as daily huddle breakfasts, the practitioner regularly rewarded staff for their efforts.

- No requirements.
- No recommendations.

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 practitioner was fully aware of their responsibilities to formally notify Healthcare Improvement Scotland of certain matters about the service. No notifications had been submitted since the service was first registered with us in May 2017.

Appropriate arrangements were in place to maintain the privacy and dignity of patients. All consultations were by appointment and scheduled for one patient at a time to maintain confidentiality. Access to treatment rooms was controlled through reception, and window screening in the treatment room ensured patients' privacy was not compromised.

An effective governance structure and policies and procedures set out the agreed ways of working and supported the service to deliver safe and compassionate person-centred care. For example, the service had up-to-date policies for safeguarding (public protection), health and safety, and privacy and dignity. The practitioner updated the policies every year or in response to any changes in legislation, national guidance or best practice. A version control system showed when the policies were last updated and when they were due to be reviewed. The policies we reviewed had been updated in June 2023.

The service's complaints policy included up-to-date contact details for Healthcare Improvement Scotland. The complaints procedure was prominently displayed in the reception area and published on the service's website. At the time of the inspection, the service had not received any complaints since it was registered with us in May 2017. The practitioner was a member of a Cosmetic Redress Scheme which provides dispute resolution for private cosmetic services.

A duty of candour procedure was in place (where healthcare organisations have a professional responsibility to be honest with patients when something goes wrong). The practitioner fully understood their duty of candour responsibilities and we saw that staff had received duty of candour training. An annual duty of candour report was displayed in the service and on its website. The service had no duty of candour events since it was first registered.

A process was in place to record and respond to accidents and incidents, although none had occurred since the service was first registered.

Fire safety checks were carried out regularly and contracts were in place for the maintenance of the premises, including gas safety, electrical installation and portable appliance testing (for electrical appliances and equipment to ensure they are safe to use).

Infection prevention and control procedures followed national guidance to reduce the risk of infection to patients. Cleaning procedures provided assurance the service was following standard infection control precautions for cleaning clinical areas and sanitary fixtures and fittings. Staff had received training in hand hygiene.

Safe medicines management processes were in place for ordering, prescribing, storing and administering all medicines used in the service, in line with its medicines management policy. Medicines were obtained from an appropriately registered supplier. Temperature-sensitive medicines were stored in a locked medical refrigerator. We saw an effective stock control and rotation system to regularly monitor the medicines supply.

A manufacturer's license is awarded on the basis that a product is used according to the Summary of Product Characteristics, which is a legal document. As soon as the product is not used according to its license in any way, its use is categorised as unlicensed. If the prescriber's judgement is that unlicensed use of the medicine is in the best interest of the patient's care, good medicines governance must be followed, including the patient's consent to being treated outwith manufacturer's guidelines.

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 unlicensed. We were told this provided better pain relief for patients. We saw evidence within the patient care records that the use of unlicensed bacteriostatic saline and the unlicensed use of botulinum toxin had been discussed with patients and that informed consent had been sought and signed by the patient.

The service had a first aid kit, a defibrillator, and a stock of emergency and prescription-only medicines to quickly respond to any medical emergencies or complications from treatment. The reception staff had received first aid, basic life support and defibrillator training to support the practitioner in the event of a medical emergency, and a written emergency protocol was in place. Patients were given a contact number to phone the practitioner out of hours if they had any concerns or issues after their treatment.

An electronic patient record management system had recently been introduced. Appropriate procedures were in place to make sure information was held securely and to prevent unauthorised access. The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights) to make sure confidential patient information was safely stored.

We saw a comprehensive treatment pathway from when patients first contacted the service. For example, every patient received a welcome letter whether or not they went on to receive treatment. All consultations were face to face with the practitioner to assess each patient's suitability for treatment before a treatment plan was prepared or any treatment was administered. The consent process included advising patients about the risks associated with the treatment and the use of unlicensed medicines. This is when a medicine is being used in a way that is different to that described in the product license. It also sought patients' consent to share information with their GP or other healthcare professionals in an emergency. Before and after treatment photographs was an important part of the practitioner's clinical evaluation of a patient's treatment and the consent process. Patients were encouraged to take time to consider treatment options before agreeing to treatment. Our online survey results confirmed that patients felt involved in all decisions about their care and were given time to reflect on their treatment options before consenting to treatment.

Staff were recruited to the service according to its recruitment policy and the skills and experience required for the role. All offers of employment were subject to the service receiving satisfactory pre-employment checks and employees successfully completing a formal induction programme. The practitioner reviewed each staff member's performance at the end of a 6-month probationary period and a probationary performance evaluation was completed to demonstrate they had met the competencies required for the role. The practitioner had developed a practicing privileges policy to support the recruitment of a beauty therapist in the service.

What needs to improve

Although staff had worked in the service for a number of years, a system for regularly reviewing their Disclosure Scotland background checks should be introduced to make sure staff remain safe to work in the service (recommendation a).

- No requirements.

Recommendation a

- The service should introduce a system to obtain a Disclosure Scotland background check for all staff at regular intervals. This will ensure that staff remain safe to work in the service.

Planning for quality

An effective risk management system supported the proactive management of risk in the service. We saw that risk assessments were produced, and each risk identified had control measures in place detailing what action would be taken to reduce clinical and environmental risks. Minutes of meetings showed that any potential risks were identified before they became a hazard, and an action plan was developed to show how this would be addressed. For example, a cable management system was introduced to reduce the risk of slips, trip or falls in the service.

A comprehensive audit programme helped to make sure the service delivered a consistent approach to safe patient care and treatment. Action plans were produced to ensure any improvements were addressed within a specific timescale. For example, the service's clinical waste contractor missed an uplift to the service which resulted in the sharps bin becoming overly full. To comply with national infection control guidance, the service immediately acquired an additional sharps bin from the contractor to prevent this situation recurring.

We saw that completed audits of the environment, medicines stock, infection control and patient care records demonstrated good compliance.

Our discussions with the practitioner and the staff confirmed they were committed to continually improving the service. The service's quality improvement plan provided an overview of current and ongoing improvement activities identified from patient and staff feedback, audit results and risk assessments. For example, since the previous inspection, the service had introduced an electronic patient care record system to improve efficiency and reduce the time that staff spent on filing. Although this was only recently introduced, early indications from staff confirmed this was a positive development. Patient-led improvements included changes to appointment booking times, and reminder texts to patients increased from 48 to 72 hours before their scheduled appointment.

- No requirements.
- No recommendations.

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 care environment and equipment was clean, equipment was fit for purpose and regularly maintained. Staff described the provider as a good employer and a good place to work. Patients told us they were very satisfied with their care and treatment. Safe practices were in place for medicines management, infection control and recruitment of staff.

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 comprehensive self-evaluation.

The clinic environment was clean, in a good state of repair and equipment was fit for purpose. Daily and weekly cleaning schedules were fully completed and up to date. We saw that the correct cleaning products were used in line with national infection prevention and control guidance. For example, chlorine-based cleaning products were used for sanitary fixtures and fittings.

We saw good compliance with infection prevention and control procedures to reduce the risk of infection to patients. Personal protective equipment such as disposable gloves and masks, and medical devices such as needles and syringes, were single-use to prevent the risk of cross-infection. The service had an up-to-date contract for the safe disposal of clinical waste including medical sharps and hazardous medicines such as botulinum toxin. Results from an audit carried out in January 2023 showed that staff were fully compliant in all areas of hand hygiene practice.

Medicine cupboards were tidy, not over stocked, and medicines were stored securely in lockable cupboards and in a locked refrigerator. We checked a sample of stock medicines and medical devices and found they were all in date.

We saw that medicines that required to be stored in a refrigerator were monitored and temperatures recorded daily to make sure they remained safe to use. An audit of fridge temperatures in June 2023 showed the service was fully compliant.

Each of the five patient care records we reviewed followed a clear pathway from initial assessment to treatment delivered and the aftercare provided. We saw detailed assessments of patients' past medical history, including any pre-existing medical conditions, prescribed medicines and previous treatments. Potential risks associated with the treatment such as allergies or previous allergic reactions were also identified. We saw that patients had consented to treatment, sharing information with their GP or other healthcare professional in an emergency and for taking photographs in all the files we reviewed. A record of the patient's next of kin or emergency contact was also documented. All entries in patient notes were legible, signed and dated. Records of each treatment session were maintained, and treatment plans included facial maps showing areas treated, the medicines used, and the dosage administered. The batch number and expiry date for the medicines used was also recorded to enable the service to respond to any medical alerts or adverse events.

Feedback we received from patients who completed our online survey or contacted us directly was extremely positive. Some patients had attended the service for many years. It was clear that patients were very satisfied with the quality of care and treatment they received in the service. Some comments included:

- 'Everything is explained in detail, and I was asked for my input.'
- 'Sufficient time is given to consider the treatment options.'
- 'Because of the detail... goes into about the procedure I am confident he has great knowledge and skills.'
- 'The service including environment and reception staff are well organised and professional.'
- 'The flow of booking in with the receptionist to the waiting area to the procedure. It's very well organised and efficient.'
- 'All previously outlined and appointment reminders, reception staff friendliness, parking facilities and the overall environment of the clinic, it tranquil, airy and exceptionally clean.'

Recruitment files we reviewed confirmed that all pre-employment checks were completed when staff were first employed in the service, including a Disclosure Scotland background check and references. We saw that each staff member had an induction and ongoing support from an experienced member of the

administrative team and the practitioner until deemed competent in their role. The practitioner had developed a yearly training plan, and we saw that staff had an up-to-date annual appraisal and evidence of ongoing training.

- No requirements.
- No recommendations.

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.



More information about our approach can be found on our website:
https://www.healthcareimprovementscotland.org/scrutiny/the_quality_assurance_system.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.ihtregulation@nhs.scot

You can read and download this document from our website.
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Please contact our Equality and Diversity Advisor on 0141 225 6999
or email his.contactpublicinvolvement@nhs.scot

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