

nationalcarestandards
independent specialist clinics

dignity —

privacy —

choice —

safety —

realising potential —

equality and diversity —





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Introduction

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independent specialist clinics

Introduction

Independent clinics and independent specialist clinics

The Regulation of Care (Scotland) Act 2001 ('the Act') established the Scottish Commission for the Regulation of Care ('the Care Commission') and set out the care services that it will regulate. These services include independent healthcare services, one of which is '**independent clinics**'.

Independent clinics are premises in, or from, which a **doctor or dentist**¹ provides **private services** (that is, not under the NHS) on a day care basis. **This includes where the doctor or dentist supervises the provision of such services by someone else, for example a nurse.** The term services includes consultations, investigations and treatments.

There is more than one set of national care standards for independent clinics. Each set covers specific aspects of the range of services that can be provided by independent clinics.

This set of national care standards for **independent specialist clinics** covers clinics privately providing the following services:

- cosmetic surgery and treatment;
- treatments where lasers are used (for example, for eyesight improvement, birthmark, tattoo or excess hair removal); and
- weight management treatments.

There will be a further two sets of national care standards for services registered as **independent clinics**. These cover other services provided privately by doctors, and private dental services. In addition, a set of national care standards has already been issued for independent hospitals. These cover all **services** provided in, or by, an independent hospital, including out-patient clinics.

¹ Doctor or dentist means a registered medical practitioner or registered dental practitioner.

‘Independent clinics’ **does not include** premises in or from which services are provided **independently** by:

- beauticians and hairdressers;
- alternative therapists (such as aromatherapists);
- registered practitioners such as nurses, midwives and physiotherapists;
or
- slimming clubs and organisations.

Such services are not regulated under the Act and national care standards for independent clinics **do not apply** to them.

Some of the services and treatments offered to adults by an independent specialist clinic may also be offered to children. All the standards in this booklet apply to the care and treatment of both children and adults. However, in addition, standard 13 and some of the references in Annex B address aspects of children and their care that are specific or unique, or both, to children. These include the rights of children, the responsibilities of those treating children, and the responsibilities of parents and guardians consenting on their behalf.

National care standards

Scottish Ministers set up the National Care Standards Committee (NCSC) to develop national care standards. The NCSC carried out this work with the help of a number of working groups. These groups had representatives from providers, including clinicians and managers, people who use services, professional bodies and registration and inspection staff.

In addition, the consultation process for the standards involves seeking the views of many others. As a result, the standards have been developed from the point of view of the person using the service. They describe what the individual person can expect from the service provider.

As part of the consultation for these standards, independent researchers held focus groups, made up of people who have used services provided by

independent specialist clinics. The focus groups gave their views on how closely their care and treatment matched their expectations. The groups' views have influenced the standards and are included in them.

How to use the standards

In common with all the national care standards, this set has been written from the point of view of the user of the service (the consumer). For example, they cover:

- your safety;
- qualifications of the people treating you;
- what happens if something goes wrong; and
- financial safeguards.

The standards are grouped under headings that follow your route or pathway through the service.

If you are thinking about purchasing the services of an independent specialist clinic, you can use these standards to:

- help you make your choice;
- inform you on what to expect when you use the service; and
- help you once you have had your treatment and have left the clinic.

If things go wrong, you can refer to the standards to help you raise concerns or make a complaint.

Independent specialist clinics will use the standards to find out what care and service standards are expected of them in offering services. The standards should guide the owner or manager of the clinic about whom to employ and how the service may be managed.

Independent specialist clinics and your GP

Your GP is familiar with your medical history and any prescription medications you are taking. This information can be important when considering a particular procedure or course of treatment for the following reasons:

- everyone is an individual and your previous health record may influence whether a particular treatment is safe for you;
- your previous medical history or current state of health may affect how effective a particular treatment is likely to be;
- your previous or current prescription medications may affect the treatment you are considering and may be incompatible with some treatments;
- some side effects and complications may be avoidable if the people providing your treatment are fully informed of your previous medical history and current state of health.

For these reasons, it is always a good idea to discuss any treatment or procedure you are considering with your GP. However, you have the right not to do so, if you do not want to. For the reasons given above, independent specialist clinics may want or need to contact your GP. The clinic will always seek your authorisation to do this. However, where you do not give authorisation, the clinic might decide that it is not in your best interests to proceed, and can decide not to treat you. Clinicians are not obliged to provide you with a treatment where they consider that the risks outweigh the possible benefits.

Useful questions to ask

The specialist clinic can answer your questions about treatments and costs when you are making enquiries, during a consultation, or in specially prepared leaflets and pamphlets. Many people will be considering buying services from a specialist clinic for the first time. Knowing what questions to ask can be difficult. During the development of the standards for specialist clinics, both the clinics and the users of their services were widely consulted. The questions below are based on the feedback from those involved in using and providing the services. You may want to use them to help you to make an informed decision.

The clinicians

- Who will carry out the treatment?
- What qualifications do they have?
- How long have they been trained in this treatment?
- How frequently do they carry it out?
- Do they have professional indemnity insurance?

The cost

- Do I have to pay a consultation fee if I decide not to have treatment?
- What will be the cost of the treatment, including any materials I may need after it?
- If there are any complications, will I have to pay to have them treated?
- If I change my mind and decide not to complete the treatment, do I still need to pay the full cost for the treatment?

The treatment

- Is the treatment right for me?
- How long does the treatment take?
- Is the treatment painful and if so what form of anaesthesia is used?
- Is all equipment used sterile and used only for me?
- What are the risks involved?
- What are the complications and success rate of the procedure in this clinic?
- Are there any other treatment options available for me to achieve the results I want?
- Do you have any 'before and after' photographs that I can see?
- Can I speak to anyone else that you have treated?
- Will you want to inform my GP about my treatment?

After treatment

- What type of care will I need after treatment?
- Will I need pain relief following treatment?
- Will I have swelling or bruising and can these be treated?
- How long will the effects of treatment keep me away from my usual activities?
- At what stage will I be able to judge the results of treatment?
- How long do the results last?
- If I need to see you in the period after treatment, will you be available?
- What will happen if I am unhappy with any aspect of the treatment?
- When can I return to work?

The record of treatment

- Will you keep a record of my treatment and what form will this take?
- Will my records or photographs be shown to anyone else for any reason?
- Will you ask my permission before releasing my records, including photographs, to anyone else?
- Can I get a copy of my records?
- How long does the clinic retain records after someone's treatment is complete?

Links to NHS Quality Improvement Scotland²

The Care Commission is responsible for regulating the independent healthcare sector (including independent specialist clinics), taking account of the national care standards developed and issued by Scottish Ministers for this sector.

² On 1 January 2003, NHS Quality Improvement Scotland took over the functions previously carried out by the Clinical Standards Board for Scotland.

NHS Quality Improvement Scotland (NHS QIS) sets standards and monitors performance in the NHS to improve the quality of healthcare in Scotland.

People using services should be able to expect that standards set by NHS QIS will apply, where appropriate, in both the NHS and independent healthcare sectors. These standards include a standard (9.4) to help make sure this happens in independent specialist clinics.

The Care Commission, in making sure these shared standards are met by independent specialist clinics, will liaise with NHS QIS. A written agreement (or ‘memorandum of understanding’) will cover the working relationship between the Care Commission and NHS QIS.

The principles behind the standards

The standards are based on a set of principles. The principles themselves are not standards but reflect the recognised rights which you enjoy as a citizen. These principles are the result of all the contributions made by the NCSC, its working groups and everyone else who responded to the consultations on the published standards as they were being written. They recognise that services must be accessible and suitable for everyone who needs them, including people from ethnic minority communities. They reflect the strong agreement that your experience of receiving services is very important and should be positive, and that you have rights.

The main principles

The principles are dignity, privacy, choice, safety, realising potential and equality and diversity.

Dignity

Your right to:

- be treated with dignity and respect at all times; and
- enjoy a full range of social relationships.

Privacy

Your right to:

- have your privacy and property respected, and to receive the time, the space and the facilities you need and want; and
- be free from intrusion as long as it is safe for you and everyone else.

Choice

Your right to:

- make informed choices, while recognising the rights of other people to do the same;
- know about the range of choices; and
- get help to fully understand all the options and choose the one that is right for you.

Safety

Your right to:

- feel safe and secure in all aspects of life, including health and wellbeing;
- enjoy safety but not be over-protected; and
- be free from exploitation and abuse.

Realising potential

Your right to have the opportunity to:

- achieve all you can;
- make full use of the resources that are available to you; and
- make the most of your life.

Equality and diversity

Your right to:

- live an independent life, rich in purpose, meaning and personal fulfilment;
- be valued for your background, language, culture, and faith;
- be treated equally and to live in an environment which is free from bullying, harassment and discrimination; and
- be able to complain effectively without fear of victimisation.

The Scottish Commission for the Regulation of Care

The Act set up the Care Commission, which registers and inspects all the services regulated under the Act, taking account of the national care standards issued by Scottish Ministers. The Care Commission has its headquarters in Dundee, with regional offices across the country. It will assess applications from people who want to provide specialist clinics. It will inspect the services to make sure that they are meeting the regulations and in doing so will take account of the national care standards. You can find out more about the Care Commission and what it does from its website (www.carecommission.com).

The Scottish Social Services Council

The Act created the Scottish Social Services Council ('the Council') which was established on 1 October 2001. It also has its headquarters in Dundee. The Council has the duty of promoting high standards of conduct and practice among social services workers, and in their education and training. To deliver its overall aims of protecting service users and carers and securing the confidence of the public in social services, the Council has been given five main tasks. These are: to establish registers of key groups of social services staff; to publish codes of practice for all social services staff and their employers; to regulate the conduct of registered workers; to regulate the training and education of the workforce; to undertake the functions of the National Training Organisation for the Personal Social Services. The Council has issued codes of practice for social service workers and employers of social service workers. These describe the standards of conduct and practice within which they should work. The codes are available from the Council website www.sssc.uk.com.

How standards and regulations work together

The Act gives Scottish Ministers the power to publish standards which the Care Commission must take into account when making its decisions. It also gives Scottish Ministers the power to make regulations imposing requirements in relation to independent specialist clinics.

The standards will be taken into account by the Care Commission in making any decision about applications for registration (including varying or removing a condition that may have been imposed on the registration of the service). All providers must provide a statement of function and purpose when they are applying to register their service. On the basis of that statement, the Care Commission will determine which standards will apply to the service that the provider is offering.

The standards will be used to monitor the quality of services and their compliance with the Act and the regulations. If, at inspection, or at other times, for example, as a result of the Care Commission looking into a complaint, there are concerns about the service, the Care Commission will take the standards into account in any decision on whether to take enforcement action and what action to take.

If the standards were not being fully met, the Care Commission would note this in the inspection report and require the service manager to address this. The Care Commission could impose an additional condition on the service's registration if the provider persistently, substantially or seriously failed to meet the standards or breached a regulation. If the provider does not then meet the condition, the Care Commission could issue an improvement notice detailing the required improvement to be made and the timescale for this. Alternatively, the Care Commission could move straight to an improvement notice. The Care Commission would move to cancel the registration of any service if the improvement notice does not achieve the desired result. In extreme cases (i.e. where there is serious risk to a person's life, health or wellbeing) the Care Commission could take immediate steps to cancel the registration of any service without issuing an improvement notice.

Regulations are mandatory. In some cases not meeting a regulation will be an offence. This means a provider may be subject to prosecution. Not meeting or breaching any regulation is a serious matter.

Decisions by the Care Commission on what to do when standards or regulations are not met will take into account all the relevant circumstances and be proportionate.

You can get information on these regulations from the *Regulation of Care (Scotland) Act 2001*, which is available from the Stationery Office Bookshop at a cost of £7.95 a copy. You can also see the Act on-line (see Annex B for the address).

You can also see the Scottish Statutory Instruments for the Regulation of Care Regulations 2002 on-line (see Annex B for the address).

Comments

If you would like to comment on these standards you can visit our website and send a message through our mailbox:

<http://www.scotland.gov.uk/about/HD/CCD1/00017652/carestandardshome.aspx>

You can also contact us at:

Care Standards and Sponsorship Branch
Community Care Division 2
Health Department
St Andrew's House
Regent Road
Edinburgh EH1 3AG
Tel: 0131 244 3520
Fax: 0131 244 4005

1-2

Helping you to decide on treatment

- 1 Gathering information and choosing a clinic
- 2 Guidelines and legislation

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Gathering information and choosing a clinic

Standard 1

You can make a fully informed decision about purchasing services.³

- 1 You have access to accurate, clear and easy-to-understand information from the clinic to enable you to decide whether it is the clinic that best suits you.
- 2 You can get accurate and up-to-date advice about cosmetic surgery and treatment, laser and diet treatments from a clinic that provides such treatments.
- 3 You can be confident that providers of independent specialist clinic services provide information about their services to local hospitals and GPs.
- 4 You can receive clear and accurate information from clinics. The information includes:
 - the aims of the clinic and the types of treatment provided;
 - details about the location of the clinic and its opening hours;
 - details about who you can discuss your treatment options with;
 - details about which staff carry out particular treatments and their qualifications and experience;
 - details about the cost of treatment;
 - arrangements for follow-up care;
 - contact telephone numbers;
 - whether the clinic and its staff have the appropriate public liability or professional indemnity insurance;

³ Services: any treatments, consultations, medicines or products provided by the clinic, for which the clinic makes a charge.

- whether home visits are provided;
 - whether the clinic is registered with the Care Commission; and
 - smoking policy for the clinic's premises.
- 5 You can be confident that the clinical staff involved in your care will make sure that you have all the information that you need so that you can make the best decision for you as an individual. They will be happy to answer your queries. (Some examples of questions you may want to ask appear in the introduction to these standards.)
- 6 You can be confident that your access to the clinic and the services it provides is not compromised by any physical, language or cultural barrier. If your first language is not English, or if you have other communication needs, you will receive advice and information about interpreting services and adaptations and equipment for communication.
- 7 You can be confident that when you make any enquiries, the status of the person answering them will be made clear to you (for example, registered medical practitioner, registered nurse, registered dental practitioner, sales person or member of the administrative staff). You will have adequate information and answers to a range of enquiries available to you.
- 8 You can receive from the clinic its latest inspection report from the Care Commission, if you want to see it.

Guidelines and legislation

Standard 2

You can be confident that your legal and human rights will be protected and that your care is managed in line with all relevant legal requirements.

- 1 You can be confident that all aspects of your care and treatment are delivered within the law and taking account of any best practice guidelines available.
- 2 You are given a 'cooling-off period'⁴ before taking any financially-binding decision to proceed with treatment.
- 3 You know that the clinic will maintain your safety by having risk management systems in place. These take account of all relevant legislation and current good practice guidelines.⁵
- 4 You can be confident that the clinic has in place clear policies and procedures for reporting and investigating any accidents or incidents. These will be made available to you on request.
- 5 You can be confident that your human rights and privacy will be preserved and any information you give to clinic staff will remain confidential and will not be disclosed without your permission, unless there is a lawful basis for disclosure.

⁴ A period of time for reflection between making your decision and paying for, and proceeding with, treatment.

⁵ Royal Pharmaceutical Society of Great Britain medicines ethics and practice guide, MHRA guidelines on safe use of lasers, IHA and IR(ME)R

3

Deciding on treatment

3 Pre-treatment consultation

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Pre-treatment consultation

Standard 3

You are treated with respect and dignity and, at the end of the consultation, know the benefits and drawbacks for you of the proposed treatment and can make a confident decision about having the treatment.

- 1 When you arrive, and at all times during your stay, you are welcomed and made to feel at ease. You can be confident that the staff will be prepared for you and will take time to put you at your ease. All members of staff looking after you or caring for you will introduce themselves and will know how you want to be addressed.
- 2 You can choose to have someone accompany you at your visit.
- 3 You are asked by staff to confirm that all your personal details are correct in a manner which is sensitive to your privacy.
- 4 You can be confident that you will be invited to see the facilities, before confirming your intention to be treated.
- 5 You know that the qualifications and experience of those providing your consultation and treatment will be confirmed.
- 6 You can be confident that, before your treatment, you will speak to the person who will be carrying out the procedure.
- 7 You can be confident that, before your treatment begins, your current state of health will be assessed, and your medical history will be taken, to make sure as far as possible that this is a safe treatment for you.
- 8 Your consultation is conducted in private and a chaperone will be available, if you want one.
- 9 You receive, and can discuss, information on the range of treatments which will meet your needs, including their effectiveness, side effects and recognised complications. These aspects will be discussed with you by a member of the clinical staff (nurse, doctor, dietician, dentist or clinical scientist).

- 10 You have time to ask questions and receive information. You can be confident that any examination or investigation will be carried out following a clear explanation of the procedure.
- 11 Your permission is sought about the collection of any statistical information about your treatment (including information that identifies you as the consumer) and what it may be used for.
- 12 You can be reassured that, if clinical photography⁶ is needed, your permission will be sought.
- 13 If you agree to photographs, you know that these will be stored as part of your clinic record and will not be viewed or used by anyone without your permission.
- 14 You receive accurate, clear and easy-to-understand information about your specific treatment options, which you can review at your leisure, to help you to make an informed choice. You receive a contact number for any questions about services and facilities.
- 15 You feel confident that you have expressed your expectations of the treatment and that these have been fully discussed.
- 16 You can be confident that, before making your decision, you will receive a guide to all the costs involved. This includes the treatment, the consultant fees, clinic services and any creams, lotions, medications⁷ or garments you will need to buy to ensure the effectiveness of your treatment.
- 17 You know that the clinic will make sure that you have enough time to consider your decision and are made aware of your right to have a second opinion, if you want.
- 18 You are kept fully informed and involved, and leave with an understanding of what will happen next.

⁶ Clinical photography is often required as part of your patient record to establish the effects and progress of your treatment.

⁷ Medication prescribed by independent services is outside the NHS system. The dispensing chemist charges you the commercial rate for the prescription.

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Your treatment

- 4 Consent
- 5 The decision is made, attending for treatment
- 6 Treatment
- 7 Preventing infection
- 8 Staff
- 9 Clinical effectiveness
- 10 Your environment
- 11 Medicines' safety
- 12 Information held about you and confidentiality
- 13 Children and young people
- 14 Expressing your views

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Consent

Standard 4

You are able to make an informed choice about whether or not to agree to undergo the treatment offered by the specialist clinic. Your consent to treatment is obtained in line with best practice guidelines and current law.

- 1 You can be confident that you have received sufficient accurate information to reach a decision.
- 2 You have enough time to think over whether or not to proceed with the treatment.
- 3 You do not feel pressurised into making your decision by the clinic staff.
- 4 You can be confident that your clinician will want to make sure that you take a well-informed decision, with a clear head. So they will ask you not to take any alcohol or drugs which are not prescribed for you before you consent to or undergo your treatment.
- 5 You are asked by the practitioner carrying out your treatment to sign a consent form only after you have chosen and decided to proceed.
- 6 You are made aware that you can withdraw from treatment at any time, including after signing the consent form.
- 7 You can be confident that you will be asked to sign your consent form before the administration of any pre-medication treatment.
- 8 You know that the consent form includes in writing the procedure to be carried out and that signing the form authorises the named practitioner to perform the agreed treatment or investigation.

- 9 If you are under 16 years old,⁸ you know that the clinic staff are aware of and comply with the law on whether you are able to agree to receive or to refuse the treatment offered to you.
- 10 If you are over 16 years old⁹ and have difficulty in reaching decisions on medical treatment, you know that the clinic staff will take account of current law and best practice guidelines.
- 11 You know that the named practitioner will only carry out the agreed treatment or investigation and that, except in an emergency, you have the right to specify that other procedures should not be carried out without further discussion and your consent.
- 12 You can be confident that in the situation of you needing emergency treatment and you are able to give consent, you will be asked to do so, having received an explanation.
- 13 You can be confident that, in the situation of you needing emergency treatment and being **unable** to give consent (for example, collapsed or unconscious), treatment will be given in line with current legislation and best practice.¹⁰

⁸ The Age of Legal Capacity (Scotland) Act 1991 Chpt 50 section 2 (4) sets out the legal position of people under 16 and their ability to consent on their own behalf to medical, surgical or dental treatment, where in the opinion of a qualified medical practitioner attending them, they are capable of understanding the nature and possible consequences of the procedure or treatment.

⁹ The Adults with Incapacity (Scotland) Act 2000 sets out the principles and procedures to be followed when someone over the age of 16 has difficulties in reaching or understanding decisions about their medical care.

¹⁰ Adults with Incapacity (Scotland) Act 2000; Mental Health (Scotland) Act 1984.

The decision is made, attending for treatment

Standard 5

You are made aware of what is going to be involved and you receive safe and effective care and treatment that reflect current best practice.

- 1 When you arrive and at all times during your stay you are welcomed and made to feel at ease. You can be confident that the staff will be prepared for you and will take time to put you at your ease. All members of staff looking after you or caring for you will introduce themselves and will know how you want to be addressed.
- 2 You feel fully prepared for your treatment and have an understanding of your likely needs, which include the following:
 - details about the clinic, how to find it, when to arrive and where to go;
 - what to bring for your stay (for example, suitable clothing and current medication);
 - whether you should avoid eating and drinking;
 - what to do with your current medication;¹¹
 - details of any future planned treatment;
 - written guidance on financial arrangements;
 - contact information for you and your family;¹²
 - an invitation to bring someone with you;
 - how long your treatment is likely to take;
 - an indication of how you will feel and what you will be able to do when you leave the clinic, including any support arrangements you may need;
 - the transport arrangements you will need to make for a safe journey home; and
 - emergency procedures.

¹¹ Current medication may include prescribed drugs as well as over-the-counter preparations such as aspirin, and other remedies such as herbal preparations.

¹² The words 'you and your family' are used to refer to all those groups of people who may be involved in your care, including family, friends, carers, representatives and advocates.

- 3 You are asked by staff to confirm that all your personal details are correct in a manner which is sensitive to your privacy.
- 4 You will receive an apology and an explanation if you have to wait beyond the specified appointment time. Options will be discussed with you. Similarly, if you are late for your appointment it may be necessary to make a new appointment for you.
- 5 You know that your medical history is confirmed by a registered practitioner.
- 6 You can be confident that if an anaesthetist is going to be involved in your treatment you will be examined by him or her. He or she will discuss the anaesthetic to be used, whether local or general, and explain clearly the risks and side effects.
- 7 You know that the clinic follows a clear, written policy on the management of resuscitation. This takes account of best practice guidelines, including those from the National Resuscitation Council.
- 8 You know that clinical staff with resuscitation skills are available at the clinic whenever it is open.
- 9 If your health is poor and it is possible that resuscitation will be required, you can be confident that your specialist will advise on options for having your treatment performed in a facility where a staffed critical care unit is available.
- 10 You are made familiar with your environment and its facilities. These will include:
 - telephone facilities;
 - toilet and washing facilities;
 - arrangements for storage of personal medication;
 - ordering refreshments;
 - storage of valuables and personal belongings; and
 - a call system for attracting help or support if you will be alone at any time.

Treatment

Standard 6

You can be confident that your treatment will be carried out in a professional manner, according to the plan agreed by you and your practitioner. You are clear on what to expect during the treatment and on how to care for yourself when you have left the clinic.

- 1 You can be confident that there is a plan of treatment which details your needs and preferences and how these will be met.
- 2 You have time to ask questions and are encouraged to be fully involved in all aspects of your treatment. Your practitioner confirms again the reason for your treatment and care and takes time to answer questions on the expectations and likely results of your treatment. Risks involved in your treatment have been noted and documented.
- 3 You can be confident that you can, at any time in your treatment, have the treatment stopped if it is safe and practicable to do so.
- 4 Your treatment is carried out to professional standards, when you expect it, and in a manner designed to put you at ease. You are advised of the recovery process and options for the management of any discomfort or pain.
- 5 You are accompanied to and from the treatment area by an appropriately qualified member of the healthcare team.
- 6 You can be confident that appropriately qualified staff will look after you throughout your procedure or treatment.
- 7 You know that, if anything unexpected happens, arrangements are in place for your safe transfer to other facilities.
- 8 You can be confident that, following treatment, your condition will be closely monitored by appropriately qualified staff and your privacy will be safeguarded.

- 9 You can be confident that information about your treatment, your recovery and any instructions for your care will be communicated to you both verbally and in writing.
- 10 You know that your wishes for privacy with visitors and in receiving telephone calls are respected by the clinic and its staff.

Preventing infection

Standard 7

You can be confident that you will be protected from contracting preventable infections while in the clinic.

- 1 You can be confident that the environment in which you are treated will be clean.
- 2 You can be confident that the clinic has a comprehensive policy and procedures for the prevention and control of infection, reflecting relevant legislation and professional guidance.
- 3 You can be confident that all staff are knowledgeable about, and practise, good prevention and control of infection measures. Training in this is part of the induction and ongoing development and training programme for all staff.
- 4 Whenever possible, you are fully involved with, and understand the need for, procedures designed to prevent and control infection.
- 5 If you have an infection, you are informed and receive an explanation of what this means to you and your care.
- 6 You will be encouraged to inform the clinic of any infections you may suffer after your discharge, so that the clinic can take action.

Staff

Standard 8

You can be confident that your care and treatment are provided by staff with suitable qualifications, experience, skills and abilities for the job they are doing.

- 1 You can be confident that the clinic's recruitment and selection procedures for all staff follow a clear, written policy which complies with all relevant legislation.
- 2 You can be confident that the clinic checks the qualifications and all necessary records of all staff before they start work, including appropriate Disclosure Scotland checks.
- 3 You can be confident that the clinic has a procedure in place for checking the registration of professional staff, in line with the requirements of their regulatory bodies.
- 4 If the clinic has contracting arrangements with a nurse or medical agency, you can be confident that staff will make sure that the agency, where relevant,¹³ is registered with the Care Commission and makes all relevant checks on staff provided by it to the clinic.
- 5 You can be confident that the clinic has rules and regulations for specialists who work there and you can see these.
- 6 You can be confident that all staff, including temporary staff, receive induction and ongoing training that meets the needs of the staff and the procedures, treatments and services they provide in the clinic.
- 7 You can be confident that every member of staff has a personal professional development plan which reflects the recommendations of professional and regulatory bodies. This is regularly reviewed and updated by a relevant professional.

¹³ Nurse Agencies are required to be registered with the Care Commission and the national care standards for nurse agencies have standards relating to fitness of staff.

- 8 You can be confident that the clinic supports staff to have the opportunity to take part in training and to update knowledge relevant to their roles. This includes recommended training identified in best practice guidelines and as required by legislation.
- 9 You can be confident that the clinic has in place supervisory and managerial structures for all staff.
- 10 You can be confident that mechanisms are in place to help staff to raise concerns (in confidence) about any aspect of service delivery that they feel may harm your care and the care of others or the quality of the service.

Clinical effectiveness

Standard 9

You can be confident that the quality of your care benefits from the regular review of clinical practice within the clinic.

- 1 You can be confident that there is a process for measuring and reviewing the performance of clinical treatment against best practice guidelines.
- 2 You know that the process of review leads to changes in practice and improvements in the standard of care delivered.
- 3 You know that all healthcare staff take part in the process of review and the development of improvements to practice. You can receive information about this.
- 4 The care and treatment you receive from the clinic reflect the relevant NHS Quality Improvement Scotland standards.¹⁴

¹⁴ See 'Links to the NHS QIS' paragraph on page 7.

Your environment

Standard 10

You can be confident that the design, layout and facilities of the clinic will support the safe and effective delivery of your treatment and your care.

- 1 Your care environment is suitable to your needs, offers you privacy and ensures your comfort.
- 2 You can find your way about easily.
- 3 You can be confident that the buildings and services are maintained and reviewed in line with health and safety regulations and any other relevant laws, regulations and best practice guidelines. Where necessary, staff take prompt action to make sure that the care environment continues to be safe.
- 4 You can be confident that all equipment used is appropriate for your care and treatment. It is installed, checked and serviced according to the manufacturers' instruction manuals, and legal requirements and best practice guidelines.
- 5 If there is a failure in any major service, you know that the clinic will make sure that you are kept safe.
- 6 You feel safe and secure during your time in the clinic.
- 7 You can be confident that the preparation and serving of any food and drink will be in line with current food and hygiene legislation and guidelines.

- 8 You know that the clinic has arrangements for ensuring your personal safety which include:
- security checks on the premises;
 - a system for monitoring people who may need access to the premises and its facilities;
 - a system that allows you to summon help when needed;
 - arrangements for maintaining confidentiality about your presence in the clinic; and
 - emergency procedures.
- 9 You have facilities available for keeping your valuables safe whilst in the clinic.

Medicines' safety

Standard 11

In some cases, medication can be an important part of your treatment. You can be confident that your medication will be managed by the clinic during your treatment period and at discharge, to maximise the benefit and minimise the risk of harm from medicines.

- 1 You can be confident that your medicines are managed within a comprehensive policy for the use and administration of medicines during your treatment period from admission to discharge. The policy is based on current legislation¹⁵ and relevant current best practice guidance.
- 2 If you bring medicines to the clinic, you can be confident that they will be stored safely and used, if necessary, only for your treatment. Any unused medicines will be returned to you when you leave or disposed of safely with your agreement.
- 3 You can be confident that any drugs used or prescribed by the clinic for your treatment, including weight management, are recognised for such treatment and will be provided to you in line with current prescribing and best practice guidance.¹⁶
- 4 You can discuss your medication, its benefits and side effects with your consultant, specialist, the pharmacist or nurse, so that you can make informed choices.
- 5 You know that any drugs used in the management of obesity are only available on an ongoing basis subject to specific conditions. It is explained to you that you will need to have a regular review of your progress and your drug treatment, and that changes may be needed.

¹⁵ Medicines Act 1968, Misuse of Drugs Act 1971.

¹⁶ GMC guidance on the use of drugs in the treatment of obesity, May 1999; Royal College of Physicians: Anti-Obesity Drugs; Guidance on appropriate prescribing and management.

- 6 Before you leave the clinic, you and (if you want) your family, friend or carer, receive instructions that explain:
 - how your medication will work;
 - lifestyle changes you may need to make to make sure that the medications are effective, including those for weight management;
 - the reasons for taking the medication;
 - any side effects likely to be experienced, and action to take as necessary; and
 - any restrictions necessary as a consequence of taking the medication.
- 7 You know that any pharmacy service provided or used by the clinic is under the control of a registered pharmacist.
- 8 You can be confident that, when the clinic prescribes medicines as part of your treatment and care, it will provide you with any details about adverse effects and interaction with other medicines you may be prescribed. The clinic will make sure that it provides the same information to your GP or pharmacist. If the clinic cannot share this information with your GP and pharmacist, staff will explain to you any implications for your care. These could include the clinic refusing to proceed.

Information held about you and confidentiality

Standard 12

You can be confident that the clinic will keep an accurate, up-to-date and comprehensive patient care record¹⁷ of all aspects of your care. This will be available to you and those involved in your care at the clinic.

- 1 You can be confident that all your personal information will be stored securely. All staff work within current legislative requirements and guidelines in regard to information held about you.
- 2 You know that only you and the people involved in your care, or agreed by you, have access to information held about you.
- 3 You can be confident that all staff are aware of the need for ensuring your confidentiality at all times and that they do not disclose any information about you to people not involved in your care.
- 4 You know that your record is used by appropriate members of your healthcare team to ensure continuity of your care and treatment. It contains up-to-date information recorded by all healthcare professionals about all aspects of your care on each visit to the clinic.
- 5 You know that your details will not be passed on to any commercial organisation unless you have given your signed permission.
- 6 You can get an explanation about anything you are unclear about in your record.
- 7 You, and with your agreement, your GP, receive full and up-to-date results of any tests or investigations carried out on you.
- 8 You can be confident that, if the clinic closes down, it will have contingency arrangements in place for the safe transfer and storage of records and for any subsequent retrieval, if needed.

¹⁷ A patient care record is a documented record of all aspects of your care and treatment, including the medical component and photographs taken as part of your treatment.

Children and young people

Standard 13

You can be confident that children and young people will be looked after in a safe and friendly environment. Their special physical, psychological and social needs will be met by appropriately trained staff in partnership with parents or guardians.

- 1 You can be confident that all practitioners treating and caring for children and young people are regularly involved in the treatment of children and young people and are appropriately qualified in their care and management.
- 2 You know that staff are aware of the law on whether children and young people are able to agree or refuse to receive, and understand the consequences of, medical treatment.¹⁸
- 3 You can be confident that the staff looking after children know and implement child protection procedures.
- 4 You know that children and young people will have the opportunity to be accompanied by a parent or guardian.
- 5 You can be confident that all staff with access to children have an enhanced disclosure check from Disclosure Scotland before taking up a post at the clinic.

¹⁸ Age of Legal Capacity (Scotland) Act 1991 Chpt 50 Section 2(4).

Expressing your views

Standard 14

You can be confident that the clinic will actively seek and welcome any comments on all its services and act upon complaints, so that it can continuously improve its quality of care. If you feel unable to represent yourself, you receive support from a representative of your choice.

- 1 You are supported in a safe and confidential manner to make known any views (positive or negative) on any aspect of your care.
- 2 You have access to the clinic's policy for handling any complaint or concerns you may have, which is in a language or format that you can easily understand. It will include the timescales involved and any external options available to you, including complaining directly to the Care Commission or other relevant regulatory body.

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Aftercare

15 Aftercare

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Aftercare

Standard 15

You can be confident that the clinic regards your care and recovery after treatment as an integral part of the service it provides, and on being discharged after your treatment you are fully informed about what happens next.

- 1 You can be confident that the planning for the end of your course of treatment or your visit to the clinic begins at an early stage.
- 2 You are involved in the planning of your care after treatment and agree to the plan, so that you feel confident about it when you leave the clinic.
- 3 You can be confident that the clinic has comprehensive procedures for planning your aftercare.
- 4 You will receive information about plans for your ongoing care, including medication, dressing changes and review and what to do in the event of an emergency.
- 5 You know that ongoing advice, support and treatment, including medical care, will be available. The system for providing this is made known to you both verbally and in writing before leaving the clinic.
- 6 If you agree, the clinic will communicate with your GP when you leave, setting out the care you have received at the clinic.

Annex A

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Glossary

Anaesthesia

Loss of feeling or sensation. This can be anaesthesia of a limited area of the body (local anaesthesia) or the whole body (general anaesthesia). Different drugs and techniques are required for each type of anaesthesia.

Care or clinic record

The document used by all clinic staff which will have your personal details and will also be used to plan, record and evaluate your treatment.

Carer

A person who looks after children, family, partners or friends in need of help because they are vulnerable or are ill, frail or have a disability. The care they provide may be unpaid.

Clinical effectiveness

The extent to which specific clinical interventions (treatments), when used for a particular patient or population, do what they are intended to do – that is, maintain and improve health and secure the greatest possible health gain from available resources.

Clinician

A health professional, such as physician, psychiatrist, nurse or medical scientist, engaged in care of patients as distinct from one working in other areas (for example, research).

Consent form

A form that details the treatment to be carried out by a named healthcare professional which you sign to authorise the treatment.

Contingency arrangements

This refers to the policy that the clinic has in place to deal with your needs if there is any disruption to the normal, routine arrangements made to care for you before, during or after your treatment.

Cooling-off period

A period of time for reflection between making your decision and paying for and proceeding with treatment.

Cosmetic surgery

Surgery to improve the appearance of an individual or correct an outstanding feature resulting from congenital abnormalities, injury, disease or from the natural ageing process.

Cosmetic treatment

Treatment to improve the appearance of an individual, such as collagen injections, fine line removal injections and facial peels.

Diet treatment

In most cases, dietary treatments will refer to the management of people attending independent clinics to lose weight. However, some clinics may also provide advice for people with other conditions which may be controlled or managed through dietary change. The information in the standards relating to dietary treatments covers both these situations.

Disclosure Scotland

A new Disclosure Bureau was established within the Scottish Criminal Record Office for the purpose of issuing certificates under Part V of the Police Act 1997. This new service is known as Disclosure Scotland and will be responsible for issuing three levels of certificates to be known as Basic disclosures, Standard disclosures and Enhanced disclosures. The aim of the new Disclosure Scotland service is to enhance public safety and to help employers and voluntary organisations in Scotland to make safer recruitment decisions.

GDC

General Dental Council. The main aim of the GDC is to protect patients by:

- maintaining high standards of dental education;
- setting high standards of dental practice and conduct;
- requiring dentists to take part in continuing professional development to keep their knowledge and skills up to date; and
- taking action if there is doubt about whether a dental professional should be allowed to continue practising dentistry.

The GDC also maintains an up-to-date register of all qualified dentists.

Website: www.gdc-uk.org

GMC

General Medical Council. The main aim of the GMC is to protect patients by:

- promoting high standards of medical education, including continuing education;
- fostering good medical practice, including issuing guidance on this and other issues (for example, ethics); and
- dealing firmly and fairly with doctors whose fitness to practise is in doubt.

The GMC also maintains up-to-date registers of all qualified doctors.

Website: www.gmc-uk.org

IHA

Independent Healthcare Association. The IHA represents the spectrum of organisations involved in the independent health and social care sector.

Website: www.iha.org.uk

IR(ME)R

The Ionising Radiation (Medical Exposure) Regulations. These regulations apply to any use of ionising radiation for the treatment or diagnosis of patients.

Independent clinic

Premises in, or from which, a registered medical or dental practitioner provides private (that is, non-NHS) services.

Infection control

Programmes of disease surveillance, designed to investigate, prevent and control the spread of infections and the micro-organisms which cause them.

Intense pulse light source

A non-coherent, non-laser flash lamp light source. Its use includes treatment of facial birthmarks and leg veins and for hair removal.

Laser

Laser is an acronym for Light Amplification by the Stimulated Emission of Radiation. The term is used to mean the machine which produces the intense beam of light. Lasers are classified according to the risk to people associated with the intense beam of light produced ranging from low risk for those used in CD players to higher risk for those used in medical treatments. The term laser in these standards refers to class 3B and 4 lasers, and also Intense Pulsed Light (IPL) sources, used in treatments.

Laser treatment

Use of a laser to achieve selective destruction or some alteration in a target site on the body (for example, cornea – for eyesight improvement; tattoo, birthmark, excess hair and scar removal) without damaging surrounding tissue. In these standards, the definition is extended to include intense pulse light sources.

MHRA

Medicines and Healthcare products Regulatory Agency. An Executive Agency of the Department of Health that protects and promotes public health and patient safety by ensuring that medicines, healthcare products and medical equipment meet appropriate standards for safety, quality, performance and effectiveness and are used safely.

Website: www.mhra.gov.uk

Medication

A substance administered for treatment purposes.

NMC

Nursing and Midwifery Council. This organisation was set up by Parliament to ensure nurses, midwives and health visitors provide high standards of care to their patients and clients. To achieve its aims, the NMC maintains a register of qualified nurses, midwives and health visitors, sets standards for education, practice and conduct, provides advice for nurses, midwives and health visitors and considers allegations of misconduct or unfitness to practise.

Website: www.nmc-uk.org

Patient care record

A multi-disciplinary record of all care assessment and treatment, including the medical component.

Pharmaceutical

Relating to drugs or medicines.

Professional indemnity insurance

Insurance against loss or damage as a consequence of a professional's work.

Public liability insurance

Insurance against loss or damage suffered by the public as a consequence of negligence or inappropriate action.

Resuscitation

Restoration to life or consciousness of one who has collapsed or stopped breathing.

Risk management

A systematic approach to the management of risk, to reduce: loss of life; financial loss; loss of staff availability; loss of reputation; and to enhance safety. See also the Management of Health and Safety at Work Regulations 1999.

Services

Any treatments, consultations, medicines or products provided by the clinic. In summary, anything for which the clinic makes a charge.

Service user

An individual who is buying the service for themselves. In some cases the service user may be a relative who is buying the service on behalf of an individual.

Side effects

Any unwanted, non-therapeutic effect of any treatment.

SIGN

SIGN stands for Scottish Intercollegiate Guidelines Network, which was formed in 1993. SIGN is a collaborative network of clinicians, other health care professionals, and patient organisations. SIGN's objective is to improve the quality of health care for patients in Scotland through the development and dissemination of national guidelines containing recommendations for effective practice based on current evidence.

Website: www.sign.ac.uk

Treatment

The application of medicines, surgery or therapy to a patient.

Annex B

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Useful reference material

LEGAL

The Adults with Incapacity (Scotland) Act 2000

This Act regulates actions on behalf of an adult with impaired capacity. It sets out specific provisions in relation to acting on the adult's behalf in a wide range of property, financial and welfare matters. Under the Act, anything that is done on behalf of an adult with incapacity will have to:

- benefit her or him;
- take account of the person's wishes and feelings;
- take account of the views of the nearest relative, carer, guardian or attorney, where reasonable and practicable to do so;
- achieve the desired purpose, without unduly limiting the adult's freedom; and
- encourage the adult to use the skills and ability they have.

The Age of Legal Capacity (Scotland) Act 1991

The Act deals with a number of issues relating to the effect of a child or young person's age on matters which would otherwise be legally binding. The Act defines when children and young people can consent to medical treatment.

The Children (Scotland) Act 1995

The Act puts children first. Each child has the right to:

- be treated as an individual;
- form and express views on matters affecting her or him; and
- be protected from all forms of abuse, neglect or exploitation.

Parents and local authorities have rights and responsibilities in achieving the balance of care.

The Consumer Protection Act 1987

Part III of this Act deals with prices. Traders are not allowed to mislead consumers about the selling price of goods, services, facilities and accommodation. They must not suggest that the price is less than it really is.

The Data Protection Act 1998

The Act covers how information about living, identifiable people is used. All organisations that hold or process personal data must comply.

The Disability Discrimination Act 1995

This wide-ranging Act, which came into force in 1996, makes it illegal to discriminate against disabled people in employment, access to goods, services, transport and education.

The Health and Safety at Work etc Act 1974

The Act is the basic piece of health and safety law that covers everyone who is affected by work activity. It places the burden of legal responsibility for health and safety at work with the employer.

The Human Rights Act 1998

The Act incorporates the European Convention on Human Rights into Scots and English law in relation to the acts of public bodies. Its purpose is to protect human rights and to maintain and promote the ideals and values of a democratic society. The Articles of Convention include:

- freedom of thought, conscience and religion;
- freedom of expression;
- freedom of assembly and association;
- the right to have respect for private and family life; and
- the right to marry.

The Immigration Act 1971 (as amended)

Together with the Asylum and Immigration Act 1996 and the Asylum and Immigration Appeals Act 1993, these Acts cover the process of entry into and stay in the United Kingdom by way of immigration or asylum.

The Immigration (Restrictions on Employment) Order 1996

Under Section 8 of the Asylum and Immigration Act 1996, an employer will commit an offence if he employs a person subject to immigration control who has attained the age of 16 if the employee has not been granted leave to enter or remain in the United Kingdom, or if his leave is not valid and subsisting or is subject to a condition precluding him from taking up the employment. The Order sets out certain exemptions to Section 8, describes the documents which an employer can use in his defence, and specifies the manner of copying or recording these documents.

The Mental Health (Scotland) Act 1984

Currently under review, the Act provides for, amongst other matters, the compulsory detention and treatment of people with a mental disorder.

The Misuse of Drugs Act 1971

The Act is the main law for drugs control in the UK. It prohibits the possession, supply and manufacture of medicinal and other products except where these have been made legal by the Misuse of Drugs Regulations 1985. The legislation is concerned with controlled drugs and puts these into five separate schedules. Anyone who is responsible for storing or administering controlled drugs should be aware of the content of the Misuse of Drugs Regulations 1985 and the Misuse of Drugs (Safe Custody) Regulations 1973.

The Police Act 1997

Part V of the Police Act 1997 was brought into force in April 2002. This provides for the Scottish Criminal Record Office to issue criminal record information certificates to individuals and organisations.

The Protection of Children (Scotland) Act 2003

The Act provides for Scottish Ministers to establish a ‘List of individuals unsuitable to work with children’, in either paid employment or as unpaid volunteers. The fact that someone is on the list will be released in Scotland as part of a check carried out under Part V of the Police Act 1997 for posts that involve access to children.

The Public Interest Disclosure Act 1998

The Act protects workers who ‘blow the whistle’ about wrongdoing. It mainly takes the form of amendments to the Employment Rights Act 1996, and makes provision about the kinds of disclosures which may be protected; the circumstances in which such disclosures are protected; and the persons who may be protected.

The Race Relations Act 1976

The Act makes racial discrimination unlawful in employment, service delivery, training and other areas.

The Race Relations (Amendment) Act 2000

The Act makes racial discrimination unlawful in public activities that were not previously covered. It puts a general duty on public organisations to promote race equality.

The Act also requires all public authorities (and those bodies who discharge a function on behalf of a public authority) to identify policies and functions which have relevance to the general duty and review the operation and outcomes of such policies for their differential impact on ethnic minority communities.

Radiation (Medical Exposure) Regulations 2000

The Regulations implement for Great Britain the majority of the provisions of Council Directive 97/43/Euratom of 30 June 1997 (the ‘Medical Exposures Directive’) laying down the basic measures for the radiation protection of persons undergoing medical exposures. The remainder is implemented in the Ionising Radiations Regulations 1999 (‘IRR 1999’). The Directive reflects the 1990 Recommendations of the International Commission on Radiological Protection. The Regulations apply only to individual medical exposures. The Regulations apply to both the NHS and the private sector.

The Regulation of Care (Scotland) Act 2001

The Act establishes a new system of care service regulation including the registration and inspection of care services which takes account of national care standards. The Act also creates two new national, independent bodies, the Scottish Commission for the Regulation of Care, to regulate care services, and the Scottish Social Services Council, to regulate the social service workforce and to promote and regulate its education and training.

You can visit these websites for information:

- Regulation of Care (Scotland) Act 2001
www.scotland-legislation.hmso.gov.uk/legislation/scotland/acts2001/20010008.htm
- Regulation of Care (Scotland) Act 2001 Statutory Instruments
www.scotland-legislation.hmso.gov.uk/legislation/scotland/s-200201.htm

The Rehabilitation of Offenders Act 1974

The Act enables some criminal convictions to become 'spent' or ignored, after a rehabilitation period. The rehabilitation period is a set length of time from the date of conviction.

The Sex Discrimination Act 1975

The Sex Discrimination Act 1975 makes it unlawful to discriminate on grounds of sex or marital status in recruitment, promotion and training. The Act also covers education, the provision of housing, goods and services and advertising.

The Supply of Goods and Services Act 1982

The Act regulates contracts for the supply of services and contracts for the supply of goods where they are not being supplied under contract for sale. Where goods are being supplied to a customer, they should be as described, be fit for purpose and be of satisfactory quality.

POLICY

Aiming for Excellence: Modernising Social Work Services in Scotland 1999

The White Paper sets out the proposals to strengthen the protection of children and vulnerable adults and to make sure high quality services are provided. The Scottish Commission for the Regulation of Care is an independent regulator set up for this purpose.

Our National Health 2000: A Plan For Action, A Plan For Change

The health plan aims to improve Scotland's health and close the health gap between rich and poor, restoring the NHS as a national service and improving care and standards.

Partnership for Care 2003

The white paper builds on 'Our National Health' and moves on to develop certain key issues. The paper sees patients and national standards as key drivers of change in the Health Service. It outlines ways in which the redesign, integration and quality of services can be systematically progressed, and it seeks a step change in approach to health improvement as an essential component.

The UN Convention on the Rights of the Child

The Convention is not law but a code of practice that the Government signed up to in 1991. It recognises that young people under 18 in Scotland do have rights. These rights must be given fairly, and children and young people must be kept safe and well, and able to take part in society.

OTHER USEFUL REFERENCES

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Professor R Duthie (September 1998).

Comprehensive Critical Care Report (2000).

Resuscitation Policy (2000).

Reference Guide to Consent for Examination or Treatment (June 2001).

General Medical Council (GMC)

Seeking patients' consent: the ethical considerations (1998).

Good Medical Practice 3rd Edition (2001).

Confidentiality: Protecting and Providing Information (2000).

NHS Quality Improvement Scotland¹⁹

Clinical Governance Standards – Generic (March 2002).

Healthcare Associated Infection (HAI) Control – December 2001.

Independent Healthcare Association (IHA)

Guidance on the Care of Children receiving care in the Independent Sector
Acute Hospitals (2003).

Cosmetic Surgery Standards (2003).

Good Medical Practice in Cosmetic Surgery (2003).

Nursing and Midwifery Council (NMC)

UKCC Guidelines for Professional Practice (1996).²⁰

UKCC Standards for PREP (1995).

¹⁹ NHS Quality Improvement Scotland took over the functions of the Clinical Standards Board for Scotland from 1 January 2003.

²⁰ UKCC is the United Kingdom Central Council for Nursing, Midwifery and Health Visiting. The responsibilities of this body were taken over by the Nursing and Midwifery Council (NMC) on 1 April 2002.

Code of Professional Conduct (June 2002).

Guidelines for Records and Record keeping (April 2002).

Guidelines for the Administration of Medicines (April 2002).

Resuscitation Council (UK)

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Resuscitation Guidelines 2000: Joint statement on decisions relating to cardiopulmonary resuscitation from British Medical Association, the Resuscitation Council (UK) and the Royal College of Nursing (February 2001).

Miscellaneous

Clinical Pathology Accreditation (2000). Standards for the Medical Laboratory.

Clinical Pharmacy in the Hospital Pharmaceutical Service: A Framework for Practice. NHSiS Scotland CRAG July 1996.

Guidelines for the Safe Use of Cytotoxic Chemotherapy in the Clinical Environment. Association of Scottish Trust Chief Pharmacists. August 2000.

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Royal College of Pathologists. Guidelines for the retention of tissues and organs at post-mortem (March 2000).

Royal College of Surgeons of England (2000). Children's Surgery – A First Class Service.

Report of Short-life Working Group on ICU and HDU issues. Better Critical Care. Health Department, Scottish Executive (2000).

Weight Management

National Obesity Forum Guidelines on obesity management. The National Obesity Forum is an independent medical association that was established in May 2000 to raise awareness of the growing impact of obesity and overweight. Membership is open to all healthcare professionals and is free. It aims to improve the delivery of best practice in the management of obesity and its associated illnesses. The Guidelines and information on the Forum can be seen on NOF's website www.nationalobesityforum.org.

Obesity Management Association Code of Ethics. The OMA is an association established by a group of independent practitioners in private practice to self regulate and monitor the private obesity management slimming sector in the UK. All registered members (clinics and doctors providing this type of care privately) of OMA agree to abide by the Association's Code of Ethics. The code and other information on the Association can be found on OMA's website at www.omaorg.com.

SIGN Guideline 69 – Management of obesity in children and young people – A national clinical guideline. April 2003. www.sign.ac.uk.

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