



# GP Care Quality Account

## April 2020 – March 2021

### Contents

Directors Statement .....	2
GP Care and its services .....	3
Complaints.....	3
Incidents .....	9
Patient Feedback 2020-2021 .....	16
Staff Feedback.....	22
Clinical Audit April 2020 – March 2021.....	22
Quality Improvements .....	25
Clinical Governance arrangements .....	25
CQC registration .....	26
Information Governance.....	26
CQuinns.....	27
Risk Management.....	27
KPI Summary.....	27
Training and CPD .....	29
Alerts .....	30
Policies .....	30
Quality Priorities for 2021 – 2022 .....	30

## Directors Statement

2020/21 will be remembered as the time the NHS faced its biggest challenge due to the COVID-19 pandemic. In writing this quality statement I am very proud of all our staff and subcontractors who have worked with us during this unprecedented time. Throughout the year our staff have worked tirelessly to maintain safe services for patients, adapted their practice and routines to meet social distancing and infection control guidance to ensure services were maintained and to support the wider NHS.

The commitment of our staff reflects the caring, supportive and innovative culture at GP Care which is focussed on providing high quality, responsive services, and continuous improvement. This is reflected in our CQC rating of Good which was reported in April 2020 as a result of our CQC inspection at the end of 2019/20.

The CQC found that:

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The service organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.
- Feedback from patients was consistently positive.
- The service encouraged and heard views and concerns from the public, patients and staff and acted on them to shape services and culture.

They commented on the following outstanding practice:

- The service had responded to patients who attended the deep vein thrombosis (DVT) clinics and set up a DVT support group. Feedback from the attendees demonstrated the value of the group to encourage healthy living and prevent further medical problems.

A key focus for GP Care throughout the year has been to improve:

- Our recording of mandatory training for our staff and subcontractors, we developed a new mandatory training policy and regular mandatory training report to our Clinical Governance Committee to provide better evidence of compliance. We extended key training to our non-clinical teams, this included recognition of sepsis and safeguarding children and adults training.
- Registers of equipment calibration and servicing are now held centrally, and an annual equipment report is produced and reviewed by our Clinical Governance Committee.
- We have utilised functionality within SharePoint to provide electronic workflows to automate reporting and management of incidents, complaints and ALERTS. Workflows are also used daily by our staff to record cleaning and health & safety checks within clinics.
- Resources allocated to clinical audit have been increased to ensure that our ongoing audit of 5% of each sonographer's scans is kept within 3 months of current activity.

Our plans for 2021/22 are to move from a Requires Improvement rating in the CQC SAFE domain to a Good rating to reflect the hard work that has gone into improving our safety culture.

**Annie Kelly, Clinical Director**

## **GP Care and its services**

Around fifteen years ago, a wide range of GP's got together to form GP Care to support their belief that patients should experience both diagnostics and treatments for a range of conditions where it suits them best – that is in a community setting as opposed to in a hospital. Since then, we have seen around 250,000 patients through clinics held mostly in GP premises, with an outreach programme into several prisons.

We currently work in urology, ultrasound and DVT and provide minor surgery for removal of lumps and bumps which are no longer funded by the NHS. We also have experience in audiology, gynaecology, and cardiology. We provide our services through a combination of clinicians who already work in the NHS and our own staff. And our philosophy has always been the same – that we are a Social Enterprise, here to support and provide additional capacity for the NHS, not to compete with it.

We know that this model of care works and yet we are unique in the country. We know our patients value our service because they tell us so. We know our local health community values us because they tell us so. And we know we provide a high-quality patient experience because the CQC told us so.

The experience of the Covid-19 pandemic has shown greater willingness to consider new ways of working and new alliances and this represents a great opportunity for us. This view is supported by the recent White Paper on Integration and Innovation in the Health and Social Care sectors.

## **Performance April 2020 – March 2021**

### **Complaints**

#### **1. Summary**

In accordance with NHS complaints regulations (2009), this report sets out a detailed analysis of the nature and number of complaints for the 12-month period April 2020 – March 2021.

- 16,368 patients used GP Care services between April 20 and March 21 (19,157 19/20) patient volumes decreased at the beginning of 20/21 due to the coronavirus pandemic and subsequent lockdown.
- 28 complaints were received in the period, 0.17% of patients seen (37 complaints were received in the previous year, 0.2% of patients)
- Complaint levels are low, and the majority are minor in nature, however it is important that GP Care monitors any trends and identifies areas for learning and improvement from them.
- One complaint was classified as serious and was investigated using our serious incident requiring investigation (SIRI) framework. The complaint involved a private minor surgery patient who attended for a lipoma removal however an adjacent mole was initially removed in error before removal of the correct one, all processes and procedures have subsequently been reviewed and improved to prevent any reoccurrence.

#### **2. Introduction**

The NHS constitution clearly sets out the rights of patients in relation to raising complaints and expectations on how these should be managed. As a provider of NHS services GP Care takes this duty very seriously. We want to know when

someone is unhappy with the treatment or service they have received. This means we can put things right and learn from the experience of our service users. GP Care deals with concerns and complaints in line with its Feedback and Complaints policy, the policy was reviewed in January 2020 and an equality impact assessment completed. The policy meets the requirements of the standard NHS contract and Care Quality Commission regulations.

A new electronic system utilising SharePoint Workflow was introduced for complaints recording and monitoring in October 2020 to improve management of complaints and tracking of actions through to completion. This was in response to findings from our Care Quality Commission (CQC) inspection in December 2019. A review of the Complaints Workflow is planned in 2021/22 to ensure that it is providing what we need to meet CQC requirements. Complaint training is also planned in July 2021 for key managers.

All complaints are reviewed by the Risk and Continuous Improvement Group and progress with complaint resolution and actions arising is tracked each month by this Group. Any trends or issues requiring escalation are identified and reported via the Clinical Governance Dashboard report to the Clinical Governance Committee and the Board.

### **Definitions**

GP Care uses the following definitions:

#### **Complaint**

A complaint is an explicit expression of dissatisfaction, communicated verbally, electronically or in writing, requiring a formal investigation and response. Complaints may be made by any users, carers or the public regarding our services.

#### **Feedback**

Information/suggestions about the care or services that GP Care provides, which may be complimentary or critical.

#### **Compliments**

Expressions of thanks and praise.

### **3. Analysis of Complaints received in 2020-2021**

28 complaints were received in the period, 0.17% of patients seen. In 2019/20 the NHS in England (Hospital and Community Health services: NHS Digital) reported 0.39% of complaints recorded over double the level received at GP Care.

**Table 1: GP Care complaint numbers by year.**

	<b>2018/2019</b>	<b>2019/2020</b>	<b>2020/2021</b>
Complaints received	46	37	28

Complaints are analysed by service and by the source of the complaint, in the year 86% of complaints came directly from patients, see table 2 and diagram 1 below.

**Table 2: Complaints by Service and Source**

Service	No of complaints	By GP	By patient
Ultrasound	7	1	6
DVT	4	2	2
Private Minor Surgery	6		6
Urology BNSSG	4	1	3
Urology Swindon	0		
Urology Gloucestershire	5		5
Other	2		
<b>Total</b>	<b>28</b>	<b>4 (14%)</b>	<b>22 (86%)</b>

**Diagram1: Complaint Source**

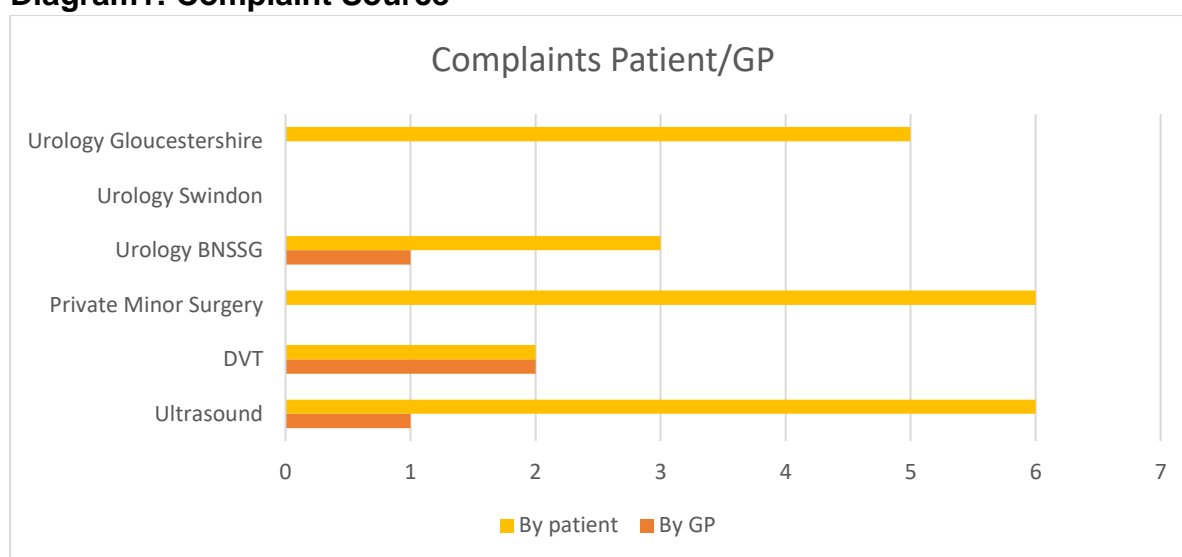


Table 3, below provides detail on whether complaints were upheld, partially upheld, or not upheld. From this we can see that 50% were upheld, 36% partially upheld and 14% not upheld. The NHS complaints report for 2019-20 for hospital and community services shows 31% of complaints were upheld, 33% partially upheld and 36% were not upheld, we therefore have more complaints which are upheld, a similar amount partially upheld and a significantly lower proportion not upheld than the NHS.

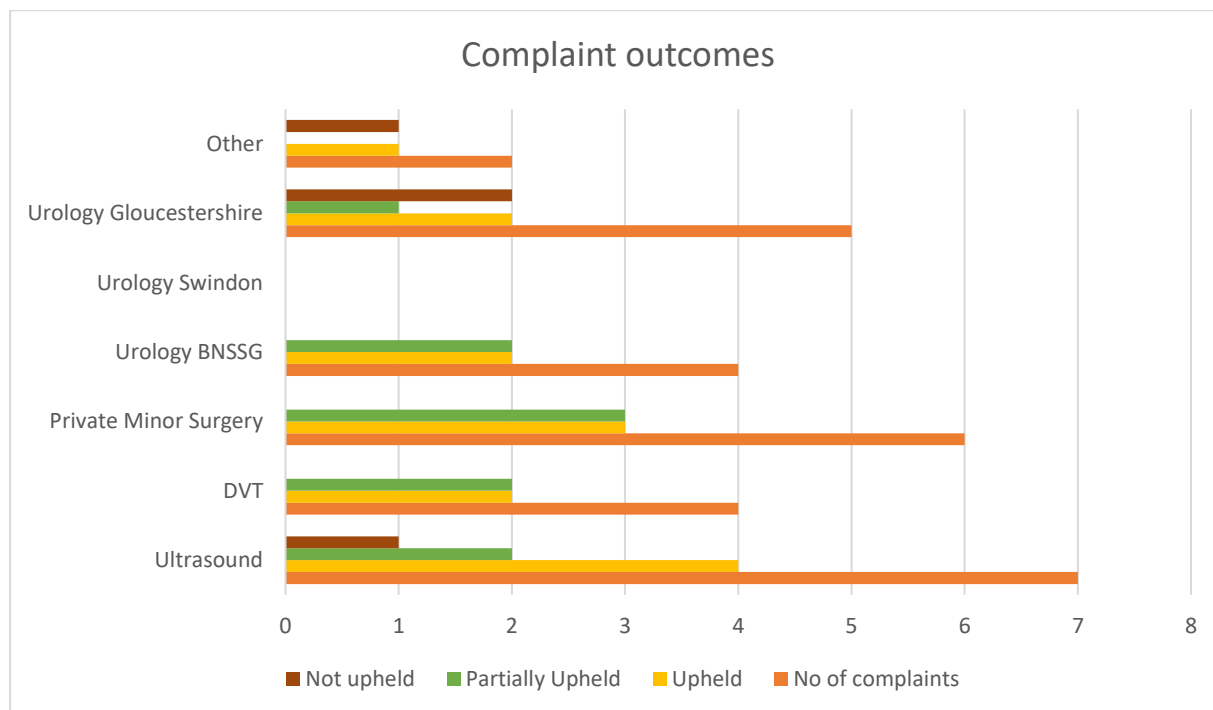
GP Care classes all complaints as formal whether they are received verbally, via e mail or letter, complaints are formally acknowledged within 2 working days of receiving them and resolved within 20 working days except for those requiring extensive investigation. There were no complaints in the period referred onto the Ombudsman or the Care Quality Commission.

**Table 3: Complaint Outcomes by Service**

Service	No of complaints	Upheld	Partially upheld	Not upheld
Ultrasound	7	4	2	1
DVT	4	2	2	0
Private Minor Surgery	6	3	3	0

Urology BNSSG	4	2	2	0
Urology Swindon	0	0	0	0
Urology Gloucestershire	5	2	1	2
Other	2	1	0	1
<b>Total</b>	<b>28</b>	<b>14 (50%)</b>	<b>10 (36%)</b>	<b>4 (14%)</b>

**Diagram 2: Complaint outcomes**



### Details of Upheld/Partially Upheld Complaints by Service

#### Ultrasound

Patient unhappy with how he was dealt with in clinic by staff which was fed back to the clinicians.

GP complaint that reports should not be sent for audit recall patients unless clinical findings warrant this, process changed so sonographers advise patients if they require a follow up with their GP.

During Covid-19 restrictions patients were advised to wait in their car until collected, patient complained as he was not advised to park in the correct place and thus missed his appointment, process clarified with the patient support team.

Two complaints received via our patient feedback mechanism that a clinician had a poor attitude in clinic, fed back to the clinician, unable to respond to the patients individually as feedback was anonymous.

Patient unhappy with information on where to find the clinic and what to do once at clinic, poor service from the patient support team and the practice staff which was fed back, information for patients has been clarified.

Patient diagnosed with a malignant melanoma shortly after a musculoskeletal scan that identified a hernia, following Consultant Radiologist review the clinician was found to have made an appropriate diagnosis based on the history provided in the referral.

## **DVT**

Delay in day 90 appointment and patient unhappy with comments made by the clinician, day 90 appointments were delayed at the start of the pandemic and are now within timescale, the clinician has received feedback on the patient's other concerns.

Two complaints were received from DVT treatment centres no longer required for the service that this had been communicated poorly, partially upheld and apology given. Patient attended for appointment however did not meet the inclusion criteria for the service and thus required to be seen in secondary care, two-day delay in patient diagnosis, process changed to identify excluded patients.

## **Private Minor Surgery**

Patient advised that a further appointment and fee would be required which had not been indicated at triage, fed back to minor surgeons to ensure patients receive this information prior to booking.

Histology collection missed and then mislaid, delaying testing by 2 months, results were negative for malignancy, process for histology collection has been improved. Patient unhappy with the response received when complaining of pain and scarring, considered the surgeon to be flippant, patient found to have special needs which we were not aware of. Patient seen in clinic for follow up by consultant.

Patient unhappy with clinic locations and unhappy how this had been responded to by patient support coordinator, fed back to the coordinator.

Complaint from patient investigated under our SIRI framework, surgeon removed incorrect lipoma and once realised removed the correct one, process improvements have been made to prevent future risks.

Patient complained that not all cysts were removed as he had expected, fed back to surgeon to clarify at triage.

## **Urology BNSSG**

Patient not informed of results from his MRI, a change in process was implemented to ensure all patients receive information regarding their results.

Patient complained about attitude of reception staff at the clinic location, fed back to the host practice.

Patient unhappy with clinician's attitude in clinic feeling that the procedure had not been explained and she was unable to ask questions, fed back to clinician.

GP unhappy with the outcome of an appointment for recurrent UTI's that recommended GP treatment for 3 – 6 months with re referral if required, the GP felt the length of time and the need to refer was unacceptable and the patient should be reviewed by the service. Complaint partially upheld and changes to protocol implemented.

## **Urology Gloucestershire**

Complaint that the location of clinic does not appear on satellite navigation devices as located in a new estate, changes to process have been made and maps made clearer to ensure patients are aware of this issue.

Patient unhappy that we were unable to access his private medical records making his appointment less affective, complaint received and investigated by the CCG. Patient arrived late due to adverse weather conditions was unable to be seen although they had been told over the phone to attend.

### Other Complaints

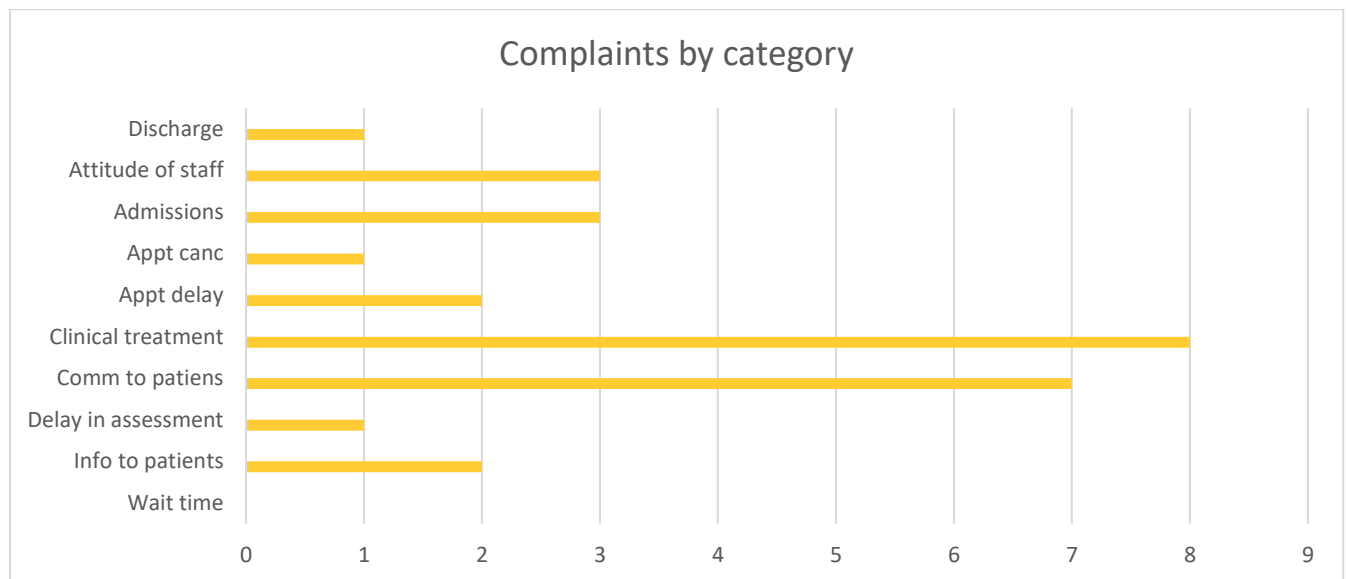
Member of the public advised of inaccurate information on our website, the persons search had included results from an old news item that was no longer relevant, all old news items have been removed.

## 4. Complaints by Category

Complaints have been analysed based on NHS Digital's Hospital and Community Health Services Complaints Collection (KO41a) 2018-19 to enable benchmarking of GP Care services with NHS Hospital and Community complaints data.

Highest levels of complaints (8/29%) related to clinical treatment, with next highest category (7/25%) communications. With admissions and attitude of staff both having (3/11%) see Diagram 3 below for detail. The NHS Annual Complaints report (2019/20) shows the top 3 complaints categories as; Clinical Treatment (27%), Communications (15%) and Patient care (12%)

**Diagram 3: Complaints by Category**



The highest level of complaints (8) relates to clinical treatment, protocols have been reviewed and amended to address the issues raised where appropriate. In response to the SIRI in private minor surgery we have revised our patient consent form which now includes a body map to identify lesions for removal with the patient at their surgical appointment and have moved all patient records on to our electronic patient record EMIS. This ensures that surgeons have access all patient records in clinic.

The second highest level (7) relates to communications to patients and have resulted in review of a number of patient information leaflets and appointment letters. We are



also planning a complete redesign of our website to improve the patient experience and simplify access to patient information. We have reviewed a number of patient information leaflets.

Further service improvements include:

- Changes to process for the ultrasound service in relation to audit patients recalled for a further scan, improvements in information to patients regarding locations and any specific arrangements in relation to Covid 19 access restrictions.
- In DVT changes to the information patients receive in relation to their final review appointment and changes in process to ensure exclusions can be identified so that the patient receives a timely referral to secondary care.
- Work is ongoing in the private minor surgery service to ensure patients receive more information prior to booking and protocols have been reviewed and implemented.
- Urology processes have been improved to ensure patients are informed either verbally or in writing of any test results and the UTI protocol amended.
- All complaints regarding specific staff members are formally fed back and discussed.

## **Incidents April 2020 – March 2021**

### **Annual Incident Report April 2020 – Mar 2021**

## **Incidents**

### **Summary**

In accordance with NHS guidelines, with reference to National Patient Safety Agency guidance and national patient safety incident reporting classifications, this report sets out a detailed analysis of the nature and number of reported incidents.

- 16,368 patients used GP Care services between April 2020 and March 2021, a reduced annual volume with the impact of the Covid 19 pandemic in the first quarter. 228 incidents were reported in the period, 1.17% of patients (191 in 2019/20, 0.7%)
- There were no incidents classified as a Serious Incident Requiring Investigation (SIRIs) but there was 1 complaint in the year which was investigated using the SIRI framework see the annual complaints report for details in the year.
- 4 incidents related to safeguarding concerns flagged by our staff at clinics and 1 to a modern slavery concern raised by clinical staff and managed via our safeguarding policy, thus demonstrating staff awareness of safeguarding procedures.
- Benchmarking with data published in the national patient safety incident reports (NaPSIR) for the period 2019 – 2020 (latest data available) for England shows that our reported degrees of harm from incidents is slightly higher than NaPSIR with 35% against 25%. Our highest reported category of

access, admission, transfer, and discharge was 3<sup>rd</sup> highest which had implementation of care as its highest category.

## **1.Introduction**

GP Care manages incidents in line with its Incident and Serious Incident Reporting Policy, this was reviewed and updated in May 2020 with a further review due in September 2021 to ensure any changes required by the new NHS Patient Safety Incident Response Framework can be actioned.

### **Definitions**

#### **Incident**

An Incident is defined as an event or circumstance occurring which causes or has the potential to cause any of the following:

- Harm to an individual
- Financial loss to an individual or the organisation
- Damage to the property of an individual or the organisation
- Disruption to services provided by the organisation.
- Damage to the reputation of the organisation
- Non-compliance with regulation or GP Care Policy

Incidents could involve or relate to employees, patients, members of the public/visitors, contractors, property /equipment.

#### **Incident severity**

This is the actual outcome of an incident (not what could have happened) according to the level of harm caused and is categorised as one of the following:

- No Harm
- Low Harm
- Moderate Harm
- Severe Harm
- Catastrophic/Death

#### **Serious Harm**

Any incident which appears to have resulted in severe harm or catastrophic harm, chronic pain or psychological harm, impairment to sensory, motor or intellectual function or impairment to normal working or personal life which is not likely to be temporary.

#### **Near Miss Incident**

The term Near Miss relates to minor incidents where no actual harm, loss or damage arises, which could give rise to a proposal for a change in the admin or clinical pathway.

## **2. Data collection, reporting and analysis**

The process of incident reporting and monitoring was improved in the period with an automatic workflow system in SharePoint. Incidents are reported to the respective commissioners on a quarterly basis and are reviewed by the Risk and Continuous Improvement Group (RCIG) monthly. The RCIG reviews all incidents and reports on

these to the Clinical Governance Group, Executive Leadership Team and to the Board. On a quarterly basis information is collated and reported to identify themes and trends and to consider further learning to reduce the risk of reoccurrence.

### Analysis of Incidents April 2020- March 2021

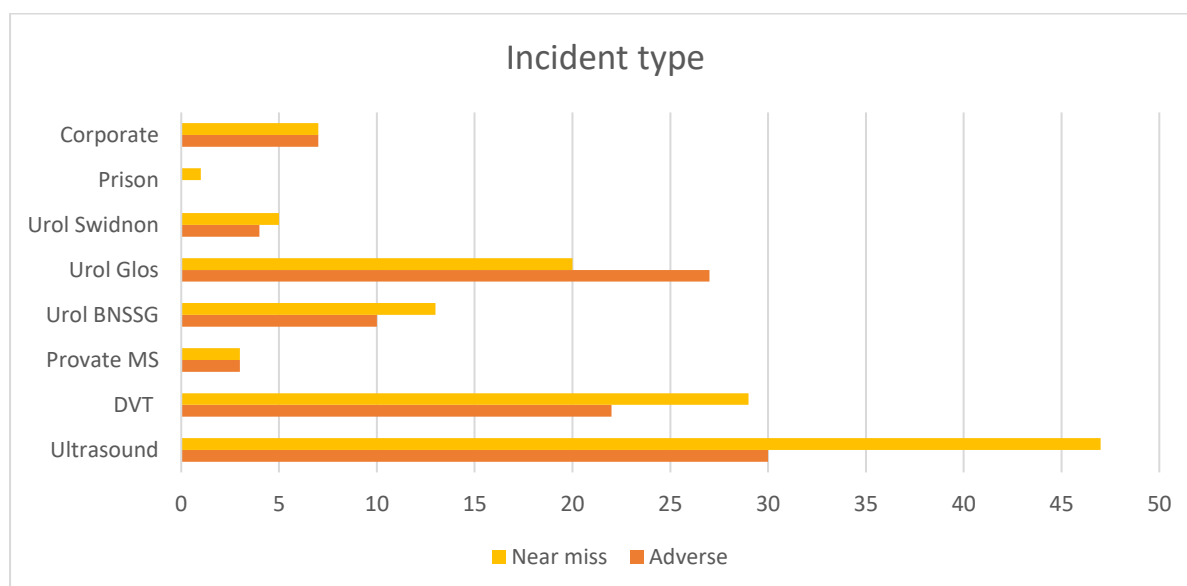
There were 228 incidents reported in the period, compared to 191 the previous year. Staff are encouraged to report incidents to enable learning and to identify trends.

Table 1 and Diagram 1 show 55% near miss incidents have been reported in the year an increase on the previous year, a positive that there are so many near miss incidents reported as this allows intervention prior to any adverse effect on patients or the organisation.

**Table 1: Analysis of Incident Type**

Service	No of incidents	SIRI	Adverse	Near miss
Ultrasound	77		30	47
DVT	51		22	29
Private Minor Surgery	6		3	3
Urology BNSSG	23		10	13
Urology Swindon	9		4	5
Urology Gloucestershire	47		27	20
Prisons	1		0	1
Corporate	14		7	7
<b>Total</b>	<b>228</b>	<b>0</b>	<b>103 (45%)</b>	<b>125 (55%)</b>

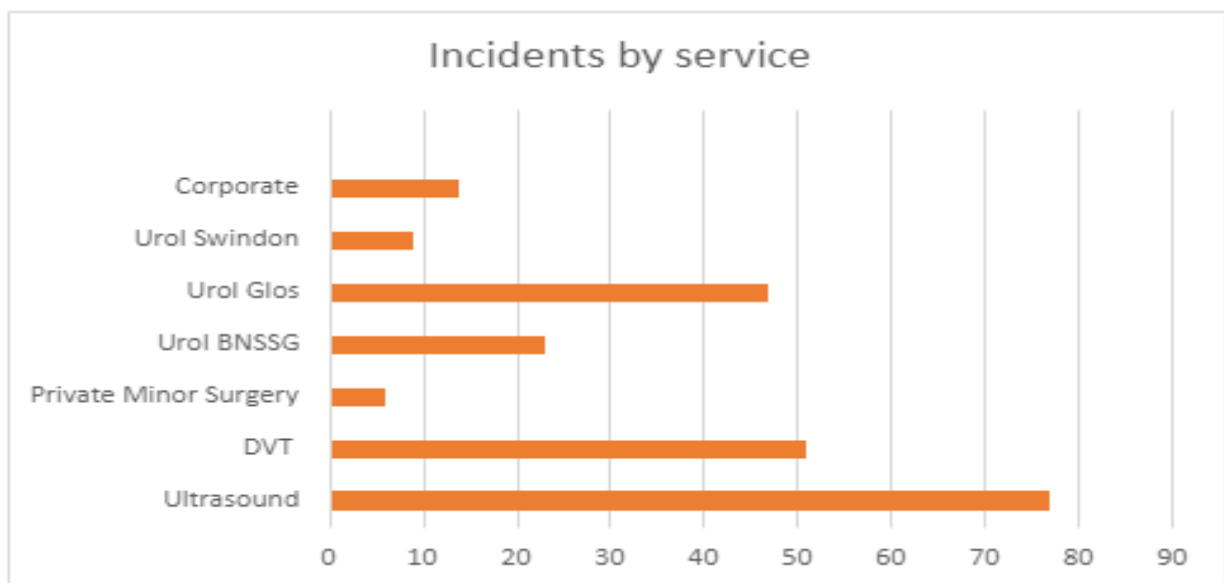
**Diagram1: Near Miss v Adverse Incidents**



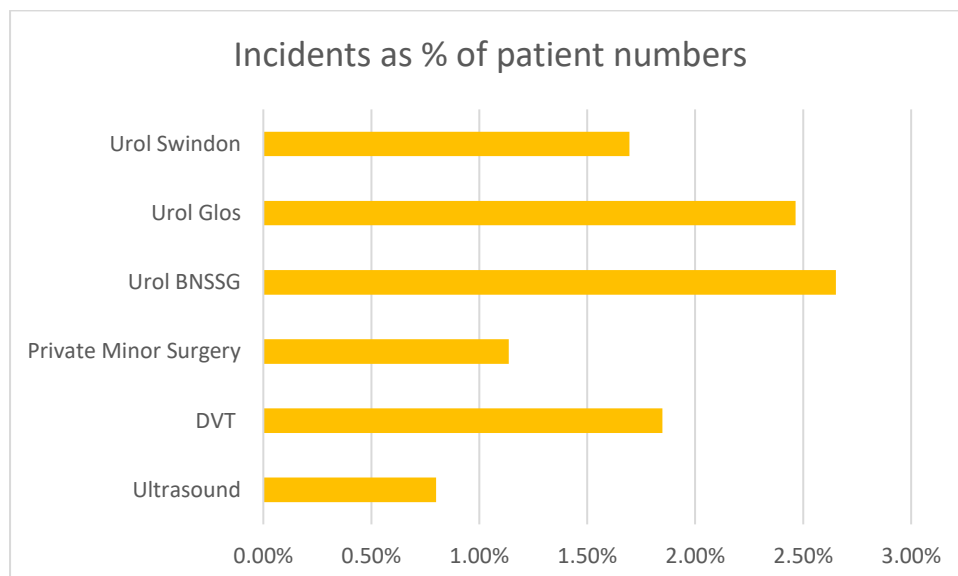
Incidents are classified as adverse if they have had a negative impact on the patient's pathway/treatment, near misses are where the incident has been identified prior to any impact on the patient.

Diagram 2 below provides a breakdown on incidents by service and Diagram 3 shows incidents as a % of patients using each service. We can see that the ultrasound service has the highest number of incidents in this period although the lowest based on patient numbers, an increase in incidents in this service was seen when it moved to the e referral platform with learning on how this platform benefited patients with self-booking, but incidents occurred with exclusions not being followed and GP triage needing improvement. The urology services in BNSSG and in Gloucestershire as our more complex services have the highest number of incidents based on patient numbers, although this has shown improvement with amendments made in processes and staff training. However, as a % of service users incidents rates are low across all services.

**Diagram 2: Incidents by Service**



**Diagram 3: Incidents as a % of Patient Numbers by Service**



**Table 2: Incident Type and Level of Harm**

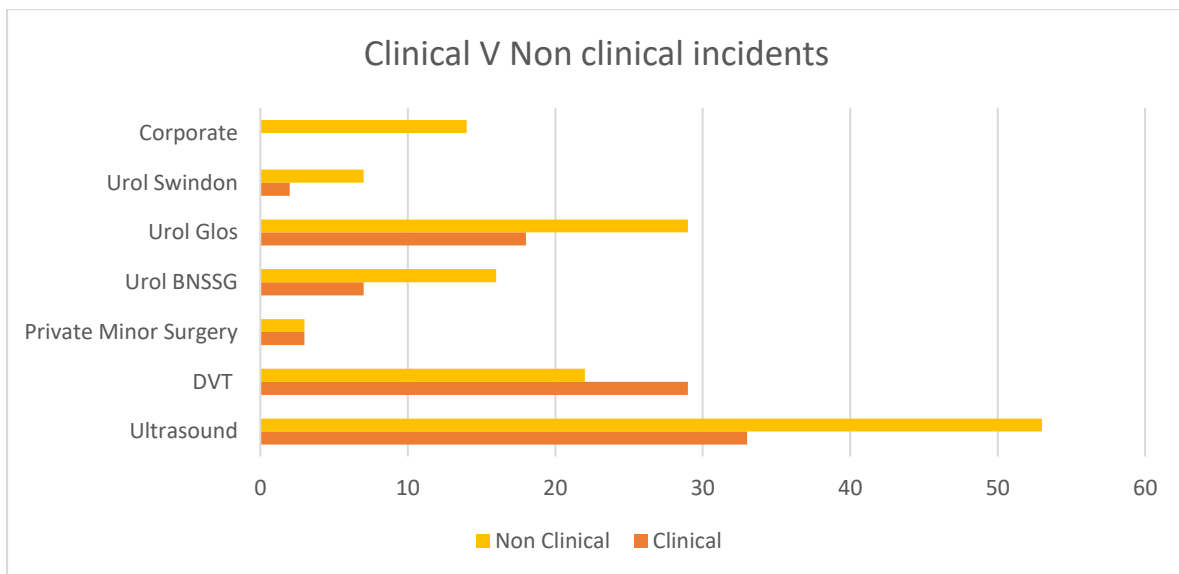
Service	No of incidents	Clinical	Non-Clinical	Harm low - moderate	No harm
Ultrasound	77	33	53	34	52
DVT	51	29	22	29	22
Private Minor Surgery	6	3	3	2	4
Urology BNSSG	23	7	16	3	20
Urology Swindon	9	2	7	1	8
Urology Gloucestershire	47	18	29	18	29
Prisons	1		1		1
Corporate	14	0	14	0	14
<b>Total</b>	<b>228</b>	<b>92</b>	<b>144</b>	<b>87 (35%)</b>	<b>149 (65%)</b>

The degree of harm, shown in diagram 5, helps us learn about the impact of incidents on patients and identify those causing most harm (severe harm and death), to prioritise clinical review of these incidents, table 2 above, provides an analysis. From this data we can see that:

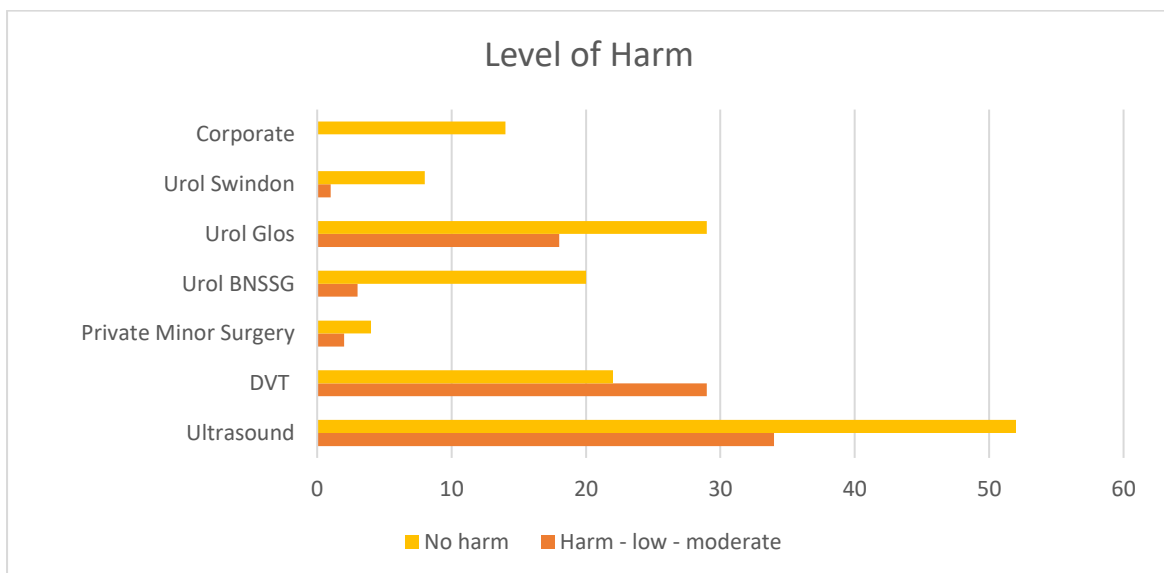
- 65% of GP Care incidents were reported as causing no harm slightly lower than the NHS which reported (71%) of incidents causing no harm.
- 35% of GP Care incidents caused low harm, higher than the NHS at 25%.
- None of GP Care incidents caused harm at a higher level compared to 4% in the wider NHS.
- Moderate harm is classified as having a moderate/serious effect on the care or wellbeing of another person or short-term harm requiring further treatment or procedure, none of the GP Care incidents were classified as moderate harm although 28 were considered as having the possibility of moderate harm if they reoccurred, those that were not felt to be a rare occurrence were subsequently fully risk assessed, see diagram 6.

Clinical incidents are those where there has been some failing in the clinical delivery of the service, non-clinical incidents are administrative or logistical errors. Incidents are recorded as no harm where there has been no impact on the patient's pathway. Diagram 4 below shows the split of clinical and non-clinical incidents by service. From this analysis we can see that there are low levels of clinical incidents being reported across all services and that the majority of incidents reported are non-clinical events. This is to be expected in an organisation of our type with fairly simple clinical services but does reflect the challenges in Patient Support and Logistics functions to delivering services to three different CCGs with multiple clinic locations and different service specifications in each service.

**Diagram 4: Split of Clinical and Non-Clinical Incidents by Service**

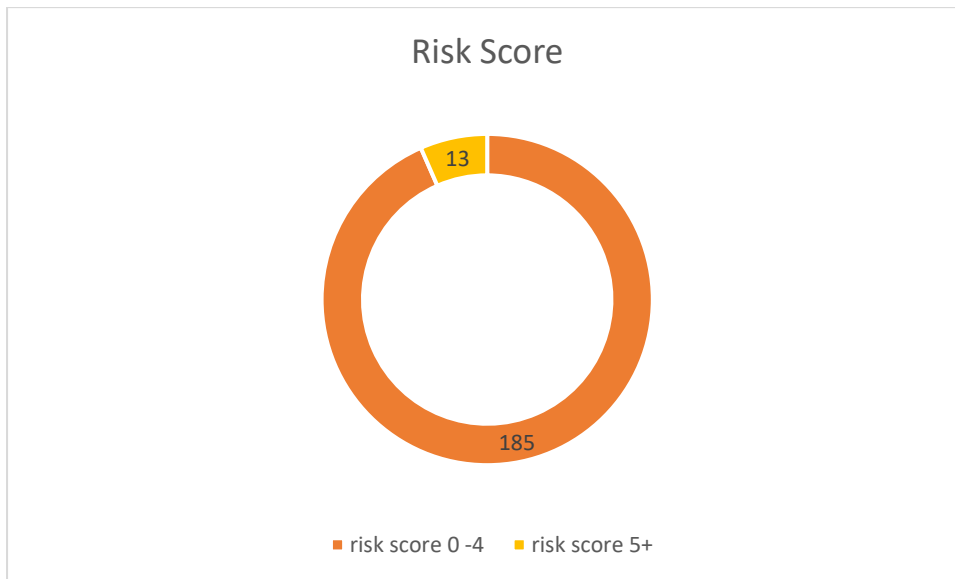


**Diagram 5: recorded harm from incidents**



All incidents are assessed to consider the likelihood of reoccurrence and the potential for harm. Any incidents scoring 5+ result in a formal risk assessment, incidents scored less than 5 have either low risk of repetition or low risk of harm or a combination of both. 13 incidents were identified as requiring a full risk assessment to ensure mitigation was put in place to minimise reoccurrence. These included the impact of repetitive strain injury (RSI) on sonographers, the difficulties encountered by patients when using hospital transport for DVT appointments, including wait times post appointment and access to wheelchairs on site.

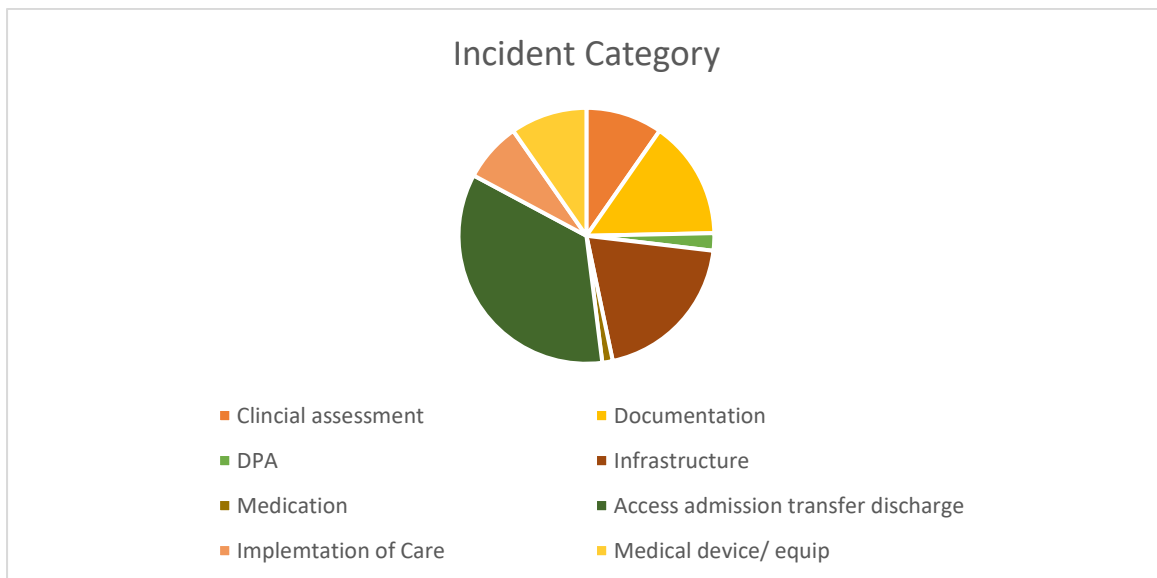
**Diagram 6: Post incident risk score**



**National Patient Safety Incident categories**

To improve the objectivity, incident categorisation is completed within the RCIG meetings where a consensus is reached for each incident. Incidents are also discussed at Clinical Governance Committee and the Executive Leadership Team meetings prior to summary reports being submitted to the GP Care Board.

**Diagram 6: NPSI categories of GP Care Incidents**



**GP Care Top 3 Incident Categories Reported in 2020/21**

The highest category of incident reported in the year with 79/228 (34%) related to access, admission, transfer and discharge. 34 of these relate to incidents arising in the ultrasound service predominantly with the advent of e referral where initially incidents occurred with patients who should have been excluded still being referred to the service and patients referred to and attending the wrong service resulting in re booking. 17 related to the DVT service with the predominant issues around hospital

transport and exclusions due to the patient weight limit of the ultrasound machines. We changed our referral criteria during the Covid-19 pandemic to accept wheelchair patients to free up capacity within local acute Trusts.

The second highest 45/228 (20%) relates to infrastructure, challenges with effective internet access caused issues in two of our sites this year which whilst having minimal impact on patients caused stress and frustration for staff, other minor issues included consumable availability in clinics and histology collections in the private minor surgery service all of which have now been improved.

In comparison to the NHS implementation of care (19%) and patient accident (13%) were the two highest, implementation of care accounted for only 7% of GP Care incidents with no patient accidents.

### **3. Conclusions**

GP Care encourages the reporting of incidents by all staff in order to manage patient, staff, and the public's safety and to inform improvements to services, the simplification of reporting process via SharePoint has been beneficial. It has been an extraordinary year due to the Covid-19 pandemic which we believe we have managed very well. We have also made a major service change in Ultrasound by shifting GP referrals to being received via eRS and opened access to wheelchair patients in our DVT service. These factors account for the increase in reported incidents this year rather than any increased risk of the services delivered.

## **Patient Feedback April 2020 – March 2021**

### **Patient Feedback 2020-2021**

GP Care recognises that one of the best ways to ensure ongoing service improvement is to listen to our patients' comments – whether positive or negative. Complaints are managed through our complaint procedure and all patients, or their carers, using our services are asked to provide feedback, based on the NHS Friends & Family Test. The survey is completed anonymously and is used to gain patient views of the care received and of the overall service delivery.

Friends and family survey results are submitted monthly to NHS Digital. A quarterly report is produced and is reviewed by our monthly Risk and Continuous Improvement Group, (RCIG), quarterly Clinical Governance Committee and are sent to our commissioners. Results are also shared with staff and contractors so they can have feedback on their performance and areas identified for improvement by patients. From the data collected patients rate our services highly, in summary:

- 96% would rate our services as extremely good- good
- 4% rate our service as poor

During the COVID19 pandemic the reporting requirement for Friends and Family information was stopped by NHS Digital to reduce pressure on the NHS and resumed in February 2021. Due to concerns regarding infection control GP Care stopped asking for feedback at appointments but from October 2020 provided patients with a card

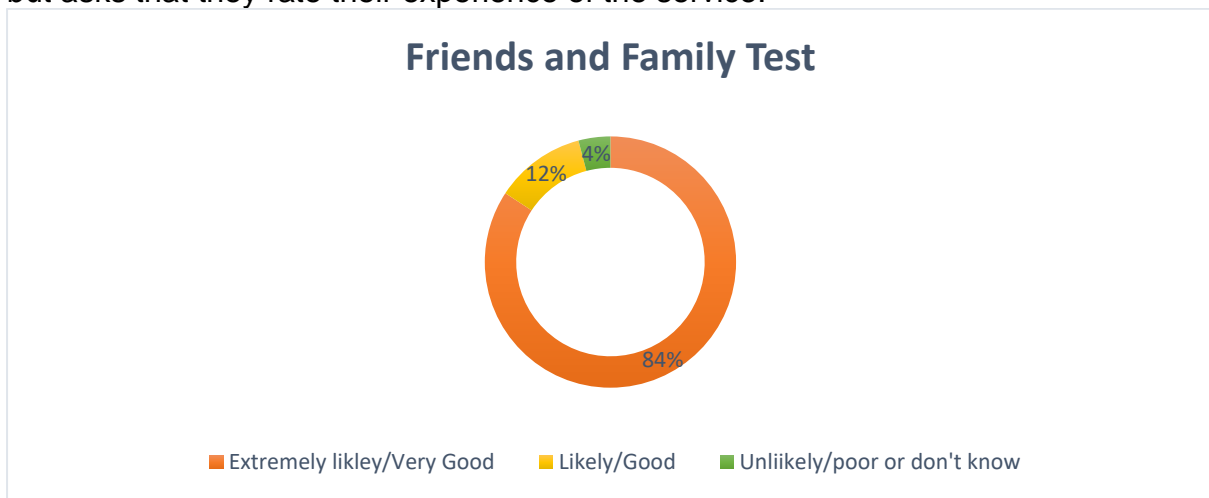


asking patients to conduct the survey online via survey monkey once they return home, patients with a mobile phone also receive an SMS following their appointment again providing the Survey Monkey URL.

Return rates have therefore been dependent on patients being motivated enough to log in once home which has dramatically reduced response rates. There were 323 responses received during the year, 16,368 patients were seen in the year, a 2% response rate.

### GP Care Friends and Family Test Results 2020/21

The question for the friends and family test was changed by NHS England in October 2020 and no longer asks if patients would recommend the service to friends and family but asks that they rate their experience of the service.



#### Diagram 1: Friends and Family Test results

As shown in diagram 1, 96% of patients gave a positive response to the test. Examples of feedback are as follows:

*“Lovely clean and fresh air, prompt and competent keep going as you are, best practice or medical centre I have ever been too, thank you!”*

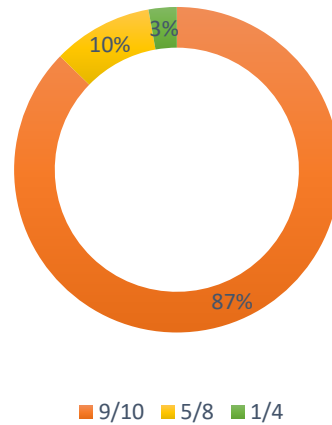
*“All perfect. Efficient, kind and thoughtful care”.*

*“Went in for explanation on recurring kidney pain (expecting kidney stones), was told something completely new and unexpected. The doctor seemed pushed for time and rushed through the description of what they are investigating next for me. I understand the service is under time constraints but when given a new and unexpected diagnosis, I would expect a slower, more considered pace.”*

As well as the friends and family test patients are asked to feedback on various aspects of the service, the numerical answers are ranged from a score of 1 – 10 with 10 being the top score.

**Question 2** - How satisfied were you with the service you received when in contact with GP Care? With 10 being the highest and 1 the lowest.

## Contact satisfaction



### Diagram 2: Contact satisfaction results

87% of patients were extremely satisfied with their experience of contacting GP Care.

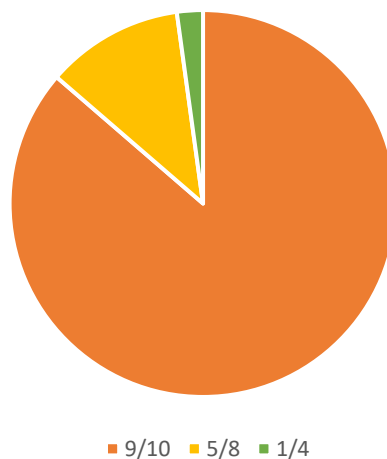
*“The people I spoke to on the telephone were polite and really helpful the treatment was very good and staff very polite and helpful”.*

*“Excellent care given by all staff from start to finish. Many thanks”.*

No negative comments were left on contact with GP Care.

**Question 3.** How clear and easy was it understand the information we provided about your appointment? (1 being not clear, 10 being extremely clear)

## Information clarity



### Diagram 3: Information clarity

No specific comments relating to information were received.

**Question 4:** On a scale of 1 to 10, how satisfied were you with the service you received at your appointment? (1 being not satisfied, 10 being extremely satisfied)



### Diagram 4: Appointment satisfaction

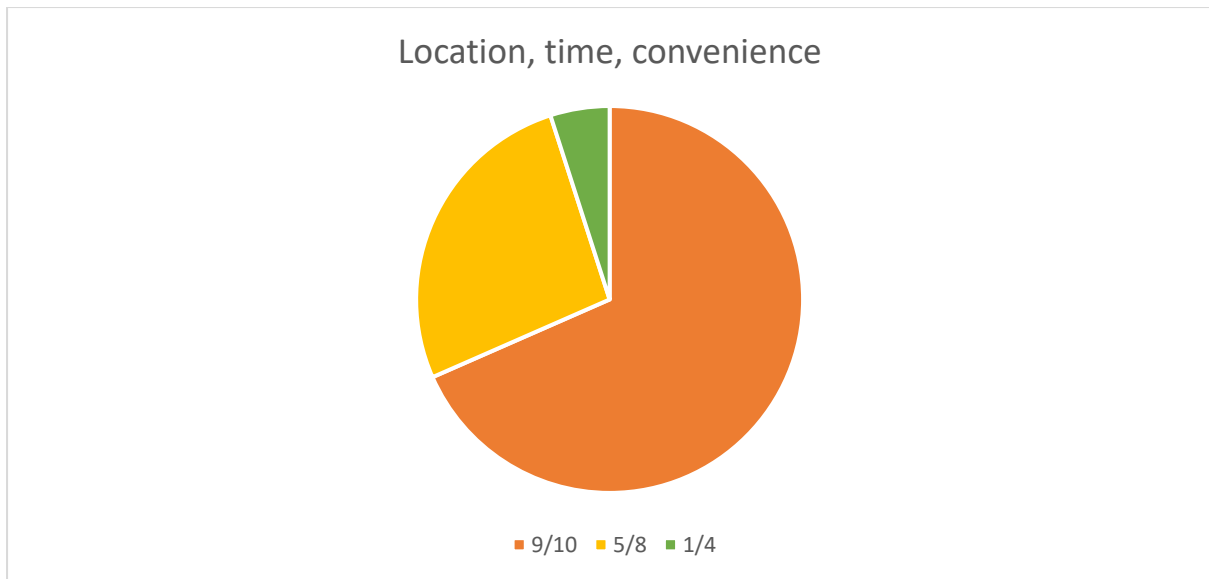
90% of patients were satisfied with the service they received at their appointment, as the replies are anonymous, we are unable to investigate those who expressed dissatisfaction.

*"My case is very complicated with different chronic conditions interacting over a long period of time. I was given time to describe my symptoms and explain my experiences and listened to with respect. Different options were offered and explained in detail by someone with excellent communication skills."*

*"I was able to get an appointment much quicker than I initially anticipated. Clear instructions throughout the process, staff were lovely. I felt totally relaxed and reassured during the whole process. Results already received by my GP. Very impressive service! Thank you".*

*"The clinician decided not to give me a cystoscopy disorganised. No adequate reason was given. He didn't ask if I was in any pain. "*

**Question 5:** On a scale of 1 to 10, how well did the appointment meet your expectations of location, time and convenience? (1 being expectations not met, 10 expectations fully met)



**Diagram 5: Convenience of appointment**

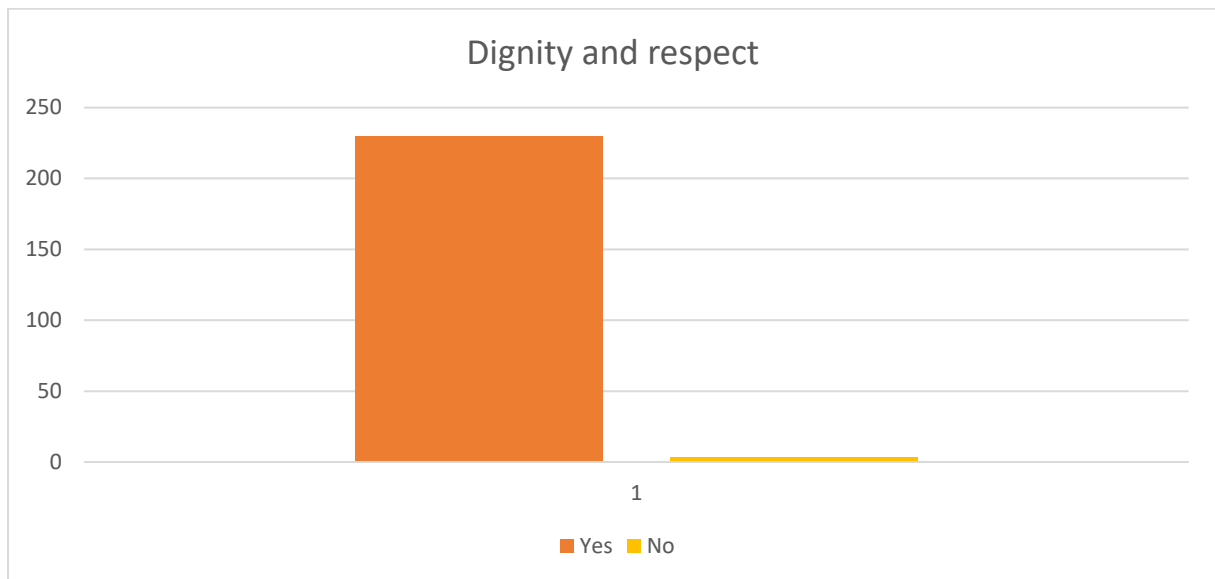
The services provided cover large geographical areas and it is challenging to provide locations and clinic schedules that are convenient for all patients.

*“My appointment arrived sooner than I thought, someone rang to make sure I knew where to go and what to expect. I thought that this personal touch was exceptional. When you arrive at Hadwen it’s easy to park and the location is very convenient too. The appointment was on time and the radiographer put me at ease straight away as did his assistant. I felt they made time to talk about the process, the outcome and the follow-up treatment”.*

*“Everyone was kind considerate and helpful. I am disabled and needed help and nothing was too much trouble. Instructions and advice were clear helpful. An excellent service.”*

*“Just that the location was not great for me.”*

**Question 6:** Have you been treated with dignity and respect by GP Care?



**Diagram 6: Dignity and respect**

3 patients during the year expressed concerns that they felt they were not provided with dignity and respect, however we also received praise as follows:

*“I was treated with respect and dignity by helpful cheerful staff my appointment was bang on time thank you.”*

*A real exemplar of health care – I was seen by three professionals. All three were fabulous, very professional, knowledgeable, friendly, courteous, and informative. Having fairly intrusive diagnostic procedures can be nerve-racking and stressful. This occasion I was relaxed and confident. I was treated with dignity and utmost respect. I left well informed of my condition and very comfortable with the process. Thank you.*

Patient feedback is used to understand what patients appreciate about the services and whether service improvements can be made. Improvements in this year have included making maps and directions to clinics clearer, reviewing instructions to patients weekly to ensure they were aware of the specific covid arrangements in each location and ensuring accessibility arrangements for patients with specific requirements were enabled whilst using the e referral system.

We believe it is now a good time to re-introduce giving Patients a Friends and Family form whilst in clinic and ask them to complete it and leave in a survey box in the waiting area with hand sanitizer for use after completion. Our specialist Infection Control Nurse has approved this step.

## **Staff Feedback**

GP Care carries out an annual staff survey to assess whether staff:

- Are happy and fulfilled in their work.
- Have a good relationship with managers and colleagues.
- Think highly of the organisation.
- Believe there is a good forum for reporting incidents and complaints.
- Are not subjected to any form of abuse or discrimination.

Overall GP Care's employees believe GP Care is a great place to work and provides a great service to its patients. They really enjoy their work, are rarely bored and believe it is very worthwhile. Employees believe the organisation to be well managed, but work needs to be done to ensure employees are confident they can raise issues in an open and honest way and be listened to. Nearly half of those who responded would be very likely to recommend working at GP Care to family and friends with only 1 saying they would not recommend us.

In the year a staff forum was set up to review the survey results and provide feedback to management and as a result various changes have been made:

- Incident originators would receive feedback on the outcome.
- Clinical team meetings to be rotated on different days to enable all staff to attend periodically.
- WhatsApp groups and social events to be arranged to help team building during COVID.
- Standardising corporate Induction so staff are clear on goals and objectives.

The vast majority of GP Care's employees are likely to recommend GP Care's services to their Friends & Family, and also to recommend to them GP Care as a place to work. The majority are very proud to work at GP Care and believe that the job they carry out is making a significant contribution to healthcare. People enjoy what they do and are motivated to perform.

## **Clinical Audit April 2020 – March 2021**

The annual clinical audit plan was approved by the Clinical Governance Committee in August 2020. All audits are internal to GP Care.

In November 2020 GP Care commissioned an independent review of its audit plan, progress and process which led to a review of priorities in February 2021.

### **Infection control audit of premises**

All premises used by GP Care in the delivery of its services are subject to an infection control audit. The audit is undertaken in liaison with host GP practices and community hospitals to provide assurance that infection control standards are met, and that patient safety is maintained, the audit considers all areas that GP Care patients/staff may experience to ensure minimisation of risks to staff, patients and

carers. Results are reported to the relevant location and any actions required discussed and tracked through to completion.

Access to premises and the corresponding audit was restricted in 2020 – 21 with the Covid 19 pandemic since the easing of the restrictions 7 audits have been undertaken with a further 4 scheduled in quarter 1 of 2021 -22 so that all premises have been audited within prescribed times. All premises have met or exceeded the required 75% pass mark, with scores ranging from 83% - 92%.

### **Clinical record audit**

This audit, to review the accuracy and completeness of clinical records held for patients in all services was introduced in 2020, due to the pandemic its introduction has been delayed however resourcing has been agreed to ensure its delivery in 2021.

### **Pre scan anti-coagulation audit.**

This audit is designed to ensure that patients referred to the DVT service have been prescribed appropriate anticoagulation to safeguard them prior to their scan appointment. The audit was reviewed by external auditors and recommendations adopted to audit action by GP Care staff that referring GPs were made aware of scan appointments not available on the same day and the recommendations for anti-coagulation. The audit has been undertaken each month and staff training is delivered to ensure compliance. On average 84% of patients have received pre scan anticoagulation, 91% of those not receiving pre-scan anticoagulation include clinical reasons for not prescribing the medication by their GP. This shows that only a small number (9%) of patients are not receiving pre-scan anti-coagulation with GPs not following the Protocol, these GPs are contacted to remind them of the correct pathway recommendations.

### **Compliance with NICE guidance.**

NICE (National Institute for Health and Care Excellence) provide evidence-based recommendations for safe and effective clinical delivery. GP Care services are compared to the guidelines to ensure best practice is delivered. The DVT guidelines were reviewed in April 2020 and amendments made to the patient pathway, including the use of DOAC's (direct oral anti-coagulation) for some patients with cancer and the requirement for anti-coagulation for inconclusive patients was removed. The urology guidelines are under review although as a consultant led service protocols are designed based on the NHS Trusts the consultants work in.

### **Prescribing audit**

Prescribing is a part of our Urology and DVT services. The audit has 2 parts, are the use of prescriptions issued to GP Care by the CCGs accurately recorded and accounted for and does the prescribing meet best clinical practice? Urology recording audits are undertaken 6 monthly to ensure electronic records match paper records from clinic, the audits have raised a few administrative inconsistencies which have been reported. DVT prescriptions are currently monitored by the Clinical

Matron, the DVT service lead will take this over and monitor use of prescriptions monthly.

The prescribing for urology was reviewed in January 2021 by a Medicines Optimisation Pharmacists in BSW CCG, results were fed back to the urologists for their review and action. This included updating Consultants on local guidelines for use of antibiotics in recurrent urinary tract infections and over active bladder medication. Prescribing audit for DVT has yet to be arranged.

### **Cystoscopy Quality Control audit**

This audit is undertaken quarterly and reviews the completeness of cystoscopy sheath recording and decontamination of scopes between patients on our electronic patient record system. Anomalies, on average 8%, are fed back the HCA's who provide this information to the consultant for recording in clinic.

### **Private Minor Surgery audit**

This annual audit reviews minor surgery outcomes for each surgeon including cancerous lesions, allergies, wound problems and any post-surgery infections. This was produced for 2019 - 2020 and reviewed and approved by the Clinical Governance Committee in December 2020. The audit has led to changes in protocol in relation to samples sent for histology which was benchmarked against other similar services. The 2020 – 2021 audit is now due.

### **Ultrasound audit**

As part of contractual requirements and best practice 5% of all ultrasound scans are peer audited. Considerable resources have been put into this audit in the last 12 months and the audit is now undertaken within 3 months of the original scan. All audits are reported to and reviewed by the Clinical Governance Committee, findings and learning identified are reviewed by the sonographers at quarterly education days. This year the audit has also included ultrasound scans undertaken in our urology service. The audit of Musculo Skeletal scans is also pending. There have been no incidents of patient harm identified from the audits although there are improvements required in ensuring annotation of images is improved and where image quality is affected by high BMI sonographers have been asked to record this on reports. During the year our gynaecology scanning protocol was updated with training provided to clinical staff.

### **Quality assurance of image quality audit**

Introduced in 2020 based on The British Medical Ultrasound Society (BMUS) guidelines all ultrasound machines and probes undergo quality assurance checks monthly, these are recorded, and any repairs notified to the logistics team for action. An external quality assurance check has been arranged for July 2021, to be undertaken annually, to further enhance quality assurance.



## Quality Improvements

With the information analysis from the above and other inputs a variety of improvements have been made this year to enhance the quality of our service delivery including.

- New corporate induction program for all new staff to improve understanding of the organisation's goals, objectives, and critical corporate processes implemented.
- Quality assurance program of ultrasound images, includes both internal and external checks.
- Restructure to develop a middle management team and development program for senior managers.
- CIPD training program for HR lead
- Health and Safety dedicated committee formed to reduce scope of responsibility for the Clinical Governance Committee
- Appointment of a dedicated Governance Lead to provide additional focus on clinical governance.
- Revision of Service Lead roles and additional resource to provide enhanced focus on premises management and reporting for operational site visits.
- Improved reporting on equipment servicing, calibration, and maintenance and new 6 monthly HR report to Board
- Improved safeguarding awareness and training for all staff
- Sepsis training for all staff
- Use of automated workflows to ensure robust management of complaints, incidents, alerts and daily clinic health and safety checks.
- Medical emergency protocol developed and implemented.
- Investment in two new ultrasound machines

## Assurance Information

### Clinical Governance arrangements

The Board of Directors have delegated day to day responsibility for Clinical Governance to the Clinical Governance Committee that is made up of a non-executive director, executive directors, and senior managers, clinical and non-clinical. The committee reports directly to the Board, the function of the committee and its work is coordinated by the Governance Lead.

The Committee's remit is to ensure that the high standards aspired to are achieved, and that processes and policies are in place to continually record, monitor and improve the standards of care offered to patients.

The Clinical Governance Committee is also responsible for:

- The establishment and maintenance of an effective system of integrated governance, internal control and risk management across all of GP Care's clinical activities.

- The on-going declaration of compliance with Care Quality Commission's Fundamental Standards and the development of under-pinning action plans and performance management of any areas of non-compliance.
- The policies and procedures for ensuring compliance with relevant statutory, regulatory, legal and code of conduct requirements, and the operational effectiveness of such policies and procedures.
- The clinical audit programme for GP Care services and the consideration of the findings of audit reports and the consequent action plans.
- The establishment and maintenance of effective systems to consider complaints, patient feedback and incidents relating to GP Care services.
- The consideration of other significant reports such as reviews by the Department of Health, Care Quality Commission and NHS Litigation Authority, staff surveys and reports from professional bodies (Royal Colleges etc.) and the development and monitoring of any action plans.

## **CQC registration**

GP Care is registered with the CQC, Provider ID 1-127835449, the Clinical Director is the CQC Registered Manager. GP Care is registered with the CQC to undertake the following regulated activities:

1. Diagnostic and Screening Procedures.
2. Surgical Procedures.
3. Treatment of Disease, Disorder, or injury.

Our services were inspected by the CQC at the end of 2019/2020 with a resulting CQC rating of Good which was reported in April 2020. The standard for 'Safe' was rated as requires improvement and a large amount of work has been undertaken in the period to improve this.

## **Information Governance**

Information Governance is a framework for handling personal information in a confidential and secure manner to appropriate, ethical and quality standards in a modern health service. It provides a consistent way for employees to deal with the many different information handling requirements including:

- Information Governance Management
- Clinical information assurance for Safe Patient Care
- Confidentiality and Data Protection assurance
- Corporate Information assurance
- Information Security assurance

All records should meet legal and regulatory compliance and professional practice recommendations. In committing to this, GP Care ensures that anyone processing personal data in relation to the organisation will comply with the enforceable principles of good practice as indicated in the 7 Caldicott Principles and the 8 General Data Protection Regulation (GDPR):

GP Care UK Ltd is registered with the Information Commissioners Office (ICO), Registration Number Z1458017, which covers the use of data. GP Care has a comprehensive set of Information Governance Policies which are embedded in staff induction and mandatory training programmes providing guidance for staff on:

- Information Governance requirements, includes GDPR
- Confidentiality and Data Protection requirements
- Data Quality
- Information Security
- Hard Copy Confidential Data and Confidential Waste, in the Homeworking and Clinic Environments
- Internet and Email Acceptable Use.

GP Care completes the NHS Data Security and Protection Toolkit annually and has achieved Level 2. Our Site Code is NWV01. Our HQ Code is NWV.

Our Executive and non-Executive Directors hold the key accountabilities around Information Governance as follows:

- Senior Information Risk Owner is the Clinical Director
- Data Protection Officer is the Operations Director
- Caldicott Guardian is a medical Non-Executive Director

## **CQuinns**

Due to our size, we receive the NHS small provider CQUIN allowance from our NHS Commissioners. This does not require additional quality projects, but we are required to meet quality reporting requirements within our NHS contracts.

## **Risk Management**

The purpose of the Risk Management Strategy is to detail how GP Care leads, directs and controls the risks to its key functions in order to comply with Health and Safety legislation, NHS Improvement (NHSI) compliance requirements, key regulatory requirements such as Care Quality Commission, and meet its strategic objectives. Our risk management strategy is fully endorsed by the Board. The risk management policy was reviewed in October 2020, the policy ensures an effective risk management programme informed by all levels of the organisation.

Risks are reviewed monthly by the Governance lead in liaison with relevant managers, the Clinical Governance Committee review all clinical risks 12+ quarterly and the executive leadership team and the Board review all corporate risks at least 6 monthly.

## **KPI Summary**

Performance against key indicators for our NHS services are shown below, services stopped seeing routine patients between March – June 2020 with the first lockdown for coronavirus, The DVT service continued as normal throughout the pandemic as this is an urgent service.

**BNSSG DVT**

	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21
Referrals	158	236	184	289	276	238	202	204	236	244	224	350
Contacted within 2 hours	97 %	99 %	97 %	95 %	98 %	99 %	99 %	99 %	99 %	99 %	98 %	96 %
Seen within 48 hrs	87 %	79 %	93 %	91 %	89 %	93 %	93 %	94 %	91 %	93 %	93 %	76 %

**BNSSG Urology**

	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21
Referrals	7	8	26	70	128	197	266	187	227	201	196	193
Seen within 28 days	62%	N/A	51%	75%	90%	99 %	100 %	90 %	78 %	85%	92 %	100 %
Discharge report within 48 hrs	100 %	N/A	100 %	100 %	100 %	99 %	100 %	99 %	98 %	100 %	99 %	100 %

**Gloucestershire Ultrasound**

	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21
Referrals	421	534	787	894	796	824	959	918	913	913	1033	962
Seen within 28 days	98%	96%	75%	59%	66%	86%	95%	95%	97%	95%	97%	88%
Discharge report within 5 days	100 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %

**Gloucestershire Urology**

	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21
Referrals	79	124	135	138	213	309	319	333	282	261	253	325
Seen within 28 days	75%	100 %	38%	48%	82 %	79%	91 %	94%	98 %	83 %	100 %	100 %
Discharge report within 2 days	100 %	100 %	100 %	100 %	99 %	100 %	99 %	100 %	99 %	99 %	99%	98%

## Swindon Urology

	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21
Referrals	14	12	54	58	52	52	46	57	49	41	47	58
Seen within 28 days	93%	86%	49%	76%	96%	64%	82%	85%	88%	87%	100%	57%
Discharge report within 2 days	100%	100%	100%	100%	100%	98%	100%	98%	100%	100%	100%	99%

## Training and CPD

A mandatory training policy was approved in May 2020 and is reported 6 monthly to the Board, the latest report is below.

Employees & Workers	RAG Rating	Comments
Board	100%	
Corporate	99%	Awaiting GDPR quiz for 1
Casual Corporate	100%	
Sonographers	100%	
Casual Sonographers	96%	Few new starters, awaiting some course certificates
Nurses	100%	
Casual Nurses	93%	Mental health training outstanding for a few individuals
Healthcare Assistants	99%	Awaiting GDPR quiz for new starter
Casual Healthcare Assistants	85%	Couple of new starters - waiting to attend their stat and mand course. Various training outstanding for 2 staff
Subcontractors	RAG rating	Comments
Shire Health	66%	Confirmation of training undertaken in the NHS being chased
Minor Surgeons	58%	Confirmation of training undertaken in the NHS being chased
Radiologists	96%	Awaiting sepsis for 1

Dedicated clinical development days (CPD) days are arranged quarterly for our permanent and casual clinical teams, CPD attendance is documented on the individual staff members training records.

## **Alerts**

Patient safety alerts received, from MHRA (Medicines and Healthcare products and regulatory agency), Public Health England and the Department of Health, by the clinical director and clinical matron. All alerts are reviewed in relation to relevance to the services provided by GP Care. Alerts with relevance are circulated via an automated process that maps receipt of the alert and the actions taken. Alerts are reported to the Clinical Governance Committee quarterly and actions audited by the governance lead.

11 alerts relevant to the business were received in the period and actioned

## **Policies**

All GP Care policies are reviewed and approved at committees and ratified by the Board. 35 policies were reviewed in the period, including all human resource policies.

## **Quality Priorities for 2021 – 2022**

- Improve our Care Quality Commission (CQC) rating for the safe domain from requires improvement to good by requesting reassessment from the CQC
- Improve recording of Subcontractor mandatory training that has been undertaken in the NHS by end of October 2021
- Increase Friends and Family Test response rates to pre Covid –19 levels (30%)
- Deliver training in complaint management to key managers and review complaints workflow to ensure it is fit for purpose by end of December 2021
- Implement annual external quality assurance checks of all ultrasound machines by end of September 2021.
- Redesign the GP Care website by end of October 2021 to make it easier for referring GPs and patients to find the information they need
- Implement annual questionnaire for Sonographers on repetitive strain injury (RSI) to identify areas where we can improve ergonomics and reduce risk of injury
- Continue to develop our processes to evidence robust premises management