



Quality Account

2021/2022



Quality Account

1

Introduction

- Thoughts from Our Directors.
- GP Care:- Our services.

2

Our Performance in 2021-2022

- Complaints
- Incidents
- Patient Feedback
- Staff Feedback

3

Clinical Governance

- Patient Safety Quality and Improvement
- Clinical Audit
- Risk Management
- CQC registration
- Continued Professional Development
- Information Governance

4

Quality Priorities for 2022/23

1

Introduction

Thoughts from our Director

2021-2022 is probably best described as the year in which we all attempted to achieve some sense of normality. Whatever that might be.

With Covid numbers and the impact reducing but still ever present and a need to learn to 'live' with this virus in our communities, a significant focus for GP Care in this year has been to re-establish all of our services, across all sites whilst ensuring our staff, patients and those who support them remain safe.

For us, like all healthcare providers this has been a real challenge but one that our teams have embraced. We have seen the highest numbers of patients in Q4 of this year than at anytime in GP Care's history.

As well as doing more, our teams have continued to maintain our exceptionally high standards of care with 98% of patients rating their experience as very good or good.

This year has also seen changes in the leadership of GP Care with the appointment of a new CEO, John Campbell in June, and a restructure of the executive team following the departure of the Clinical Director and the Director of Operations. This included the introduction of the role of Director of Service Delivery bringing together clinical, operations and workforce into one portfolio.

The change in leadership and restoring service delivery provided the opportunity to reflect and review and with that the development of a new strategy and set of values designed to steer the direction of the organisation over the next few years.

Work has continued across GP Care to improve our approach to quality and safety building on the learning from our 2020 CQC review. This includes as detailed in this years quality account a refreshed approach to 'Patient Safety Quality and Improvement'.

This ongoing work along with our quality priorities for 2022-23 will ensure firm foundations are in place across the organisation to support our ambition to grow and provide more high quality care closer to home for the communities we serve.

Becca Shute
Director of Service Delivery.



1

Introduction

GP Care:- Our Services

GP Care is an award-winning social enterprise, formed in 2006 to improve local access to specialist diagnostic and treatment services for patients.

Our fundamental aim is to further enhance our collaboration with the NHS, work in partnership with other organisations and provide access to care closer to home in a timely way.

It's not just what we provide in terms of our services but how we provide them which is important to us.

Our values of 'Aiming HIGH' ensure we maintain and further improve the quality of our services for the benefit of patients.

Following engagement with internal and external stakeholders our service strategy sets out the following aims: -

Expand services to other areas to provide high quality services to more people

Create strong partnerships with organisations with similar values that enhance our service offering

Move into other service specialities that would benefit from our one stop approach

Improve service quality through innovation and by adopting practical ways of involving patients in the design and delivery of our services

Further enhance our positive culture, with greater training and development opportunities for our staff

Contribute to addressing health inequalities by tailoring our services to the diverse communities we serve

Ensure our services are financially and environmentally sustainable achieving accreditation standards that endorse our service quality

Our Values

In addition to the strategy and aims, a new set of organisational values were created. Co-produced through a series of staff workshops the values were launched along with the strategy at the first in person away day since the pandemic.



Aiming HIGH

Our values are at the core of our service provision and this helps to ensure that people experience great patient care at every appointment.

In 2021-2022 we provided the following services:-

Non-Obstetric Ultrasound Services

- Gloucestershire (Pre October 2021)
- Prison In- reach service
- Cardiff and Vale University Hospitals (Nov 2021)

Community Urology Services

- Gloucestershire
- Swindon
- Bristol, North Somerset and South Gloucestershire

Deep Vein Thrombosis Service

- Bristol, North Somerset and South Gloucestershire

Self Funded minor skin surgery

- Bristol and South Gloucestershire

**16,077 patients
seen by GP Care
between
April 21 - March 22**

Complaints

At GP Care 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 their feedback and improve our services.

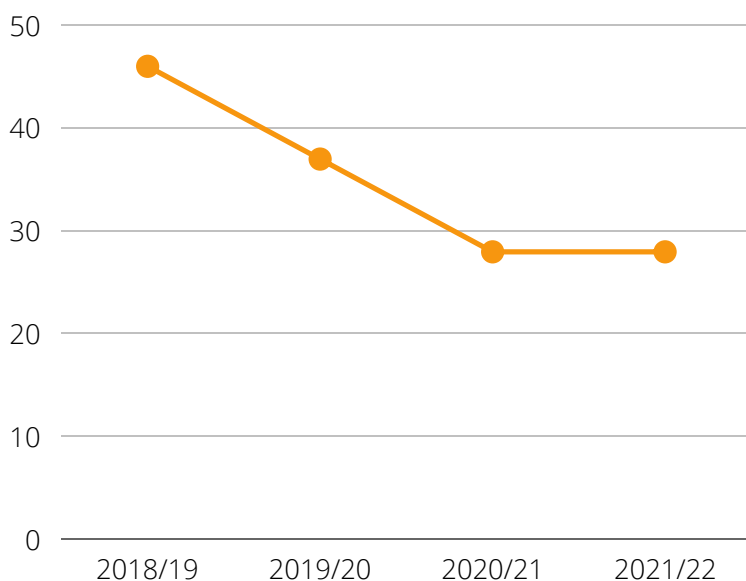
We have a robust process in place to ensure that complaints are responded to in a timely way and learning shared across the organisation.

All complaints are managed by the relevant service manager and reported quarterly to the Patient Safety, Quality, and Improvement (PSQI) committee and shared with the relevant Clinical Commissioning Group.

We respond to all complaints in the same way, whether they are received verbally, via e mail or letter. They are formally acknowledged within 2 working days and resolved within 20 working days unless there is a need for extensive investigation.

There were no complaints in 2021-2022 referred onto the Ombudsman or the Care Quality Commission.

Complaints Yearly Trend



Complaints by Service 2021-22

Service	Number
Ultrasound (Gloucestershire)	2
DVT	1
Self Funded Minor Surgery	10
Urology BNSSG	8
Urology Swindon	3
Urology Gloucestershire	3
Other	1
Total	28

The number of complaints received in 2021-22 remained the same as the previous year equating to a complaint per 0.17% patients seen.

24 of the 28 complaints were upheld or partially upheld, all were considered minor in nature.

Learning from Complaints.

- Review of comments made on patient records to ensure awareness of inappropriateness of subjective comments
- Guidance developed and implemented on patients' rights to record appointments
- Improved patient information for self-funded minor surgery on post op care
- Audit of post cystoscopy infections
- Guidance on managing patient expectations with regards to onward referrals issued to staff
- Audit of prescriptions issued for DVT, standard templates amended
- Clarification received from commissioners regarding funding application process for relevant patients, new process implemented

Incidents

At GP Care we manage incidents in line with our Incident and Serious Incident Reporting Policy which is based on the same criteria used within the NHS, this was reviewed and updated in May 2020.

All incidents are managed by a service manager and reported quarterly to the Patient Safety, Quality and Improvement (PSQI) committee and the relevant clinical commissioning group.

There were 167 incidents reported in the period, compared to 136 the previous year. Staff are encouraged to report incidents to enable learning and to identify trends.

This is a slight increase on previous year against a similar total patient number. This maybe as a result of an increase emphasis on reporting.

Service	No	SIRI	Adverse	Near Miss
Ultrasound (Gloucestershire)	28		16	12
DVT	41		30	13
Self Funded Minor Surgery	8		8	0
Urology BNSSG	28		12	16
Urology Swindon	11		3	7
Urology Gloucestershire	36		21	15
Prisons	3		1	2
Corporate	12		7	4
Total	167	0	98	69

it is important to note that any incident that did or may have impacted on the patient pathway is consider to be 'adverse'. It has been acknowledged that this likely to result in an inflated number of 'adverse' incidents which should have be categorised in a different way.

Service improvements and learnings from incidents

- Moving and handling – with an increasing numbers of wheelchair patients being referred to the BNSSG DVT service we are establishing hoisting facilities to ensure access and safe and effective care
- Categorisation of incidents – clarification and training on classification being developed in 2022/23
- Spam emails- following a hoax email purporting to change a staff members bank details for payroll purposes, training has been delivered alongside regular tests
- Audit – additional audits have been undertaken including prescribing in DVT and are also planned to cover post cystoscopy infection

Patient Feedback

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 views of the care received at the appointment 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 Patient Safety, Quality and Improvement committee and is 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 for the 2021/22 year:

98% would rate our NHS services as extremely good or good

Really clear advice & helpful. Everything well organised - fast and appropriate service. Just simply excellent service by NHS, as always.

Staff showed real empathy to me and put me straight at ease. An appointment I was dreading, but it turned out to be extremely good

Every thing went has expected, quick and efficient. Was given more information in the 20 minutes I was there, than I have had in the last 14 months from my own GP surgery.

Response rates however were lower than we would have liked with 3083 responses over all NHS services, 19% of patients seen. Increasing the response rate is a quality priority for 2022-23

Improvements and learnings from patient feedback

- Additional locations have been re instated post covid restrictions.
- Video appointments now available in DVT for follow ups and Urology minor surgery for pre/post op appointments
- Amendments to maps/patient letters made
- A review of our patient feedback mechanisms is planned for 2022/23 to understand how we can achieve meaningful involvement within the services which have limited patient touchpoints

Staff Feedback

Every year at GP Care we undertake a staff survey so that we can understand if 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.



Staff also told us that:-

- The organisation is well managed and there has been an improvement in colleagues feeling confident they can raise issues in an open and honest way and be listened to
- Most staff have had objectives set and feedback on performance has improved, this was an area that was a focus following last year's survey and steps were taken to improve feedback
- All staff felt safe and supported throughout the Covid-19 pandemic and thought the testing and vaccine roll out was well managed.
- The vast majority of employees consider GP Care has a non-discriminatory culture, which cares about them and their health and wellbeing

Staff also told us where we could improve:-

- About a fifth of staff responding felt they did not have enough time to complete all their duties within their working hours. As a result of this job plans are being reviewed.
- Just under a quarter of staff responding felt their pay was not appropriate, The pay award for next year will need to consider the impact of the rise in National Insurance Contributions for both employees and the organisation
- Job insecurity is a bigger concern this year with an increased number of staff worrying that they may lose their jobs within the next 6 months, this is not surprising as the timing of the survey coincided with the announcement of the Gloucester NOUS exit. A GP Care Service Strategy has been developed that looks to expand our existing services and extend into similar areas
- The majority of staff do feel their job is stressful at times and we are keen to do more to support health and wellbeing at work including promoting Wellness Action Plans being undertaken in 1-to-1 meetings
- Limited role progression remains a concern for many staff and we want to improve opportunities as we look to grow.

Patient Safety Quality and Improvement

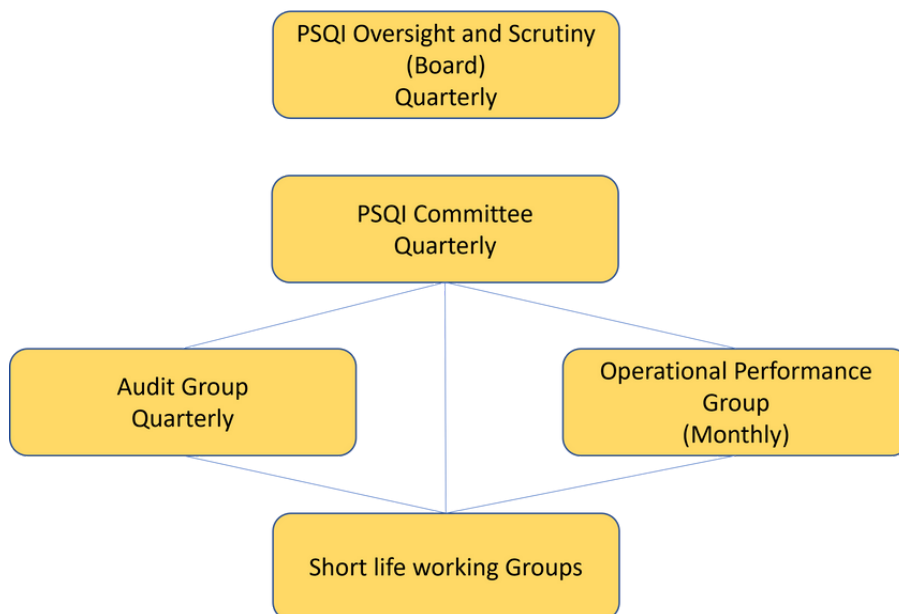
A full review of clinical governance arrangements was undertaken in 2021, the review was informed by external research into evidence-based practice together with internal and external consultation and involvement.

The aim of the review was to:-

- create an understanding of the complexities of clinical governance,
- develop an organisation wide approach to clinical governance
- ensure that clinical governance meaningful to the services provided

Changes to management and assurance requirements were recommended and approved by the Board of Directors in February 2022, whilst the work is ongoing through 2022/23 initial changes have included –

- Changing the terminology from 'clinical governance' to Patient Safety, Quality and Improvement, to enable a better understanding of its purpose
- Restructuring of committee/meeting structures
- Identification of specific short term projects to enhance delivery in relation to risk, incident and complaint management, patient involvement and policy requirements



Clinical Governance structure.

Clinical Audit.

The annual clinical audit plan was approved by the Clinical Governance Committee in September 2021. All audits are internal to GP Care, undertaken by GP Care clinical staff and reported into the audit committee at which any actions are agreed and allocated. .

Infection control audit of premises

The audit is undertaken in liaison with host GP practices and community hospitals. Results are reported to the relevant location and any actions required discussed and tracked through to completion. 13 locations out of a total of 17 were audited in 2021/22. Of the 4 outstanding, 2 were delayed due to covid restrictions and 2 are 3 yearly audits.

Pre Scan Anticoagulants

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. 9% of patients are not prescribed in line with protocol, which are followed up with the referring GP

NICE guidance compliance

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. DVT and Urology pathways have been audited against the guidance and are compliant.

Prescribing

Audits are undertaken to ensure that prescription stationery is managed in accordance with policy and clinical prescribing is accurate. DVT and Urology prescribing is audited on a monthly basis. Addition audit of anticoagulation prescriptions was undertaken due to an increase in prescription errors. As a result EMIS templates have been changed to reduce the risk of further error.

Ultrasound

5% of all scan images are peer reviewed. The results of the audit are fed back to sonographers to enhance practice. In addition, in line with BMUS guidance equipment quality assurance checks are undertaken monthly and annual completed by an external partner.

Minor Surgery

This annual audit reviews minor surgery outcomes for each surgeon including cancerous lesions, allergies, wound problems, and any post-surgery infections. This audit is under review to redefine the audit standards and benefits to practice.

Cystoscope 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.

Risk Management

The management and reduction of risks remains a priority area for us at GP Care ensuring our staff and patients are staff and care remains the highest quality.

In autumn 2021, the approach to identifying, recording and managing risks was reviewed alongside all aspects of the PSQI agenda.

A full review of the risks registers was undertaken and long standing historic risks regraded or closed if no longer applicable.

A new structure for the management and oversight of risks has been introduced promoting ownership at service delivery level.

Risks are reviewed monthly at Operational Performance Group and actions monitored.

Any risks which are clinical in nature are escalated to the clinical leads and reviewed at PSQI committee.

Any risks which score a 12 or more and/or have an organisational wide implication are escalated and discussed by the senior leadership team.

A new High Level Risks Register has been established and is reviewed at each meeting of GP Care Board.

In 2022/23 the focus will be on supporting all staff to confidently identify risks and for the leadership team to define risks and issues, identify mitigations and ensure robust oversight.

CQC registration.

GP Care has maintained its registered with the CQC, Provider ID 1-127835449.

Following a change in executive leadership, the Director of Service Delivery is the Responsible Individual and Registered Manager.

GP Care is registered with the CQC to undertake the following regulated activities:

- Diagnostic and Screening Procedures.
- Surgical Procedures.
- 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 work continues to ensure that the improvements made in this area are sustained to ensure an enhanced rating at future inspections.



Continued Professional Development

At GP Care we invest in the training and development of all our staff as a vital mechanism to ensure high quality care.

Training and development activity has continued throughout 2021-22, embracing a virtual approach as required throughout the pandemic. This has maintained our high standard of statutory and mandatory training compliance.

A review of the requirements for each professional group and models of delivery is a priority area for 2022-23.

Developments in 2021-22 to further develop the learning culture in GP Care are:-

- A new approach to engagement and development **GP Care Connected**
- A 'Leadership Diagnostic' review undertaken by the **Leadership School, Bristol**
- Introduction of a new role of **Practice Development Nurse** to support the HCA and wider workforce

Information Governance.

At GP Care we have a robust approach to Information Governance ensuring that information is handled in a secure manner maintaining the principles of GDPR and ethical practice.

The approach provides a consistent way for our staff 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

We are registered with the Information Commissioners Office (ICO), and have 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 Quality Priorities 2022-23

