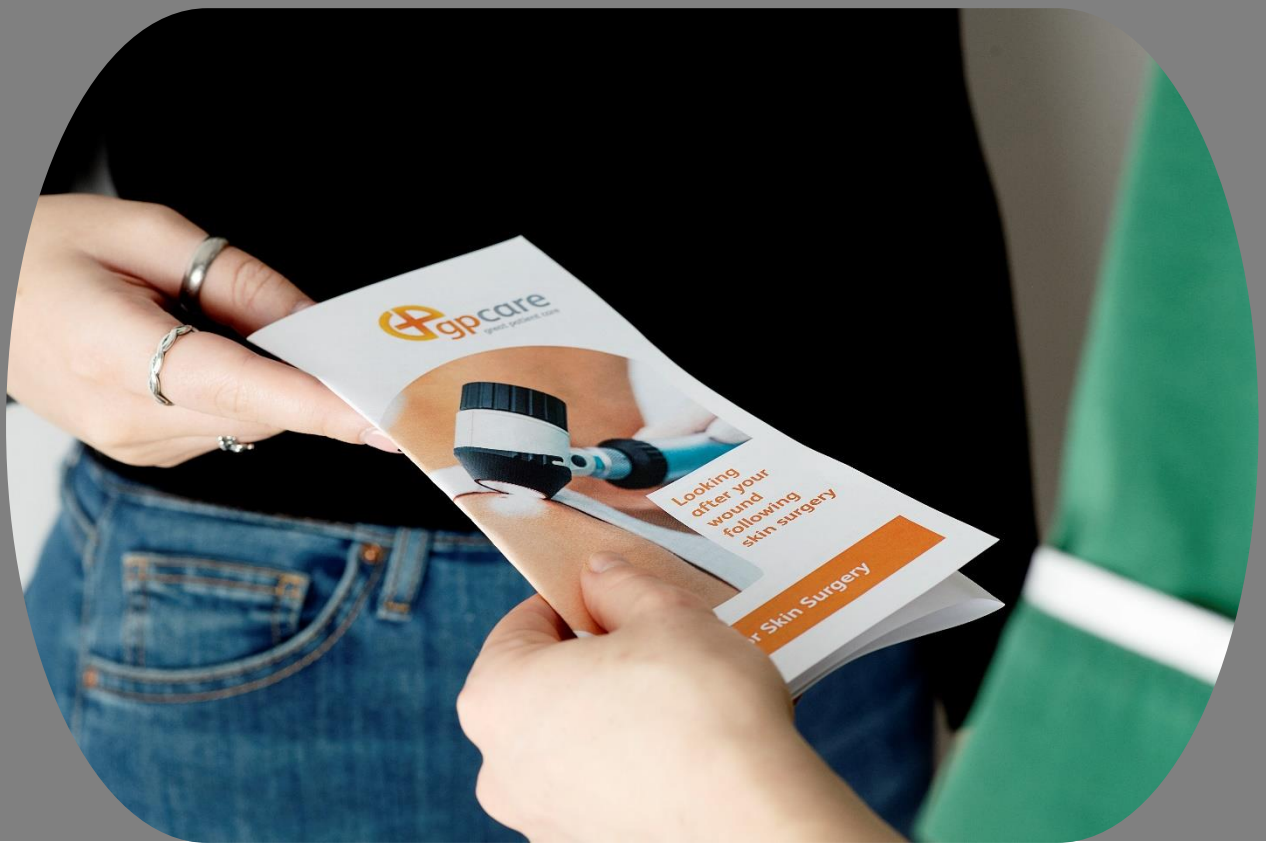




# Quality Account

2022/2023



# Quality Account

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## **Quality Priorities for 2023/24**

# Thoughts from our Chief Executive

As we look back over the last year (2022-2023), we can be proud of the contribution we have made in relation to the demand pressures the NHS faces, working in partnership with a number of Integrated Care Boards (ICBs), Acute and Community Trusts, GP Practices and other partners in the delivery of community-based diagnostic and treatment services. We have seen significant demand for our services, a 12% increase in Q4 of 2022-23 compared to the previous year.



We have introduced new models of service delivery, which have improved patient pathways and patient experience. This included a triage approach within our Deep Vein Thrombosis (DVT) service to ensure higher risk patients are seen as a priority and have worked with system partners when demand increases beyond the capacity we have, particularly during hot weather. In terms of our Community Urology Service in Bristol, North Somerset, and South Gloucestershire (BNSSG) we have developed a partnership with local Consultant Urologists which has stopped patients being re-assessed if first seen in the Community and then needing treatment in Hospital. This work has received commendation from BNSSG Commissioners, and we have been able to reduce waiting times from 11 weeks to an average of 5 weeks over the year. We are working on further developments to the service in 2023-24. We have also worked closely with Shire Health, our partners for our Community Urology services in Gloucestershire and Swindon, in order to more closely match demand with the number of clinics we provide.

Our patient satisfaction rates have always been exceptionally high, but we have improved this even further with 98% of our patients rating their experience as very good or good, up from 96% the previous year.

We commissioned an independent external review of our clinical and operational service delivery in Q4 of 2022-23. This highlighted great work across the organisation, and a shared sense of purpose amongst staff, living our values and a clear recognition of our ambitions to grow so we can make an even wider impact in the communities we serve. The review also found positive progress in terms of embedding our new approach to clinical governance, which we call Patient Safety, Quality, and Improvement (PSQI) as it is more understandable to all.

We invested further in our clinical leadership with the appointment of Practice Development Nurses, rolled out EMIS mobile to staff to improve clinical record keeping and following a Quality Improvement Project have made improvements in our Patient Support Team function who book patients into appointments, including enhancements to our telephone system.

We have proactively engaged with the Care Quality Commission (CQC) the health care regulator through the year. We recognise we have more work to do to further embed our Patient Safety, Quality, and Improvement approach, but can be proud of what we have achieved as highlighted above and throughout this report.

John Campbell  
Chief Executive Officer

**Aiming HIGH**

# 1 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 specialties 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.**

# 1

## Our Values

To support our strategic aims we have revised our organisational values. We wanted to reflect the ambition and dedication we share.



## 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 2022-2023 we provided the following services:

### Non-Obstetric Ultrasound Services

- Cardiff and Vale University Hospitals

### 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, South Gloucestershire, Wiltshire and Gloucestershire

**11,494 patients  
seen by GP Care  
between  
April 22 – March 23**

# Our Performance

## Patient Feedback

All patients, or their carers, using our services are asked to provide feedback based on the NHS Friends & Family Test. Patient feedback is vital to ensuring we continue to deliver great patient care. It's also vital to our staff morale to know they are delivering care in way that people value and appreciate.

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 2022/23 year:

**98% of patients rate our NHS services as extremely good or good**

Quick, effective service-respectful treatment.  
What's not to like?!

The service from start to finish was superb, thank you. The doctor and 2 nursing staff that were at the appointment were first class. Thankyou, this experience was first class.

Appointment was local to us called in to see consultant only a few mins late. Very useful information given and explained clearly. All questions answered. Treated with great dignity. Very impressed with everything to do with the appointment 10/10

Response rates improved to 30% in 2022-23, from 19% in 2021-22 (paper-based surveys were removed during the covid pandemic), our focus in 2023/24 is to improve response rates further to greater facilitate patient input.

### Patient feedback analysis

From analysis we identify any trends in feedback received, to understand what our patients value, for example on-time appointments and where they feel our services could be improved. With increased feedback responses we will gain a better understanding of these areas.

## Colleague Feedback

We use various methods of engagement and communication within GP Care to encourage two-way communication and involvement of colleagues, we call this 'GP Care Connected'. This provides various ways in which colleagues can get involved and have their say. We run regular open invite virtual coffee sessions with the CEO, away days and a bi-monthly Leadership Forum to support leadership development across the organisation.

To enable more dynamic engagement with our workforce in a way that was both meaningful and effective, we took the decision to move away from a rather unwieldy annual survey, akin to what is done in the NHS and launched shorter quarterly pulse surveys on topics of interest and to get a better sense of what really matters to our workforce. These shorter surveys enable us to act quicker on 'you said, we did' and we have witnessed an increase in response rates compared to the more traditional approach using annual surveys.

Each colleague pulse survey has a theme, in the first of our new surveys, Q4 2022-23, the focus was on pay and reward in light of the proposed pay award. In Q1 of 2023-24 it is focused on the health and well being of our workforce. Some of the results of our first survey are shown below:

57% response rate  
– much higher  
than the 22%  
response rate to  
the previous year's  
annual survey

More than two  
thirds of colleagues  
say they enjoy their  
job all of the time  
with the other third  
saying they did  
some of the time

Over three quarters  
of staff would  
recommend GP Care  
as a good company to  
work for

Our colleagues gave positive responses to:

- Receiving recognition for doing good work
- The communication of GP Care updates/issues
- The fairness of the pay award

Colleagues highlighted some areas they felt could be improved:

- High level of demand on their time for some roles – we have added to our nursing capacity with two new practice development nurse roles, we have added a Head of Patient Safety, Quality and Improvement role and are also focusing on our processes to ensure colleagues are able to fulfill their duties.
- Colleagues want more opportunities to expand their knowledge, skills and complete CPD – we have recently reviewed training provided, introduced the Care Certificates for all HCA's, hold full day of quality training for clinical staff and added additional patient safety and safeguarding training.
- IT infrastructure – we are reviewing access arrangements to systems to enhance service delivery as well as exploring how software upgrades and enhancements can help improve colleague's experiences of working with us as well as patient care.

# 2 Our Performance

## Complaints

At GP Care we want to know when someone is unhappy with the treatment or service they have received. This provides us with an insight into the patient’s experience of the care provided and can help identify focus areas for improvement to service delivery.

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 ICB.

Formal complaints are acknowledged within 2 working days and resolved within 20 working days unless there is a need for extensive investigation, some complaints, in liaison with the complainant, are resolved informally through dialogue with the service manager.

We aim to resolve all complaints in house, however recognise that at times it is necessary for an external body to review our processes and the circumstances of a complaint to help achieve a resolution. In 2021-22 we received a complaint which we were not able to resolve in house. The complaint progressed to the Ombudsman in 2022-23 who following review stated: ‘There is nothing to suggest that the service GP Care provided fell short of the relevant standards’. We did however modify our practice slightly to help improve the quality of experiencing care and treatment in our services.

We maintain an open dialogue with CQC through regular engagement meetings. Throughout 2022-23 we have not received a complaint that met the threshold for notifications set out by CQC.

Complaints by service 2022-23	
DVT	1
BNSSG Urology	2
Glos Urology	3
BSW Urology	0
Private minor surgery	4
Prison Service	0
Cardiff and Vale service	0

How we have improved our processes following complaints:

- Amendments were made to Urology surgery letters in response to a complaint to reflect current wait times more accurately.
- The process for advising the patients registered GP of a private minor surgery procedure was amended so this was not delayed pending histology results.



## 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 will be reviewed in 2023 -24 in line with the new NHS Patient Safety Incident Reporting Framework (PSIRF). All incidents are overseen by a service manager and reported quarterly to the Patient Safety, Quality and Improvement (PSQI) Committee and the relevant Integrated Care Board.

There were 77 incidents reported in the period, compared to 136 the previous year. Incident reporting is a focus for 2023/24 in line with PSIRF changes to be adopted.

Service	Total Incidents	Adverse Events	Near miss Events
DVT	37	24	13
BNSSG Urology	12	5	7
Glos Urology	20	11	9
BSW Urology	4	1	3
Private Minor Surgery	3	3	0
Prison service	0	0	0
Cardiff and Vale	0	0	0
Corporate	1	0	1

It is important to note that any incident that did or may have impacted on the patient pathway is considered to be 'adverse'. It is also acknowledged that the number of incidents reported has reduced. We have some further work to do to ensure data quality and consistency in incident reporting, this will feature in our work over the next 12 months in line with the NHS PSIRF.

### Service Improvements and Learning from Incidents

- Many of the incidents relating to the BNSSG DVT service relate to delays and unreliable transport arrangements for patients. We are working closely with the ICB who are addressing the issues through contract management.
- A full audit and review of prescription storage and recording has been undertaken to ensure effective management of FP10's. The outcome of the audit and review will form an updated medicine management policy.

## Patient Safety, Quality and Improvement (PSQI)

Our clinical governance agenda has been rebranded as Patient Safety, Quality, and Improvement, using this alternative language enhances inclusivity and meaning for colleagues. 2022/23 was used to review specific deliverables.

- Embedding the committee/meeting structure, reviewing, and amending members and the focus of these as they developed.
- Resourcing a full-time head of PSQI role to provide increased focus on the clinical governance agenda.
- Full review and development of the risk and issue registers
- Full review and development of the clinical audit plan
- Review of and plan for mandatory training

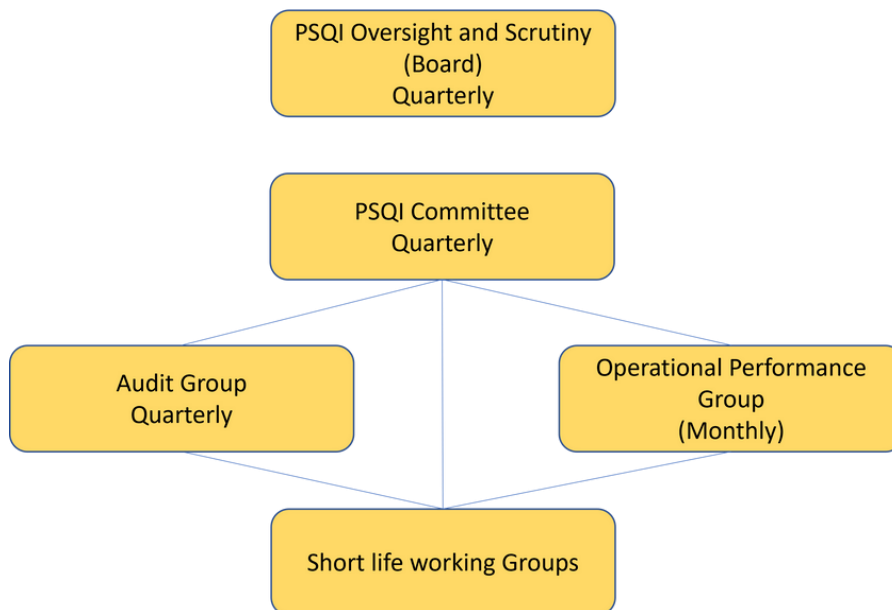


Diagram: PSQI Governance Arrangements

## Clinical Audit

The annual clinical audit plan was fully reviewed by the Clinical Audit Group, in October 2022 with the aim of identifying the greatest benefit to patients of each audit, any barriers to delivery and how to mitigate them. The audit plan for 22 -24 prioritised audits and resources based on risk and assurance. All audits are internal to GP Care, undertaken by GP Care staff and reported to the Audit Committee at which any actions are agreed and allocated.

# 3

## Clinical Governance

### Priority Audits

We focus our audits on aspects of our service delivery where we know there is the greatest risk. The three priority audits were identified as post procedure infections, updates as below:

#### Post cystoscopy infections audit

Flexible cystoscopies are undertaken in community urology services, they have a known risk of infection. The purpose of the audit was to ascertain the infection rate post GP Care procedure, this focused on the BNSSG service. Infection rates were identified within acceptable risk levels.

#### Private Minor Surgery post op audit

Changes to post operative care have been agreed to enhance the service and to inform post-surgery infections, wound problems, and allergies. Changes will be implemented in July 2023 and the audit will commence in September 2023.

#### Glos Urology surgery post op infections

Amendments to post operative processes to improve patient care were implemented in October 2022. Data will be collated, analysed, and audited with the audit report due September 2023.

Other audits as below are being developed and implemented over 2022 -24:

#### Prescription audits

All our NHS services use FP10s for prescribing, this audit was initiated following incidents in Glos urology with some inaccurate recording of prescriptions issued. The audit in December 2022 accounted for all prescriptions, in all services. This is an ongoing audit.

#### NICE guidance compliance DVT

Audited in October 2022, no changes to practice identified, ongoing audit.

#### NICE guidance compliance urology

NICE guidance for the community urology services is extensive, this was collected in 2022 and is being collated based on individual quality statements. A rolling audit of each condition's service delivery against the quality standards will commence in September 2023.

# 3

## Clinical Governance

Ongoing rolling audits are also performed as below:

### Infection control audit of premises

A change of process has been agreed to seek assurance from premises providers of infection control audits, supplemented by daily reporting of relevant issues by HCAs from each clinic.

### Pre Scan Anticoagulants

Undertaken monthly to ensure referring GPs are notified when a DVT scan is not available on the same day and the patient has not been prescribed anticoagulation.

### 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 the British Medical Ultrasound Society (BMUS) guidance, internal equipment quality assurance checks are undertaken monthly and annually completed by an external partner.

## Risk Management

The management and reduction of risks remains a priority area for us at GP Care, ensuring our staff and patients are safe and care remains of the highest quality. Risks are monitored by our Head of PSQI, updated following any relevant incident/complaint or audit and reviewed by the PSQI committee each quarter. Any risks which score a 12 or more and/or have an organisational wide implication are escalated and discussed by the Executive Leadership Team. A High-Level Risk Register is reviewed at each meeting of the GP Care Board.

## Safeguarding

Safeguarding is an essential component of our service delivery, ensuring patients are protected and that care is safe. Our compliance with Safeguarding legislation, in line with our NHS contract and Care Quality Commission regulations, best practice and our Safeguarding Policy, is as follows -

- The Executive Director of Service Delivery is the designated senior manager for safeguarding, the Senior Clinical Assurance Specialist is covering this role whilst it is vacant, the Clinical Matron deputises.
- Board members completed 'Fit and Proper persons' declarations in 2022.
- The Safeguarding Policy is in place and is due for review in the summer of 2023.
- Safe recruitment practices are overseen by the Finance and Performance Director, these ensure for permanent, casual, and subcontracted staff the application of legislation and best practice including references, DBS checks and consistent induction and training plans.
- All staff undertake safeguarding training at the appropriate level to their role.

# 3

## Clinical Governance

### CQC registration

Prior to a new Executive Director of Service Delivery starting in September 2023 the Chief Executive has assumed overall responsibility as 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.

### CQC Inspections

We received a full inspection of our services 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.



We received a separate inspection of our Minor Surgery service at Stroud Hospital which is a clinic that is undertaken once a month and was under a different registration. As a result we have updated our registration with the CQC by combining our two previous registrations under our PMS registration (Provider ID 1-127835449).

### Continuing 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. A review of the requirements for each professional group and models of delivery was undertaken in 2022 – 23, including moving some training back to face-to-face delivery. Changes to requirements include Safeguarding Level 3 training for all clinically registered staff, introduction of the care certificate for all HCA's and the introduction in 2023 of patient safety training for all staff.

Leadership development is undertaken through our bi-monthly Leadership Forum, and individual coaching was commissioned through the Bristol Leadership School for a cohort of managers/leads to enhance their skills.

The focus in 2023-24 will be delivering the NHS patient safety training.

# 3 Clinical Governance

## 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 programs 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

GP Care completes the NHS Data Security and Protection Toolkit annually and is rated as 'standards exceeded'.

4

# Our Quality Priorities 2023-24



# 4

## Our Quality Priorities 2023-24

### Increase patient feedback response rate

We will continue to work collaboratively with our patients and colleagues to increase the response rates across all our services. We achieved an 11% increase in response rates overall from 21/22 to 22/23. Going into 23/24 we want to progress this further and aim to achieve at least 50% response rate across all services. In order to achieve this we need to think carefully about how we gather and capture feedback. We want to use technology to help us get more feedback and in away that patients feel able to engage with.

As the NHS adopts its new framework for identifying, investigation and reporting on patient safety and incidents, we will align our process. This will ensure that all patient safety and incident reporting completed within GP Care will dovetail in with our NHS partners and stakeholders.

### Align to NHS Patient Safety Incident Reporting Framework

### Embed “Quality is everyone’s business” approach

As we drive forward our implementation of our Patient Safety, Quality & Improvement agenda, we want to continue our focus on quality being integral to everything we do. We believe that Quality is everyone’s business, all the time. This approach will keep us focusing on how we can continue to meet people’s needs in a way that is both clinically and cost effective.



# 4

## Our Quality Priorities 2023-24

**Embed Patient  
Safety, Quality &  
Improvement in all  
we do**

Throughout 2023-24 we will continue build on the work we undertook in 2022-23. We will continue to embed patient safety, quality and improvement in all we do. Our ambition is for this to be the golden thread that is identifiable in every patient interaction, operational process and corporate activity.

As our organisation adapts and changes we recognise our policies and procedures equally require review and development to account for these changes. Throughout 2023-24 we will refine all our policies to support our growth and service development ambitions.

**Continue to  
review,  
develop and  
refine our  
Policies &  
procedures**