



Quality Account 2023 - 2024



Contents

Part 1	3
Statement from our CEO.....	3
Message from Director of Service Delivery	4
GP Care:.....	5
Our Values	6
Part 2a	6
Review of 2023 – 2024	7
Priorities update	7
Priority 1	7
Priority 2	9
Priority 3	9
Priority 4	9
Improvements and Innovation	10
Clinical Governance	10
Culture.....	10
Continued professional development.....	12
IT improvements.....	14
Post operative calls	14
Documentation	14
DVT Artificial intelligence (A.I).....	14
Part 2b	16
Priorities for 2024 -2025.....	16
Social Impact	17
Part 3	18
2023 – 24 performance metrics.....	18
Incidents	18
Complaints	18
Clinical Audit	19
Infection prevention and control (IPC)	20
Risk.....	20
Patient safety alerts	21
Legal claims	21
Information governance	21
Care Quality Commission (CQC)	22
Looking forward	22
Appendix 1	23
GP Care Training Matrix	23

Part 1

Statement from our CEO

This Quality Account highlights the incredible work and efforts of all colleagues within GP Care over the last year. Our focus continues to be on providing high quality diagnostic and treatment services in the community closer to peoples' homes. The fantastic feedback we receive from patients; Commissioners and other stakeholders is testimony to how we make a difference to people's lives.



As we look back over this last year (2023-2024), 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. Over the last two years, with the NHS coming under increasing demand pressures in the aftermath of the Covid pandemic, we have seen significantly more patients, a 20% increase in activity over the last two years. Whilst providing more services, we have managed to maintain our exceptional patient satisfaction ratings.

We have delivered against the ambitious priorities we set out in last year's Quality Account for 2023-24. This includes improving our patient feedback response rate; implementing the new national Patient Safety Incident Reporting Framework (PSIRF); revised and updated many of our policies – both clinical and corporate; and strengthened our approach to clinical governance. Our approach to safeguarding has been enhanced by regular safeguarding supervision sessions, a key part of reflective practice and learning.

As an organisation we have focused on ensuring we live our values of 'Aiming HIGH' – Honesty, Integrity, aGility and Humility. We have embedded our values in our appraisal processes and in launching our 'Employee of the Quarter' Award. We recognise that an engaged and happy workforce results in high quality patient care and outcomes. We introduced more dynamic ways of providing and receiving feedback from employees including the introduction of quarterly 'pulse surveys' rather than the more traditional annual staff survey. This has enabled us to act more quickly on feedback from staff and has resulted in upward positive trends in how staff feel about their roles and the recognition they receive for their work.

There are a significant number of service improvements and innovations that are showcased in this document that demonstrate how we are continually evolving and improving. We undertook a project to significantly improve our statutory and mandatory training uptake which importantly has been a sustained improvement. We established a collaborative research project with the University of Bristol in our Deep Vein Thrombosis service. This is based on the use of artificial intelligence which will compare the results of

scans using an AI mobile scanner to that undertaken by Sonographers. The results of this exciting project are due to be published later in 2024.

We have set equally ambitious priorities for 2024-25 as detailed within this Quality Account and I am confident that we will expand our services as we continue to make a positive contribution to the local communities we serve.

I would like to take the opportunity to thank all GP Care colleagues for their efforts and contribution throughout the year. It is through this hard work and dedication, and constantly living our values that we are able to proudly showcase the fantastic initiatives and service developments which are detailed in this document.

John Campbell
Chief Executive Officer

Message from Director of Service Delivery

2023/24 has been a year of change for GP Care, right across the organisation. I was delighted to join in September as Director of Service Delivery and have seen during my first six months with the company an embedded commitment to quality improvement.



Within the year we have seen a strengthening of the structure of our teams providing more support for the delivery of our diagnostic and treatment services. We have invited and received more feedback from staff, colleagues from other organisations and the patients who have accessed our services across the three ICB areas.

Over the coming 12 months we will continue to build on both the achievements and lessons learnt in the past year. Using this learning along with analysis of forecasts, will ensure that we can continue to provide quality driven services in a way that meet the growing needs of patients and the high demand that our NHS partners are facing.

Thank you to everyone who has played an important role in the delivery of our services over the past year. I hope you find the information within the report interesting and if you have any feedback that you would like to share, we would be very pleased to hear from you.

Joy Milliken
Director of Service Delivery

GP Care:

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 service to the diverse communities we serve |
| | |  | Ensure our services are financially and environmentally sustainable achieving accreditation standards that endorse our service quality |



Our Values

To support our strategic aims we have organisational values that 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 2023-2024 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 Services

- Bristol, North Somerset, and South Gloucestershire

Self-Funded Minor Skin Surgery

- Bristol, South Gloucestershire, Wiltshire, Gloucestershire

Part 2a

Review of 2023 – 2024

This was a busy year for GP Care where we saw 11,382 patients across our diagnostic and treatment clinics, bringing 'one stop' care closer to home for patients. As a result, we have shortened the waiting times for patients to access appointments, reduced the number of appointments that they need to attend, while relieving pressure on hospital services.

In this section we set out the quality priorities that we identified for the year and how we have addressed them. These are not quick fixes but rather we are ensuring that improvements are embedded across the organisation, reviewed and revised where required. Progress against the key priorities has been steady throughout the year, with a high level of engagement across all of the teams. This will continue to be monitored and reviewed.

Priorities update

Priorities for 2023/24 were identified in our 2022/23 Quality Account as:

Priority 1

Patient Feedback - Increase patient feedback rate to 50%.

As a healthcare provider delivering primarily NHS services but also private minor surgery, we have a strong commitment to understanding and where possible improving the experience of patients using any of our services.

All of our patients are asked to anonymously review the service they have received and to rate this on a scale of 1 – 10, they are also asked to provide reasons for their scoring should they so wish. We provide the option to complete feedback forms in clinic following an appointment, and also online via a weblink if this is preferred. If providing written feedback is a challenge for patients, our teams in clinic are happy to talk to patients or direct them to other staff if they feel it is appropriate.

Patient feedback is vital to ensuring we continue to strive to deliver the best possible patient care and are able to learn from any experiences that haven't met expectations. It's also important for the personal development and morale of our staff, to know they are delivering care in way that people value and appreciate, but also to understand directly from feedback, what our services are like for those who use them.

Each quarter a report on patient feedback is produced and is reviewed by our Patient Safety, Quality and Improvement committee and is also sent to our commissioners. Board members receive a summary each month and all results are shared monthly with staff and contractors so they can have feedback on their performance and areas identified for improvement by patients.

96% of patients who responded to survey requests advised our services were good or very good.

41% of patients

(4,667 patients) responded in 23 – 24

51% patient feedback in Q4

Patients are asked the NHS Friends and Family Test question,

Thinking about your recent appointment, overall, how was your experience of our service?

Patients are also asked to score and comment on

- How satisfied they were with the service when contacting GP Care
- How clear and easy to understand the information provided was
- How satisfied they were at the service provided at their appointment
- How happy the patient was with the choice of location
- Did they feel they were treated with dignity and respect

The appointment was on time. The consultant was very clear and informative and explained the options I had. The procedure was done professionally and with care.

Professional and Caring Prompt Service with unbelievably quick diagnosis! I am very thankful to GP Care Staff for their Professional care on the day and follow up by phone.

Cannot see any reason how this could be improved as I was totally satisfied and put at ease

Very efficient service and at the same time, I, as the patient felt understood, respected and cared for.

In Quarter 4 of 2023/24 we included the question: How would you rate the cleanliness of the clinic?

Response rates to all questions significantly improved from 30% in 2022-23 to overall 41% in 2023-24, with this percentage increasing each quarter. Quarter 4 saw a 51% response rate. Our aspiration in 2024/25 is to improve response rates further towards a consistent 50%.

As a result of the patient feedback that we received in the year we have:

- adapted the letters that patients receive, to provide clearer information on clinic locations
- We have improved our signage within the different clinic locations to make it easier for patients to access their appointments
- We are looking at the timing of appointments for patients who are relying on hospital transport or are attending from other institutions, where early morning or late afternoon appointments can result in long transport delays for patients.

in 2024/25 we will review the questions that we ask in order to facilitate greater patient input in the design of our services and pathways.

Priority 2

Patient Safety Incident Reporting Framework (PSIRF) - Align policy and practice to the framework.

The Patient Safety Incident Reporting Framework was introduced for providers of NHS services by NHS England with a requirement to develop an organisation-based policy and plan by September 2023. The aim of the framework, when things don't go as expected in service delivery, is to encourage the use of organisation resources to focus on possibilities for learning, looking at systems and processes to improve service delivery.

Our PSIRF plan and policy were published in September 2023 and prioritise specific patient safety areas. These are:

- medication incidents
- safeguarding concerns
- clinical assessment incidents
- post procedure infections.

Information to inform investigations comes from incident reports, complaints, safeguarding concerns raised, patient feedback and clinical audit.

The Head of PSQI is part of the BNSSG Patient Safety Network and has reviewed our current investigation reporting framework in line with the PSIRF, moving away from root cause analysis to a systems approach.

Priority 3

Policies and procedures - Review, develop and refine policies and procedures.

Policies and procedures are an integral part of ensuring patient safety and quality of services. They provide the standards required to deliver services and protect and support patients, colleagues and the organisation.

At the beginning of the period, we reviewed what policies were required based on legislation, regulation and best practice. We reviewed the format of our policies, the approval process, the ownership and the process for communicating and delivering policy requirements to colleagues. To facilitate this, we introduced a policy review group reporting to the Patient Safety, Quality and Improvement Committee and providing updates to the Executive Leadership Team.

In the period over a third of our policies (twelve policies) were fully reviewed and relaunched, including a new policy on domestic abuse to support our safeguarding agenda. An intranet page is also under development for colleagues providing information on HR policies and procedures and available support

Priority 4

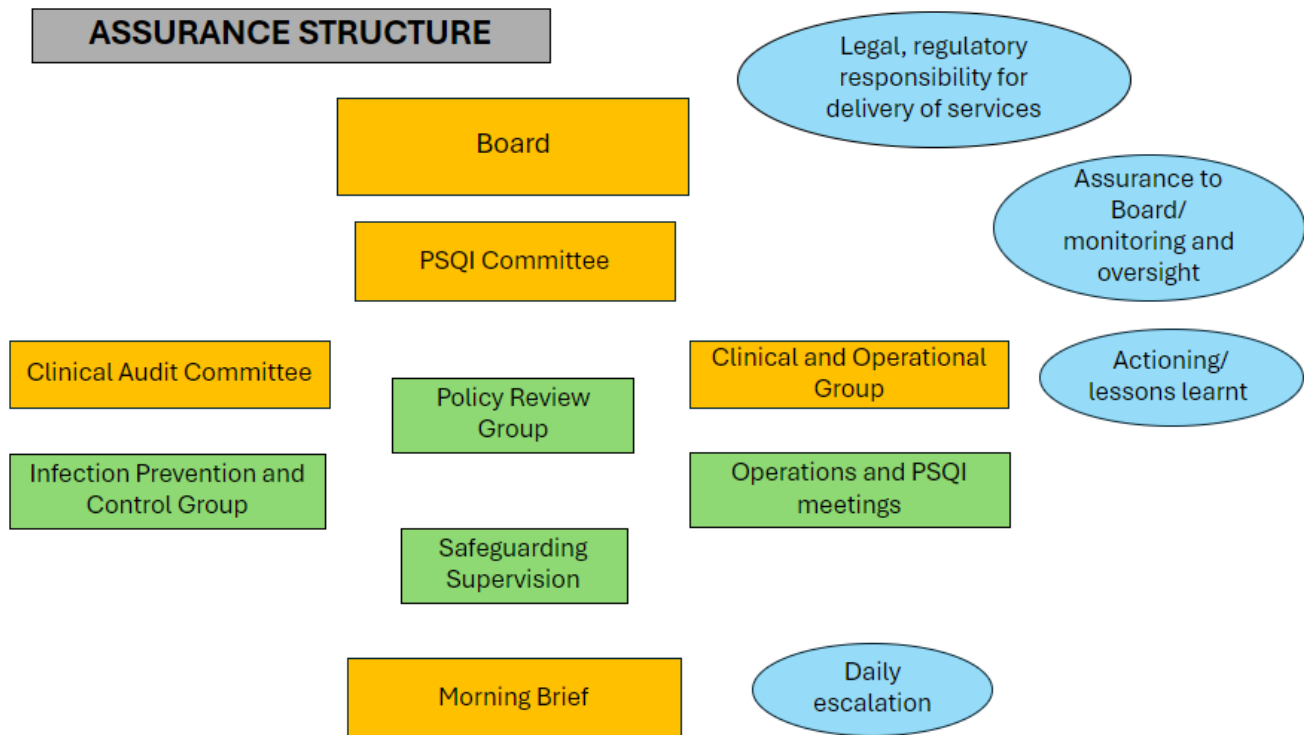
Embed Patient Safety, Quality, and Improvement in all that we do.

2023/24 has seen a huge amount of work undertaken to achieve this priority. This has led to a key number of improvements and innovations and the main examples are summarised below. Improvements have been informed from our priorities and from incidents, complaints, audit, patient and colleague feedback.

Improvements and Innovation

Clinical Governance

Our clinical governance agenda was rebranded as Patient Safety, Quality, and Improvement (PSQI) in 2022, using this more accessible description has enhanced inclusivity and meaning for colleagues. Our assurance structure was further developed in 2023 - 24 with the addition of a dedicated policy review group reporting to the PSQI Committee and an infection prevention and control group reporting to the Clinical Audit Committee.



The committees meet quarterly, organisation wide safeguarding supervision sessions take place every 6 – 8 weeks, other groups monthly with daily morning briefings. The PSQI Committee reports to the Board quarterly.

Culture

We are committed to establishing an open, just and learning environment in GP Care and are proactive in this aim. We believe this enables the delivery of quality services with continuous improvement where the patient is at the heart of all we do.

The proactive work we undertake to promote this culture includes:

1. *Colleague Surveys*

Each quarter, colleagues are asked to take part in an anonymous 'pulse' survey with core questions to identify trends, along with a different themed set of questions each quarter. The staff engagement and return rate across the year was around 50%

In each survey colleagues are asked the following questions with the average percentage responses across the four quarterly surveys:–

- Do you enjoy your job?
 - 76% responded yes
- Do you have enough time to undertake the required duties?
 - 56% responded yes

- How likely are you to recommend GP Care as a good company to work for?
 - 77% responded very likely or likely
- I feel valued and receive appropriate recognition when I do good work.
 - 75% strongly agreed or agreed

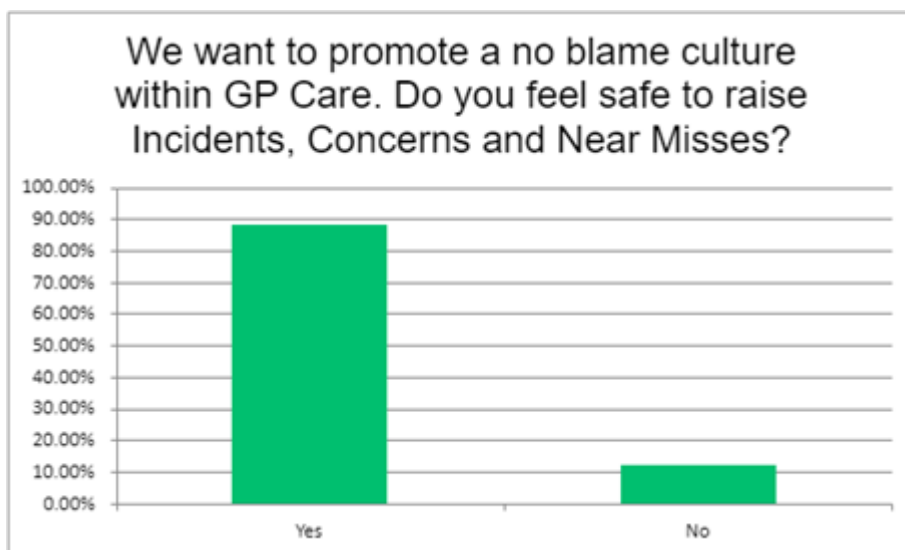
As a result of the quarterly pulse surveys comments, the following have been implemented over the last year and these actions have been highlighted through 'you said, we did' communications to staff

- Review of patient support team (PST) tasks and time allocation
- Review of IT infrastructure in clinic locations with associated service improvements
 - PST staffing level review and increased recruitment
- Improved recruitment and on boarding processes
- Quarterly newsletter launched
- Quarterly Employee of the Quarter launched
- Incidents and Complaints process review and training



First employee of the quarter

In quarter 3 we asked colleagues if they felt safe to raise incidents, concerns, or near misses



89% responded positively and while we are pleased with this feedback from staff, we are continuing with our work to further promote an open culture of raising concerns and ensuring that staff receive feedback

2. Opportunities to have open discussions with the executive team and other managers

Colleagues have many planned opportunities including coffee sessions with the CEO, training sessions and question and answer sessions built into different staff forums. In addition the senior leadership team are visible, promote an 'open door' approach and attend operational morning briefing sessions each day

3. Workforce

During 2023/24 we have reviewed our workforce requirements in line with service reviews and identified key priority areas for recruitment.

We successfully recruited a Director of Service Delivery who joined in September 2023 and a Head of Operations who started in March 2024. During the year we also recruited a Service Lead for DVT, senior patient support coordinators, a HR and business support assistant, DVT nurses, sonographers, HCAs, patient support coordinators and non-executive directors. The extensive recruitment throughout the year enabled skilled personnel to join GP Care from other organisations, but also provided opportunities for career development for staff within the organisation. As part of induction, all staff have an introductory meeting with the CEO, to find out how they are settling in and to ensure that they have opportunity to discuss any initial issues early in their employment.

Discussions took place with UWE and GP Care to explore the opportunity for student nurse placements and these conversations will continue in 2024/25 with an aim to enable students to experience the unique service and clinical roles that GP Care offer.

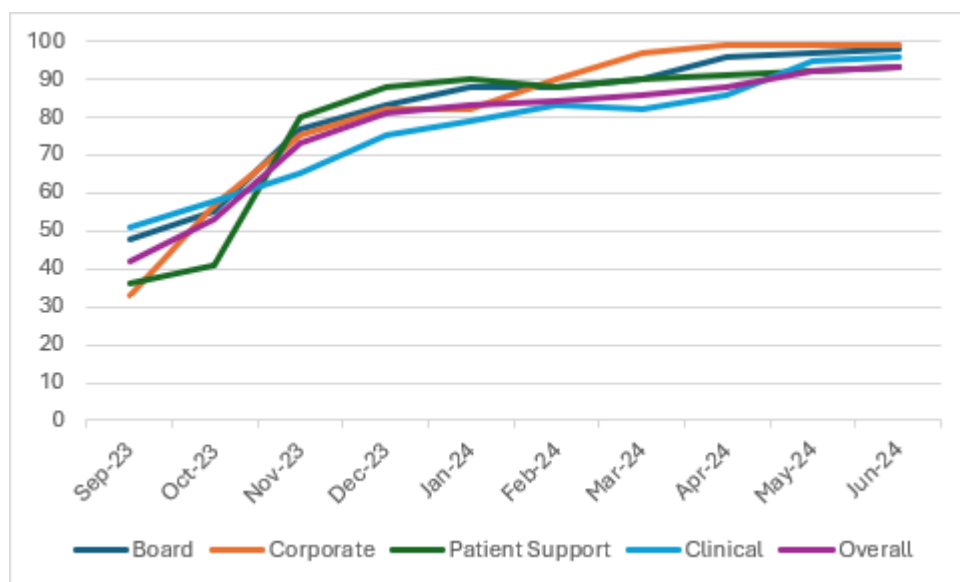
Continued professional development

Mandatory Training

In Summer 2023 we completed a Training Needs Analysis which identified a number of key changes to the needs of our workforce and our training and development plans, to ensure we were able to continue to provide evidence safe and effective care throughout all our services. As a result of our review we made changes to the way we reported our training compliance creating a clearer focus on core, mandated and professional development training. In essence, we moved our reporting “goal posts” resulting in a regression on our overall training compliance. A rapid improvement plan was then devised and implemented which set out a measurable and achievable progression of training plan across the whole organisation, to ensure we met our compliance target of 90%.

After our review and update to completed training reporting, our overall compliance figures fell to just 42%. This figure was largely impacted by our Training Needs Analysis increasing the frequency of which some roles were required to undertake refresher training from 2-3 yearly up to annually resulting in some colleagues compliance shifting from “green” to “red” overnight. Crucially however, while our reporting goal posts had changed, colleague’s knowledge, skills and abilities to undertake their roles had not. Over a 6-month period we implemented a range of measures to support colleagues in returning to “green”, including weekly progress updates (highlighting compliance from all staff groups through to our board), protected time for colleagues to undertake training, increased awareness and information on available course bookings and providing a range of different methods to access training (including online, in person and multi-course refresher days).

Through the hard work and dedication of our amazing colleagues and leaders we achieved our target of 90% compliance by the end of March 2024 with many teams approaching 100% - a truly outstanding accomplishment! Our full training matrix can be found in Appendix 1.



Training completion percentages

CPD days

Continuing professional development (CPD) is a vital part of any professional's career. It can be defined as an ongoing professional activity in which the practitioner identifies, undertakes and evaluates learning, this allows for progression and learning within their field of expertise. It is vital for the individual, employer and profession as a whole.

Clinically, GP Care employs a number of Sonographers, Vascular Scientists, Registered Nurses and HCAs all of whom undertake regular CPD. This has been delivered by dedicated blocked time where the clinical team gets together and there has been focus on infection prevention and control, safeguarding and hoist training as examples of recent sessions. Individually there has been time spent on peer reviewing within the clinical setting, undertaking clinical audit, AI training and implementation as part of a University of Bristol/ CRN research project, and DVT triage competency.

Sonographers and Nurses are assigned protected time on a regular basis to enable them to maintain their personal CPD record as part of the requirement of registration with the relevant professional bodies.

Appraisals

All colleagues receive an annual appraisal giving the opportunity to review achievements, training and development. Appraisals are valued by colleagues, examples of the feedback comments following the appraisal process are below -

- Easy to complete and understand
- Useful to set goals and look at development options
- Positive and feeling supported
- Given confidence to meet objectives

96% of appraisals were successfully completed in 2023 -2024.

Safeguarding

In 2023 we embarked on a journey to strengthen our safeguarding policy, processes and support for staff. We acknowledged that safeguarding is everyone's responsibility, regardless of an employee's role or degree of patient contact. In order to provide greater support and guidance to all our employees working in every area of the organisation, we have introduced group Safeguarding Supervision. These supervision sessions are facilitated by our Senior Clinical Assurance Specialist who is trained to Safeguarding Level 4 (Designated/Named Health Professional).

Safeguarding Supervision sessions commenced in February 2024. Sessions are held every 6 weeks 'virtually' to maximise the opportunity for as many people to attend as possible. We hold sessions on different days each time and protect clinic times to ensure that staff working in clinics can still attend without impacting on patient care. Attendance at all sessions has been high and feedback from staff has been positive – with staff reporting they feel more confident in identifying and responding to safeguarding concerns and feeling able to raise questions or discuss issues in the safe environment of the safeguarding sessions.

The safeguarding supervision sessions have provided valuable opportunities to bring our team together to focus on patient safety, how we can work together to safeguard people and how we can support our colleagues. These sessions have led to improvements in the way staff can access information – we now have a dedicated Safeguarding page on our internal staff website with Safeguarding Lead contact details as well as links to local Safeguarding Hubs. We have also published pages on our internal staff website providing information on how to access mental

health support (with information for both patients and colleagues) and support for people experiencing domestic abuse.

As part of our journey, we have launched new and updated policies including our Safeguarding Adults & Children Policy and Domestic Abuse Policy.

As we continue through 2024, we plan to build further on the achievements we have made. Our continued focus and commitment to safeguarding directly links in with our strategic aims to further enhance our positive culture, create strong partnerships, improving our service quality and contributing to addressing health inequalities.

Number of safeguarding concerns raised by staff: Nine

Number of safeguarding concerns escalated: One concern escalated to the appropriate local safeguarding team.

IT improvements

A key element of frustration for our teams working in our Gloucestershire and Swindon locations has been the reliability of our IT network and was reported repeatedly via our colleague surveys and our incident process. We have worked with the ICBs, and our location IT teams and have implemented the use of fixed wired desktops to access the systems necessary for clinic delivery (as opposed to laptops and wi-fi) in two of the four locations. This was a huge piece of work as the patient administration system we use is different to those used in these areas. As a result we needed agreement from the practices, the ICB and their specialist IT team. Laptops and wi-fi access is still available in clinics as a backup if required. Work has also been undertaken with the laptops used in the clinics and HCAs attended an IT forum for training and discussions. We are working with the other two locations to facilitate this change which has hugely improved IT issues in clinics, reduced delays and therefore had a direct impact on patient appointments.

Post operative calls

GP Care provides two minor surgery services, an NHS urology service in Gloucestershire and a private service provided in Gloucestershire and BNSSG. Our NHS service includes post operative calls to patients, giving them the opportunity to answer questions and to enable the patient to raise any concerns, this part of the pathway is valued by patients. In this year we have piloted post operative calls in our private service, and feedback from patients has been positive. As a learning organisation, where we see areas of good practice or lessons learnt, we try to adapt and use that learning to improve the service we provide to patients.

Documentation

As part of our incident reporting analysis a trend was identified in relation to documentation issues, primarily in relation to the emailing of patient discharge reports to the referring GP. We undertook a full systems review and identified areas that were contributing to the issues. Processes were amended, training delivered, and the issues reduced considerably.

DVT Artificial intelligence (A.I)

Between February and June 2024 GP Care's DVT service worked with a PHD student from Bristol University and BNSSG ICB using A.I. (artificial intelligence) in DVT scanning.

The Auto DVT equipment <https://thinksono.com/autodvt/> consisted of a handheld ultrasound device connected via bluetooth to a mobile phone. It is designed to be used at the point of care

and by staff who are not trained sonographers. Using A.I. guidance the operator is able to perform a 4-point compression scan to find, or rule out, an above knee DVT.

Following ethical approval, both clinical and non-clinical members of the DVT Service team were involved in the development and the roll out of the project along with the research team from Bristol University and ICB. Regular review meetings took place to ensure that any difficulties were quickly overcome with momentum and enthusiasm increasing as weeks went by.

500 patients were recruited to the study, the first of its kind to be conducted in a primary care setting. 5 of GP Care's HCAs were trained in the use of the equipment and carried out an initial scan on consented patients. This was then followed by a standard full leg scan performed by a Sonographer. The HCAs embraced the opportunity to use new technology and quickly became proficient in its use. Patient feedback was also positive so we keenly await the results of the study which will be available at the end of 2024.

Part 2b

Priorities for 2024 -2025

Priorities for the period have been developed and agreed at the PSQI committee, the priorities have been identified through audit, feedback, and benchmarking against national recommendations. Importantly, they are closely intertwined with the CQC 5 key questions related to safety, effectiveness, caring, responsive and well led components of our service delivery and are as follows.

1. Safeguarding

- Finalise, approve and raise awareness of updated safeguarding policy
- Finalise and approve new domestic violence policy
- Increase safeguarding awareness through:
 - Publicising policies to all colleagues
 - Mandatory training for all colleagues
 - Safeguarding supervision sessions, minimum 6 per year
 - Review impact of actions through staff survey in 24/25

2. Patient Feedback

- Report monthly to the Board
- Review questions asked to improve learning opportunities
- Report on outputs through the quarterly quality report
- Report on learnings triangulated with incidents, complaints, audit etc.
- Achieve and maintain 50% return rate on patient feedback forms

3. Equality, diversity and inclusion

- Review and approve policy
- Review patient and staff demographic questions in line with national guidance
- Review recruitment processes in line with ED&I principles
- Raise awareness through publication of policy and question and answer sessions with colleagues
- Listen to feedback and seek advice and training from local experts
- Measure colleague knowledge and confidence

4. PSIRF (patient safety incident reporting framework)

- Review and update PSIRF plan and policy
- Improve understanding through training both formal and informal
- Report progress through quarterly quality reports
- Show engagement with systemwide patient safety

5. Flu and covid vaccination uptake

Improve uptake from 27% (2023-24) to 50% by

Understanding barriers to vaccination uptake by staff

- Offering vaccinations in workplace locations
- Enabling staff to attend vaccination sessions locally or through workplace initiatives
- Encouraging uptake through education of benefits

Social Impact

During the year we have as an organisation, began to consider the social value and impact of GP Care within the communities where we deliver services and as part of the wider Health and Care Systems. We have spent time considering our current social value and the impact that we have in addition to the provision of clinical services. As part of our connection with the needs of our local communities, staff chose to support a local foodbank at Christmas, with the donations from a Christmas jumper day being items for a hamper that was warmly received. we are looking forward in 2024/25 to further develop an understanding of social value with our staff and to explore ways in which we can develop this further.

Understanding our communities better, ensuring we are meeting patient needs in the most appropriate way and considering our environmental impact will be important aspects of this. Part of this strategy will include the developing GP Care 'Green Team' and considering how we can as part of the wider system, increase the overall social value of our work.

Part 3

2023 - 24 Performance Metrics

In addition to activity data related to the number of patients seen in various locations, proactive reporting and review of our quality information is of key importance to us. The information below gives a summary of the quality information for the period.

Incidents

At GP Care we encourage the reporting of any issue that is outside of normal practice and any potential issues through our incident reporting system. This means that most incidents are at a low level with minimal or no harm. This approach enables us to identify trends and develop improvements before they escalate. We also report safeguarding concerns and externally driven issues through the incident system.

In the 2023 - 24 year we had 217 reported incidents compared to 77 in the previous year. This increase has been achieved through education, training and the promotion of a just culture. Of the 217 incidents 38 were due to external factors in the BNSSG DVT service, these comprise of issues with the transport service and with referrals not accurately indicating which leg needed to be scanned. The total also includes 9 safeguarding concerns raised. Of the 217, 12 incidents directly related to patient facing care.

There was 1 reportable incident in 2023 - 24 relating to patients seen in our private minor surgery service that were under the age of 18. This was reported to the CQC in February 2024.

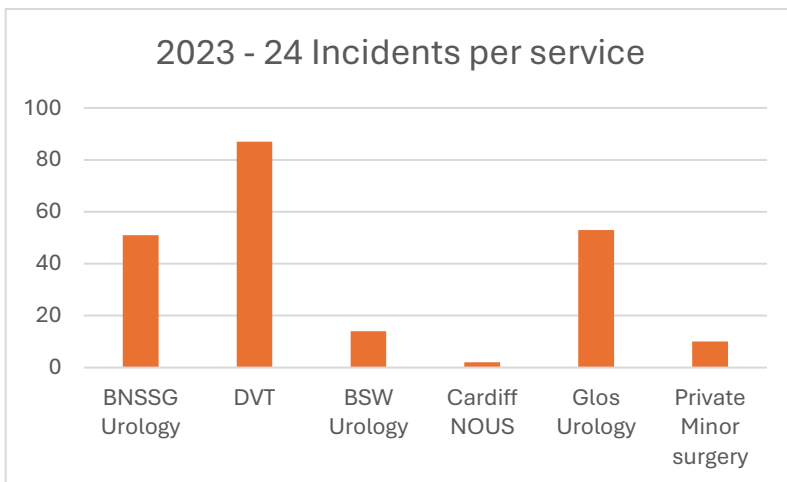


Figure 1

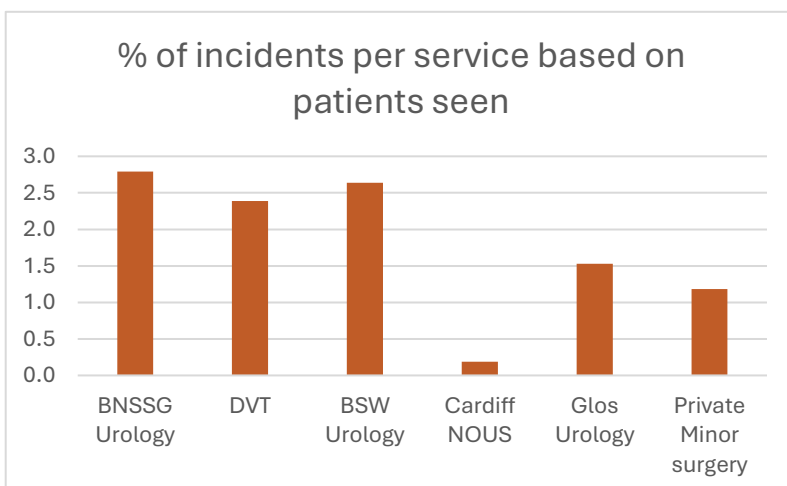


Figure 2

Complaints

There were 19 complaints in the period (0.2% of patients seen), compared to 10 in 2023 – 2024. Of the 19 complaints 11 were upheld, 4 partially upheld and 4 not upheld. We value complainants taking the time to express concerns and work with them to understand the issues and to agree on the resolution. All formal complaints are acknowledged within 2 working days with responses within 20 days, learnings are considered from all complaints. None of the complaints related to the clinical care the patient received.

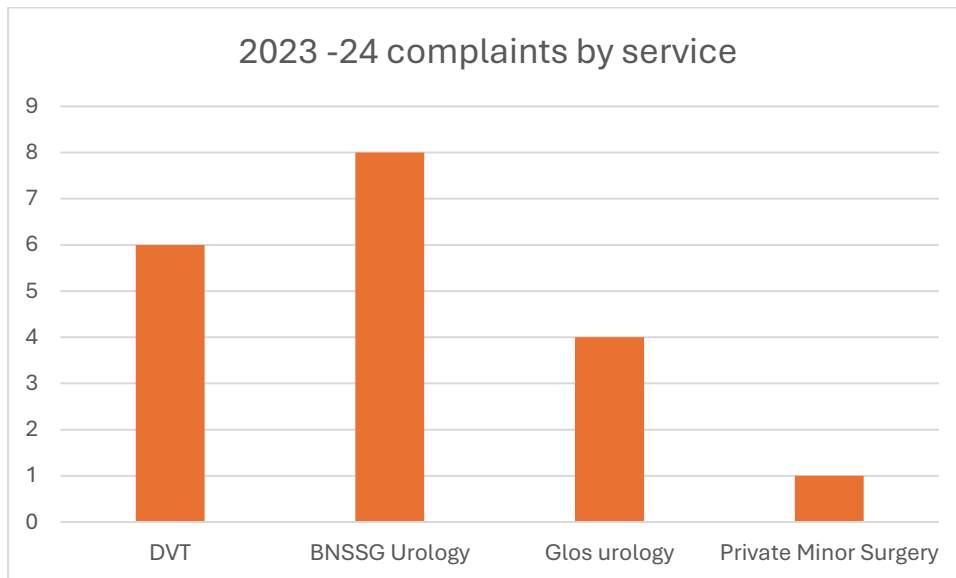


Figure 3

Learnings specifically from complaints included;

1. Telephone appointments booked for a time range as opposed to a specific time
2. Amendments to clinic scheduling to increase catch up time and to facilitate a range of appointments
3. Access protocol clarified to enable transparency for patient support staff and patients as to time to appointment and DNA rules
4. Head office address removed from top right-hand corner of appointment letters to reduce confusion on the appointment location.
5. Generic texts offering an appointment have been amended to clarify that the offer has been sent to multiple patients.

Clinical Audit

The Clinical Audit Committee is a subgroup of GP Care's Patient Safety and Quality Improvement (PSQI) Committee and meets quarterly. Membership includes clinical and non-clinical colleagues, and the committee aims to;

- Plan and oversee clinical audits and processes to monitor and deliver continuous improvement in the effectiveness, efficient and quality of services provided by GP Care.
- Share the results of audits carried out and support the embedding of learning into practice.

The bi-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 colleagues and reported to the Audit Committee at which any actions are agreed and allocated.

Audits completed in the period include:

- Post flexible cystoscopy infection rate audit in BNSSG and BSW.
- Flexible cystoscopies have a known risk of post procedure infection, The audits showed infection rates in line with national outcomes of between 1 – 2 %.
- Prescription audit
- GP Care services use FP10s to issue prescriptions. The audit, undertaken regularly throughout the year ensures all paper prescriptions are accounted for and any issued have been recorded accurately. There were no issues in the period.
 - Private minor surgery cancerous lesions audit
 - Our minor surgery service provides minor lesion removals, for lesions that cannot be removed on the NHS. Suspected cancerous lesions should be on a NHS 2 week wait pathway. We audit outcomes to identify if any lesions meet the NHS 2WW criteria The audit showed 1 histology result advised of malignancy or potential malignancy, the patient was immediately referred via the NHS 2 week wait pathway. The correct processes were in place and followed.
 - DVT compliance with NICE guidance
 - This was reviewed in the period and no changes to practice identified.
 - Urology surgery post-surgery wound issues
 - We deliver a minor urological surgery service with Stroud Hospital, utilising their theatre facilities and nursing staff. Surgery has a risk of infection and our audit showed of the 70 patients who had surgery, 5 patients had a need for anti-biotics post-surgery, a further 7 were concerned regarding the wound healing although none needed further intervention. 1 patient was reviewed in clinic by the surgeon. The size of the service limits the size of the audit and review by our lead surgeon raised no concerns. The audit will be repeated annually.
 - Infection prevention and control
 - We undertake infection control audits in all of the facilities we use encompassing the location and its facilities, our equipment and the actions taken by our clinical colleagues. This audit is a rolling program and in the period 9 in depth audits were completed. No concerns raised
 - Ultrasound audit
 - We undertake a peer audit of 5% of ultrasound scans undertaken. The audit looks at outcomes, accuracy of reports, labelling of images and image quality. The audits are used within CPD for sonographers where they consider lessons and any changes to practice. The audit results were within national expectations but the timeliness of the audits will be improved in 2024/25

All audit outcomes are reviewed for learning and improvement opportunities. Additional audits may be undertaken if identified via incidents and complaints or changes in clinical guidance.

Infection prevention and control (IPC)

A subgroup of the committee has been formed to manage the IPC audits which are required for all of our clinical locations and to increase the focus on ensuring that clinical practice meets the IPC standards required.

Risk

Being aware of real and possible risks and ensuring mitigations are in place where possible, is an important cornerstone in our approach to the safe delivery of our services.

We strive to continue to be a learning organisation where highlighting concerns, risks and incidents is encouraged and learning with associated actions shared.

We have a Health and Safety Committee supported by an external H&S consultant who advises on and supports the undertaking of risk assessments within our premises. Risk assessments are carried out across the clinical locations from which we operate, and findings are shared and discussed with the practice teams in each location.

We maintain a dynamic operational risk and issue register which feeds into the organisational corporate risk register. The operational risk register is reviewed monthly at the Clinical and Operational and PSQI Committee meetings, while the high-level risk register is reviewed by the Board monthly.

One of our Non-Executive Directors attends the quarterly Patient Safety, Quality and Improvement Meeting, ensuring that openness, transparency and responsiveness in relation to risk management and patient safety is assured at all levels across GP Care.

Patient safety alerts

The NHS has a system in place to advise all healthcare providers of issues identified that may affect patient safety, for example mislabelled drugs, recall of drugs etc. GP Care is registered for the following alerts:

Field safety notice, national patient safety alert, device safety information, and medicines recall/notification, HSE bulletins, NICE alerts, health protection reports, CQC updates & mental health information from Mind & Every Mind Matters.

We received 1 relevant alert in the period in relation to the use of fluoroquinolone antibiotics, the alert advised that this type of antibiotic should only be prescribed when other recommended antibiotics have failed due to the risk of long-term adverse reactions. Ciprofloxacin is within this group of antibiotics and is advised for some patients to minimise the risk of infection from flexible cystoscopy. The guidance advises that each patient should be risk assessed in relation to the adverse reactions and whether this should be prescribed.

Colleagues were made aware of this alert and liaison with Urology Consultants and GP practices was undertaken to understand the risks.

Legal claims

No legal claims were made against GP Care in the year 2023/24.

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 the Data Protection Act, 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 and Information Security
- Confidential Data and Waste
- Internet and email acceptable use

GP Care completes the NHS Data Security and Protection Toolkit annually and is rated as 'standards met'. GP Care are Cyber Essentials certified.

Care Quality Commission (CQC)

Current rating remains.

Joy Milliken, Director of Service Delivery was appointed Registered Manager for GP Care, in January 2024.

There have been no inspections of our services and no notifications received or regulatory action has been taken against GP Care by CQC during the year April 2023- March 2024.

We continue to strive to ensure that against the 5 key questions, our services are: safe, effective, caring, responsive to people's needs and are well led. We are a learning organisation and we aim to listen to the people who use our services and ensure that we are delivering high quality care. Where this falls short, we are open, honest and commit to learning from poor care experiences.

Looking forward

2023-24 has been a year of change, development and achievement across GP Care. Reflecting on the year that has been and reviewing the successes and openly discussing areas where work is still required, has been beneficial. Collectively as a patient focused organisation, we are identifying and prioritising our quality agenda for 2024/25.

We commend all of the staff in GP Care and those organisations with whom we work in partnership, as regardless of the level of direct patient contact that individuals have, everyone understands how they play a part in helping deliver quality services for our patients and ultimately reduce pressures in other parts of the NHS.

We look forward to the coming year with enthusiasm, aware that many external factors will play a part in the delivery of services to patients, but we are committed to playing our part, to continuous quality review and improvement and ultimately demonstrating our values in all that we do to deliver great patient care.

Aiming HIGH

Appendix 1

GP Care Training Matrix

Course	Healthcare Assistants & Service Leads	Registered Healthcare Professionals	Support Services: Logistics, Patient Support, Admin	Corporate: HR, Business Development, Execs
GP Care Induction	Within First 3 Months	Within First 3 Months	Within First 3 Months	Within First 3 Months
Oliver McGowan Mandatory Training on Learning Disability & Autism (Tier 1)	N/A	N/A	3 Yearly	3 Yearly
Oliver McGowan Mandatory Training on Learning Disability & Autism (Tier 2)	3 Yearly	3 Yearly	N/A	N/A
Fire Safety	Yearly	Yearly	Yearly	Yearly
Health & Safety	Yearly	Yearly	3 Yearly	3 Yearly
Display Screen Equipment & Home Working Risk Assessment	Yearly	Yearly	Yearly	Yearly
Infection Control (RIDDER/COSHH) (Online)	Yearly	Yearly	3 Yearly	3 Yearly
Infection Control (RIDDER/COSHH) (Face 2 Face)	3 Yearly	3 Yearly	N/A	N/A
Equality & Diversity	3 Yearly	3 Yearly	3 Yearly	3 Yearly
Board Safeguarding	N/A	N/A	N/A	N/A
Safeguarding Adults & Children (Level 2)	3 Yearly	N/A	3 Yearly	3 Yearly
Safeguarding Adults & Children (Level 3)	N/A	Head of PSQI, EDSD, Lead Sonographer, Matron, Lead HCA. PDNs	N/A	N/A
Safeguarding Adults & Children (Level 4)	N/A	Safeguarding Lead - 3 Yearly	N/A	N/A
Prevention of radicalisation	3 Yearly	3 Yearly	3 Yearly	3 Yearly
Basic Life Support (Online)	Yearly	Yearly	N/A	N/A
Basic Life Support (Face 2 Face)	3 Yearly	3 Yearly	N/A	N/A

Information Governance (Online)	Yearly	Yearly	Yearly	Yearly
Information Governance (Face to Face)	3 Yearly	3 Yearly	N/A	N/A
Conflict Management	3 Yearly	3 Yearly	3 Yearly	3 Yearly
Deprivation of Liberty Safeguardings (DoLS)	3 Yearly	3 Yearly	N/A	N/A
Mental Capacity	3 Yearly	3 Yearly	N/A	N/A
Sepsis	3 Yearly	3 Yearly	PST - 3 Yearly	N/A
Care Cert	Once	N/A	N/A	N/A
Mental Health - Five Ways to Wellbeing	3 Yearly	3 Yearly	3 Yearly	3 Yearly
Mental Health - Introduction to Mindfulness	3 Yearly	3 Yearly	3 Yearly	3 Yearly
Mental Health Awareness for Health	3 Yearly	3 Yearly	3 Yearly	3 Yearly
First Aid at Work (Nominated First Aider)	3 Yearly	3 Yearly	3 Yearly	3 Yearly
Manual Handling (Level 1) (Online)	N/A	N/A	Once	Once
Manual Handling Practical (Including Hoists)	3 Yearly	3 Yearly	N/A	N/A
Chaperone Training	3 Yearly	3 Yearly	N/A	N/A
Patient Safety Training (Level 1)	3 Yearly	3 Yearly	3 Yearly	3 Yearly
Patient Safety Training (Level 2) (Managers/Leads only)	3 Yearly	3 Yearly	3 Yearly	3 Yearly