

QUALITY ACCOUNT 2024 – 2025



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Part 1 Statement from our CEO

It's been another significant year of achievement at GP Care where there has been a 14% increase in the number of patients we have seen. Many more patients have benefited from our 'one stop' clinics in the community and been seen quicker than if they had to wait for hospital appointments. Seeing more patients is both a testimony to the incredible hard work and efforts of colleagues across the organisation and to the great quality and outcomes our services deliver as evidenced throughout this Quality Account.



We were delighted that our urology one stop model received national recognition having been selected as finalists for the Health Service Journal (HSJ) Partnership Awards and Independent Healthcare Provider Awards in not one, but two categories! We were able to clearly demonstrate to the judging panels the huge benefits to patients, the cost efficiencies for Commissioners and the impact on waiting lists. As the NHS continues to be challenged by rising service demand, we are keen to work with other areas to replicate the model to benefit many more patients.

There are many examples throughout this report of initiatives and projects which are making a difference and improving the way we deliver services, and I would implore you to read the whole document, it's a great read. I'll just highlight a few to give you a flavour....

Supporting clinical service delivery, we embarked on the implementation of a new electronic staff rostering system. This was a complex project involving lots of functions across the organisation and was successfully implemented within budget and timescales. Importantly, benefits were realised quickly – making it easier to plan both staffing and the movement of clinical equipment across the areas we serve and remove a lot of time-consuming manual processes.

As the work of Professor Michael West on healthcare leadership affirms, happy staff result in good quality care outcomes for patients. Bucking the trend of the NHS staff survey, where staff morale is generally low, it's great that we have increased staff job satisfaction as evidenced by our quarterly pulse surveys, lowered staff turnover, and achieved remarkable results in our friends and family scores.

In terms of clinical quality, I am delighted that we have commenced our journey to achieve Quality Standards for Imaging (QSI) accreditation. We believe that we provide high quality, highly effective services and this will be evidenced against QSI standards where we aim to achieve accreditation this coming year. This is alongside the other quality priorities detailed within this document.

Whilst recognising the disruption and uncertainty that NHS restructuring and reorganisation will cause over the coming year, we are well placed as an organisation having secured all our main contracts for the next two years. The new NHS Plan due to be published next month with its central theme of moving services from hospital to community is precisely how we provide services.

The year ahead therefore promises to be even more exciting. We will be launching a new organisational brand in the autumn as we continue to work cohesively with the NHS and other partners to provide more ways forward to tackling healthcare challenges.

John Campbell - Chief Executive Officer

Message from Director of Service Delivery

Against a backdrop of change, GP Care has continued to ensure that patients remain at the centre of all that we do. Our teams have worked tirelessly and enabled significantly more patients to access services in a timely way. We have taken our diagnostic clinics into new community health locations this year, reducing further the travel distances for patients who live furthest from our more centrally based clinics. Feedback from patients has shown us that this has been a very positive development. As a research active organisation, in the early part of the year we completed patient recruitment to a University of Bristol research project. Utilising AI driven technology in the diagnosis of Deep Venous Thrombosis (DVTs) we await the results from the study and what the benefits could be for patients in the future. We will continue to work with clinical research bodies in the coming year in our NHS services, playing our part in the development of evidenced based clinical innovation in diagnostics and treatment pathways.

Maintaining the quality of the services we provide will continue to be a priority for everyone within GP Care. The upcoming year will see our branding change, but commissioners, patients, staff and partner colleagues are assured that we will continue to provide the same resilient, effective, high-quality services that we are renowned for.

I hope this report provides you with a sense of GP Care and the commitment to quality that is central to our work. My sincere thanks to all of the team, those employed directly by the organisation and those who worked with us each day to deliver services to over 11,000 people during the year. Thank you for not only the work you do, but for speaking up and always seeking ways in which we can do better.



Joy Milliken
Director of Service Delivery

Message from BNSSG ICB

GP Care Quality Account 2024-25

Statement from Bristol, North Somerset, and South Gloucestershire Integrated Care Board.

We welcome the opportunity to review and comment on the GP Care quality account for 2024/25. It has been a pleasure to read about all the quality improvement work that is being undertaken to meet the quality priorities.

We recognise the variety of services provided by GP Care to the people of our communities, services which include, Community Urology Services; Urology Minor Surgery; Deep Vein Thrombosis Service and Self-paying Minor Surgery Service. We would like to acknowledge the hard work and dedication of GP Care's staff who endeavour to provide high quality and safe care for the people it serves. The quality account acknowledges that a 14% increase in activity has impacted on the traction of key priorities.

The five key priorities set for 2024/25 include:

1. Safeguarding: Aim to enhance knowledge and understanding by reviewing policies, providing supervision and staff awareness of processes.
2. Patient Feedback: Standardise reporting, triangulate feedback and improve learning opportunities.
3. Equality, diversity and inclusion: To ensure a commitment to ensuring GP Care is an inclusive, diverse, caring and safe organisation that proactively addresses equality in everything they do.
4. PSIRF (Patient Safety Incident Response Framework): To continue to progress with the PSIRF policy and plan which was introduced in September 2023. Review of PSIRF principles and incident reporting.
5. Flu and Covid Vaccination uptake: To increase vaccination uptake in clinical and non-clinical staff.

Significant progress was made in all the priorities leading to improved outcomes for patients, their families, and staff and we wish to congratulate GP Care and their staff for improvements and innovations in:

- E Rostering to improve workforce transparency, better resource planning and enhanced operational resilience.
- Quality Standards in Imaging with work commencing and the aim to achieve this in Q1 2025/26.
- HCA competencies by the introduction of a clinical competency framework.
- Documentation improvements identified through a thematic review of reported incidents which identified areas for improvements in processes and training; DVT referrals; Paper Based Prescribing.
- Environment and the establishment of a GP Care Green Team.
- Daily Digital Clinic Checklists.
- Leadership development.
- Professional development
- The urology one stop model received national recognition having been selected as finalists for the Health Service Journal (HSJ) Partnership Awards and Independent Healthcare Provider Awards.
- Social value to understand communities better, ensure patient needs are met and consider the environmental impact.

We look forward to continuing to work and support GP Care throughout 2025/26 to enable them to meet their quality priorities for 2025/26 and the rebranding of GP Care.

Jacci Yuill-Patient Safety and Quality Lead

On behalf of Bristol, North Somerset, and South Gloucestershire ICB

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 maintain our strong collaboration with the NHS, work in partnership with other organisations and provide access for patients to effective quality 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 strive to maintain and further improve the quality of our services for the benefit of patients.

In 2024-2025 we were commissioned to provide the following NHS services to the ICS populations below:

Community Urology Service

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

Urology Minor Surgery

- Gloucestershire

Deep Vein Thrombosis Service

- Bristol, North Somerset, and South Gloucestershire

Self-paying Minor Surgery Service

- Bristol, South Gloucestershire, Wiltshire, Gloucestershire

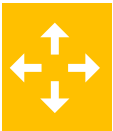
Following engagement with internal and external stakeholders our service strategy sets out the following aims: -



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.

Our Culture

We are committed to establishing an open, just and learning environment in GP Care and are proactive in this aim. We believe this ensures everyone recognises how their role plays a part in the delivery of quality services with a drive for continuous improvement, where the patient is at the heart of all we do.

The proactive work we undertake to promote this culture includes:

- Regular coffee with the CEO sessions
- Induction meetings for all new starters with the CEO
- Colleague newsletters
- Colleague of the Quarter awards
- Quarterly colleague 'pulse' surveys with recurring 'check in' questions and additional themed questions
- Leadership forums with open Q & A sessions with the Executive Leadership Team (ELT)
- Green Team working on improving our environmental impact and our social value
- Leadership development programme
- Mental Health First Aiders and coffee sessions
- All staff CPD and away days

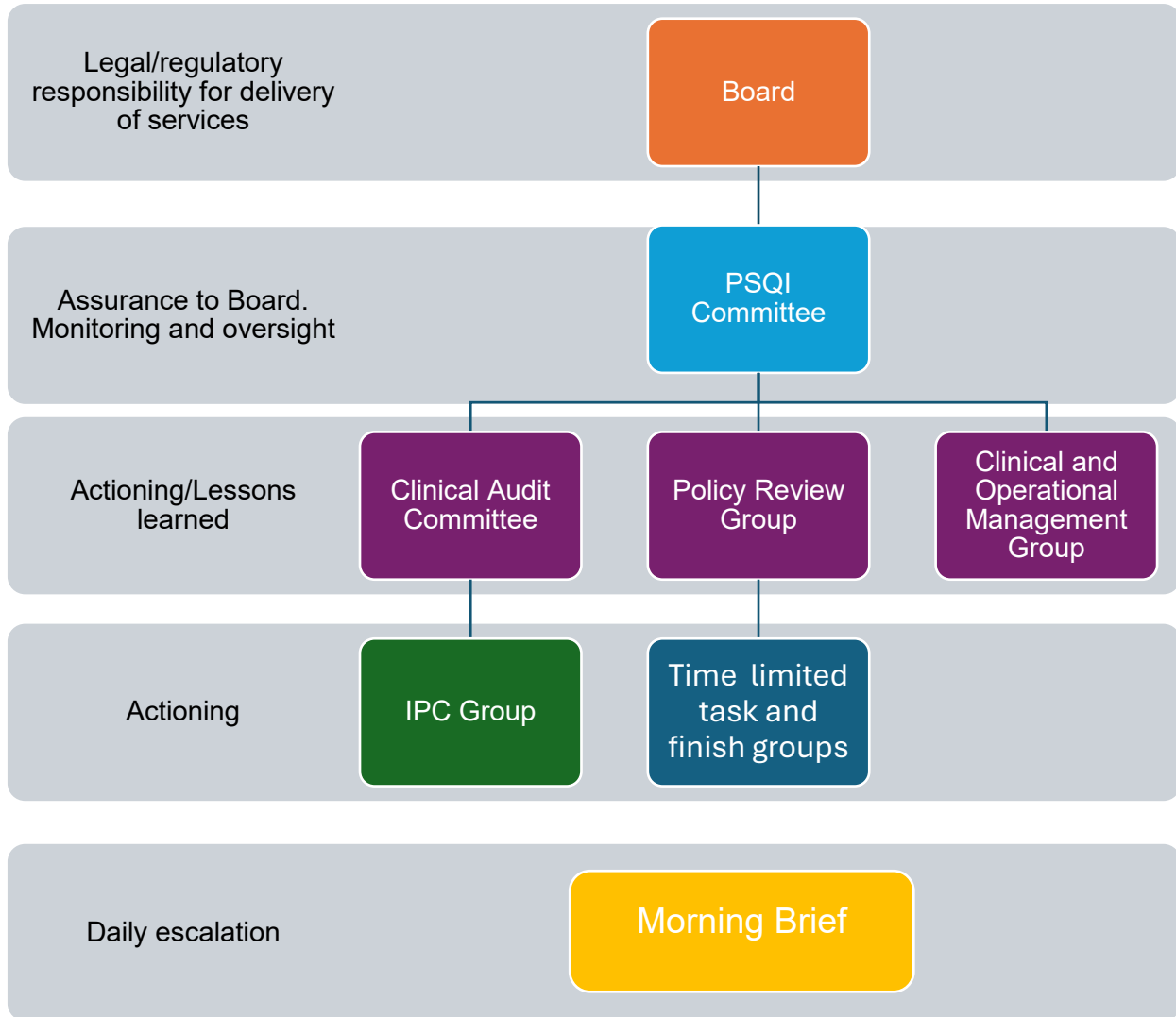


Colleague of the Quarter
Q3

We recognise that having and maintaining a positive and supportive culture requires continuous attention. In 2025-26 we will be further developing our understanding of our workplace culture and will be developing a 'culture barometer' enabling us to note and respond to any subtle changes that might be emerging.

Clinical Governance

Our clinical governance function was retitled 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 (CAG). Safeguarding Supervision is open to all staff and is monitored by PSQI.



To ensure transparency and appropriate escalation across GP Care, the structure was reviewed by the PSQI committee in November 2024 as set out below. Safeguarding Supervision sits around this structure but is monitored by PSQI.

Meeting	Frequency	Lead	Reports to
Board	Monthly	Chair of Board	
PSQI committee	Quarterly	Director of Service Delivery	Board
Clinical audit group (CAG)	Quarterly	Clinical Matron	PSQI
Clinical and operational group	Monthly except when PSQI scheduled	Head of PSQI	PSQI
Infection prevention and control group	Quarterly	Clinical Matron	CAG
Policy review group	Quarterly	Head of PSQI	PSQI
Safeguarding supervision	Bi-monthly	Director of Service Delivery – Safeguarding Lead	PSQI
H & S Committee	6 monthly	Head of PSQI	Board
Ops/PSQI meetings	Monthly	Head of PSQI	PSQI
Morning Brief	Daily	Director of Service Delivery	ELT

Part 2

Part 2a: Review of 2024 – 2025

This section sets 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.

This was another busy year for GP Care where we saw a 14% increase in activity, with 11,717 patients accessing our diagnostic and treatment one stop community clinics, with 98% of patients rating the service that they received from GP Care as very good or good. Our model of delivery has ensured that we have continued to shorten the waiting times for patients to access NHS appointments; reduced the number of appointments that they need to attend; brought clinics closer to their homes, while relieving pressure on hospital outpatient services.

Supporting an increased focus on our quality priorities was the implementation of a clinical staffing restructure which has increased accountability and resilience within and across teams, while reducing single points of vulnerability. As a result, the restructure has supported an increase in clinical activity across the clinical teams, enabling more patients to be seen in our services, and has in addition provided a clearer career structure for staff. External recruitment has been strong this year and there has been keen interest internally in career development opportunities.

Priorities update

Five priority areas with objectives for 2024/25 were identified in our 2023/24 Quality Account. Our progress and achievement towards meeting these objectives are set out below.

Priority 1 - Safeguarding



Our aim was to enhance knowledge and understanding of safeguarding throughout 2024 - 25, an essential and integral part of our service delivery.

Our Safeguarding policy was reviewed, aligned to the revised intercollegiate documents (RGN, 2024) and, along with our Domestic Violence policy, was approved in year. These are kept

under ongoing review. Both policies were publicised to colleagues alongside the completion of mandatory training. A dedicated colleague intranet page was developed with safeguarding resources easily accessible.

Six organisation wide safeguarding supervision sessions were held across the year, each attended by up to 20% of staff, providing an open and safe forum for discussion and information.

Colleagues were surveyed in quarter 2 on their knowledge of our safeguarding processes, they were asked:

- to identify the safeguarding leads,
- if they knew how to raise a concern and
- if they knew about the policies and the safeguarding sessions,

The results were reassuring ranging from 82% (safeguarding leads) to 98% (able to access the policies and supervision sessions). All safeguarding concerns are reported in our quarterly quality reports and are one of our PSIRF (patient safety incident response framework) plan priorities.

Priority 2 - Patient Feedback

As a healthcare provider delivering primarily NHS services and also a self-paying minor surgery service, we have a strong commitment to listening, understanding and where possible improving the experience of patients using any of our services. All patients are asked to complete a survey either in writing or online, scoring questions, including the NHS friends and family test (FFT) and are encouraged to add additional comments.

Our priority for this year was to:

- Standardise reporting, with feedback collated monthly and quarterly. A patient feedback summary is reported monthly to the Board and through our quarterly quality reports to the PSQI committee and the ICBs, with themes and actions identified.
- Triangulate feedback with incidents and complaints to inform learning and enable improvements reported via quarterly quality reports.
- Review questions to improve learning opportunities. In quarter three we reviewed the questions and how we ask patients to capture their experiences throughout the pathway.

Questions include:

1. The NHS Friends and Family Test
2. Experience when booking
3. Satisfaction with the clinic location
4. Clarity of information regarding their appointment
5. Experience of the care/service received at their appointment
6. Were they treated with dignity and respect
7. How patients would rate the cleanliness of the clinic environment

We offer patients the opportunity to leave contact details if they would like further contact regarding their feedback, enabling us to explore and where appropriate, investigate any comments, concerns or issues raised. **Our aim was to increase returns to 50% of patients, and across the year 48% of all patients seen provided feedback via these forms.**

In Q4 we undertook a listening session in one of our new clinic locations. We spoke to patients around their expectations and experience of clinics, thoughts on the location and what if anything we could improve in the appointment style, timing and location of services.

Responses were hugely positive, and patients described what the impact would have been on them if they had to attend hospital for the appointments, citing up to 2 hours travel each way if relying on public transport and inability to attend multiple appointments. The convenience, speed of appointment and ability to avoid secondary care, with diagnostics and consultation in one appointment being commended.

Further information on this year's feedback can be found in part 3 of this report.

Priority 3 - Equality, diversity and inclusion (EDI)

In line with NHS England's Equality, Diversity and Inclusion Improvement Plan (NHS 2023), we are committed to ensuring GP Care is an inclusive, diverse, caring and safe organisation that proactively addresses equality in everything we do. Our policy was reviewed in line with this

'Excellent approach to my son (patient) who has learning difficulties'

guidance and was approved in January 2025 and publicised to all colleagues. A review of progress and achievements over the past year was reported to our PSQI committee and the Board these included:

- Gender identity and awareness raising session
- Safeguarding sessions including how we support individuals from disadvantaged groups in particular those with mental health needs and learning disabilities
- Chaperone policy and training recognising cultural and religious practices as well as individuals experience of trauma
- Accessible information review including the translation of information into multiple languages and development of social stories
- Oliver McGowan level 1 training introduced for all staff; level 2 training introduced and undertaken by all patient facing staff

EDI will continue to be a focus in 2025 – 26, working in partnership with a local charitable organisation that focuses on ensuring and enabling equitable access to health care.

Priority 4 - PSIRF (patient safety incident response framework)

PSIRF was introduced by NHS England (NHS, 2022) and sets out the NHS's approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving. Having in place a PSIRF is a contractual requirement under the NHS standard contract and is thus mandatory for our NHS services.

Our PSIRF policy and plan was introduced in September 2023 and performance is included in our quarterly quality reports, both the policy and plan were due for review in the period. In December 2024 we reviewed how the framework performed in our service context where there are a small number of 'serious' incidents, and we encourage anything that has happened outside of normal process to be reported. We included in this review observations from incident investigations including the one patient safety incident investigation (PSII) undertaken in the year (further information part 3).

The review identified

- A high level of reporting with a low level of identified or potential harm
- Our threshold for reporting is lower than might be required or expected by other providers.
- Due to the low level of our incidents the importance in relation to learning and improvement is with thematic reviews
- Difficulties for GP Care engaging with systemwide patient safety reviews where primary care are not utilising a PSIRF approach.

Based on our review we are reviewing how we incorporate PSIRF principles and all incident reporting and as a result have delayed the implementation of the revised policy and plan. These will be completed by quarter two 2025 – 26.

Priority 5 - Flu and covid vaccination uptake

Planning started in July as we were very keen to have a higher number of staff receive vaccinations than the previous year when 25% clinical staff had both covid & flu jabs and 23% non-clinical staff.

We set a target of 75% clinical staff receiving Covid-19 and Flu vaccinations and 50% of all staff. In line with our NHS quality standards, using email messages and a stand at the company away day, Morning Brief and team meetings, we provided 100% of staff with information about covid and flu illnesses, the protection versus the risks of the vaccinations and support on accessing vaccinations. We provided opportunities for one-to-one discussions regarding personal risks and concerns or what being in a priority group meant, and how individual action leads to group protection for staff, patients friends & family.



We were able to arrange for staff to attend a covid and flu vaccination clinic at a GP surgery in Bristol, and for flu vaccinations at a pharmacy within 2 miles of the office. Most staff accessed vaccinations themselves at their local surgery / pharmacy or via the NHS app.

By January 2025 staff reported vaccination rates were:

	Vaccinated for	Vaccinated for
	Covid	Flu
Clinical staff (37)	40.5%	43.2%
Non-clinical staff (34)	32.3%	35.3%
Total	36.6%	39.5

While we did not reach the target that we set for ourselves, we saw a marked increase in vaccination uptake and saw a significantly higher vaccination rate than nationally reported by NHS Trusts in 24/25, where uptake rates were 37.9% for Flu and 21% for Covid (UK HSA, 2025). We will work this year on further understanding staff reluctance to receive vaccinations and to ensure that our staff have opportunity to access national vaccinations programmes as appropriate in the coming year.

We had no outbreaks of reportable infections during the reporting period of 2024/25.

Improvements and Innovation

The measures and systems we use and report on are not considered in isolation. We look for themes across systems, processes and human interactions, to inform learning and service improvement. In addition to the work delivered in relation to identified priorities the following improvements have been made.

Part 3 of this report outlines performance metrics, including incidents, complaints and concerns for the year. Many of the improvements noted in this section are as a result of analysis and investigation outcomes outlined in Part 3.

E-Rostering

Our services are delivered in community locations across the ICB footprints, involving the complex movement of equipment, consumables and staff to ensure the smooth delivery of clinics for patients. In August 2024, we moved to an e-rostering system called Plan Day. This move was driven by a need for improved workforce transparency, better resource planning, and enhanced operational resilience. The benefits realised include:

- 1. Improved Schedule Visibility**

Plan Day has introduced cross-departmental transparency, giving managers a clear, real-time view of staff rotas and enhancing workforce planning across clinical, operational, and corporate teams.

- 2. Stronger Communication and Planning**

With shared access to schedules, teams can easily flag gaps, plan capacity, and adjust resourcing based on workload and patient needs.

- 3. Reduced Risk of Single Points of Failure**

Departments such as Logistics now operate with greater resilience. Key processes are visible to wider teams, ensuring continuity during absences.

- 4. Integrated Leave and Sickness Management**

Annual leave and sick days are now tracked within the system, enabling managers to plan proactively and cover absences more effectively.

- 5. Mobile Access for Staff**

The Plan Day app allows staff to check rotas, request leave, or pick up shifts from their phone, improving communication and flexibility.

- 6. Clarity Around Contracted Hours**

Aligning shifts to contracted hours ensures transparency in how time is spent—whether on admin, clinical work, travel, or overtime.

By introducing a digital rostering system, we've taken an important step towards a more agile, responsive, and transparent way of working.

Quality Standards in Imaging (QSI)

In Q3 2024 we commenced our journey towards meeting the Quality Standards in Imaging (QSI), which are accredited through the Royal College of Radiologists and the Royal College of Radiographers.

QSI is a nationally recognised quality accreditation for imaging services across the UK. GP Care is keen to show, through external accreditation, that imaging meets the highest standards across the services we deliver. We hope to achieve 'working towards' accreditation status in Q1 of 2025/26, indicating that we have met a minimum of 50% of all of the standards, with full accreditation achieved by end of Q4. Continuous quality improvement underpins all of the standards, and it is highlighting areas of good practice and compliance across our company, in relation to corporate and clinical governance, as well as providing valuable learning and service improvement pointers for our quality agenda.



Ultrasound equipment

Having the QSI mark will provide patients, staff, commissioners and other partners with the assurance of the standards and safety of the services provided by GP Care. We will be continuously held to account to provide evidence that we are maintaining these standards, when we achieve the QSI mark in 2025 – 26.

HCA competencies

Patient care is under constant scrutiny and health professionals are called upon to provide reassurance to patients, their families and the general public on a daily basis. A fundamental requirement from the Care Quality Commission (CQC) is that healthcare providers must ensure that their staff have the relevant qualifications, skills, competence and experience to keep patients safe whilst in their care. While all Healthcare Assistants employed by GP Care complete the Care Certificate, undertake a planned induction and attend CPD sessions, in 2024/25 we further formalised this through the introduction of a clinical competencies framework, keeping a record of evidence for assurance. The evidenced based, best practice competencies encompass GP Care's values and these are embedded throughout. Competencies are assessed through direct observation in clinics, and training sessions with staff. The competencies provide staff with assurance that their clinical skills are aligned to best practice and can be added to a portfolio to provide evidence of personal professional development while reinforcing to staff the importance of and our commitment to, their development and learning.

Documentation

Thematic review of incidents correlated with patient feedback identified an increasing number of reported documentation errors.

Processes and training were identified as a key area for improvement. Following pathway mapping, focus was given to updating process guides for our patient support team (PST) with the implementation of regular refresher training, including competency checks for all tasks. Training has been undertaken to provide the team with the knowledge to cover each service as required, increasing service resilience and the quality of service for patients. The Service Leads have started to implement regular service update meetings with PST, which gives the team an opportunity to raise any concerns, feedback

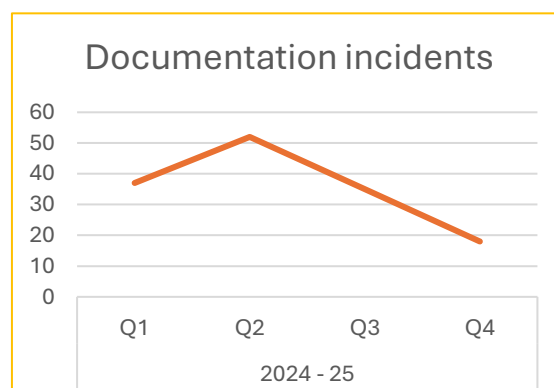


Figure 1: 2024 – 25 documentation incidents

on processes, assist with service improvement initiatives and ask service-related questions. This work has shown a reduction in errors and incidents reported.

DVT referrals There was a notable rise in incomplete or incorrectly completed, received referral forms to the DVT service which also increased documentation incidents and created potential safety risks. The referral form was reviewed and GPs notified via the BNSSG GP bulletin to ensure the required information was received. Referrers were contacted when errors were noted to reduce any risk to patients and to provide constructive feedback to the referrer. A marked reduction in referral form errors was noted as a result of these actions, reducing from 12 in quarter 1 to 2 in quarter 4.

'Paper based' prescribing resulted in a number of incidents this period and in 24/25 we started a project to move our urology services to electronic prescribing (EPS). There are a number of benefits to using EPS for patients, pharmacies, clinicians and us as an organisation. Using EPS ensures each prescription is clear for the dispensing pharmacy and eliminates the risk of a handwritten prescription being misinterpreted. Patients also have the added benefit of being able to choose a specific pharmacy for the prescription to be sent to or to have it made available for them to go to any pharmacy that is most convenient to them to collect from. In clinic, issuing a prescription via EPS is less time consuming than handwriting a paper prescription, reduces the need to additionally input prescription information to the patient's record and associated risk of error, giving the clinician the opportunity to spend longer consulting with the patient. By using EPS, we will reduce the number of paper prescriptions that are issued, supporting our green aims of being a more environmentally friendly organisation. The technical functionality of EPS has been enabled in our clinical system, and training for key staff has been undertaken. Our next steps are to roll out the use of EPS in our urology clinics in Q1 25/26.

Environment – Green team

The GP Care Green Team formed in May 2024, and the group is open to all interested staff, with attendees from across the organisation.

The group identified five key focus areas:

1. Estates (Office and clinic locations)
2. Purchasing (Equipment and consumables)
3. Travel and miles covered
4. Organisational awareness
5. Digital opportunities.

The group have this year initiated:

- Provision of sustainable local travel tips for colleagues
- More sustainable office supplies, ordering of minimal plastics and products such as plastic folders; paper and notebooks are fully biodegradable and recyclable. Tea and coffee purchasing reviewed and sustainability credentials are now a deciding factor.
- At the request of staff, plants added to the office, improving the working environment.
- Worked with office teams to review and highlight recycling within the serviced offices and the building
- Patient leaflets are now available digitally and can be accessed via QR codes reducing printing and paper waste for one time read information and also moving to more digital

accessibility (hard copies remain an option for patients who prefer information in this format).

- Reducing travel by scheduling clinic staff closer to their base
- Sourced new locations in rural areas, Weston for DVT and urology and the Forest of Dean



for our urology service. E.g. A patient who lives within the Lydney area of Gloucestershire would have to travel 27.5 miles each direction, to be seen within the Hospital, an approximate travel time of 1 hour. Whereas travelling to our location is 9.3 miles, with a travel time of 20 minutes. This equals a reduction of CO₂ emissions by 0.010 tonnes **per patient** or 0.240 **per clinic**. (source myclimate.org)

- Consideration of recyclability/ environmental impact a factor in clinical equipment procurement
- Support for staff to move to digital note taking

Daily clinic checklists

In December 2024 we introduced digital daily checklists for all clinics, the aims of which were to

- Provide assurance that the clinic is safe for patients and staff
- Increase visibility and awareness of day-to-day clinic issues
- Provide an effective point of contact to resolve any issues quickly

Any issues identified are immediately rectified, escalated as required and a thematic review is undertaken at the end of each month and reported to the clinical and operational management meetings.

In March 2025 there were 66 clinics, 52 of which submitted forms (79%), 26 of these (50%) identified minor issues with equipment/stock/IT/facilities, all of which were resolved. Further work is ongoing to increase the submission of forms from every clinic, including where there are no issues, and to identify learnings and improvements.

Leadership development

A bespoke leadership development programme was developed and delivered in 2024/25. The programme was open to staff with leadership responsibilities across the organisation and 10 staff undertook the programme, from both

‘The programme increased my confidence’

clinical and non-clinical roles. Externally delivered and combining both face to face and virtual sessions, the nine-month programme included personal effectiveness, holding honest conversations,



Leadership Development Programme attendees.

collaborative leadership and managing and leading others. Feedback has been positive with staff feeling better 'resourced' for their roles and more equipped to support team members and each other. A further programme is being developed for aspiring and new leaders in 2025/26.

'I developed practical skills and working relationships'

Professional development

Personal and professional development is encouraged on an individual level, alongside mandatory training and development and the clinical teams also engage in joint professional development sessions. A minimum of one CPD event for all clinical staff is planned each year and covering a variety of topics including those raised by staff, relevant updates, while also including practical skill-based sessions and where required, mandatory training requirements. The days include all clinical team sessions and then breakout sessions by role for further targeted updates and group supervision. The clinical CPD day took place in November 2024 with a further HCA training day in March 2025.

Both of these CPD sessions incorporate team supervision which provide an opportunity for the clinical team to raise & discuss issues of interest or concern but also to see & talk to colleagues that they might not have regular contact with. As our clinical staff work remotely, covering a wide area, the team building and staff support, including peer supervision and trauma support aspects of CPD events are as important as the educational content.

Part 2b: Priorities for 2025 -2026

Priorities for the period have been developed and agreed at the PSQI committee. These priorities have been identified through internal audit outcomes, feedback, and benchmarking against national recommendations and drivers. 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.

GP Care will be going through a full rebranding programme in 2025/26 which is recognised within the quality priorities. Ensuring that the change to our operational name, logo and website does not impact negatively on the credibility and accessibility of our services for patients is of key importance.

The quality priorities are as follows:

Patient safety (safe, effective)

- Achieve full QSI accreditation
- Complete the development, training and roll out of our integrated Incident Reporting and Management Policy including PSIRF
- Deliver our clinical agreed audit program undertaking additional audits in response to issues identified
- 90% mandatory training undertaken across all teams

Patient experience (caring, responsive, effective)

- Develop and roll out a program of thematic quarterly listening events
- Patient survey feedback to be a minimum of 40% across each service
- Develop a system to capture compliments and concerns received outside of the feedback system
- Maintain minimum of 98% of patients rating our services as good or very good
- Accessible rebranding of GP Care with KPIs established to monitor the implementation and accessibility of the rebrand assets (including patient information, website and referral pathways) for patients, commissioners, professional colleagues including referrers, staff and wider public
- Patient feedback monitored in relation to the new branding

Clinical Documentation (safe, effective)

- Undertake audits of key processes including patient consent, equipment management, identify improvements required
- Implement electronic prescribing across Urology services and review outcomes
- Audit safeguarding processes and set action plan as required
- Review and update systems for logistics including equipment that show improvement and efficiency and reduce risk

Organisational culture (well led)

- Work with external specialist to understand and improve our inclusion agenda
- Safer recruitment including appropriately inclusive training for HR and managers

- Continue the work of our Green Team to measure our environmental impact including CO2 emissions and identify where we can make further improvements
- Introduction of 'cultural barometer' specific to GP Care

Social Value

The impact of GP Care beyond the clinical services that we deliver has continued in this reporting period. We recognised 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.

Staff have been encouraged to come forward with suggestions or to have discussions on how we can play a greater part in our local communities.

This year saw the establishment of the 'Green Team' and alongside environmental sustainability the group have considered the wider social impact of GP Care.

Staff again this year supported their local community through a Christmas charitable giving campaign, choosing to donate toys to a local hospice charity shop. This they felt helped on multiple levels: recycling from within their own homes; providing affordable toys for people to buy prior to Christmas while also providing valuable income for a local charity.

Work experience was supported in both clinical and non-clinical areas with close working with one of the further education colleges. Feedback from the participants was hugely positive and this is something that we will develop further.

We are keen to support communities to access health care and reduce health inequalities. As part of this we have reached out to a local community charity that support people from communities to access health services. We have worked with them on the translation of our patient information and will be working with them in the coming year to better understand barriers to health care access and how we can play a part to help reduce these.

Understanding our communities better, ensuring we are meeting patient needs in the most appropriate way and considering our environmental impact continue to be important aspects of GP Care's social value.

Part 3

2024 – 25 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 provides an overview of key performance metrics for the period.

Incidents

At GP Care we encourage the reporting of any issue that is outside of normal practice, along with any potential issues, through our electronic incident reporting system. As a result, most incidents are graded as low level with minimal or no risk of 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 reporting system.

In the 2024 - 25 year we had 245 reported incidents compared to 217 in the previous year, an increase that we welcome. This positive approach to incident reporting has been achieved through awareness raising and feedback, training and the promotion of a 'just culture' of openness where incident reports are used to improve services.

The self-paying minor surgery service had the highest percentage of incidents reported. This has been actively encouraged and has led to a review and updating of administration processes within the service.

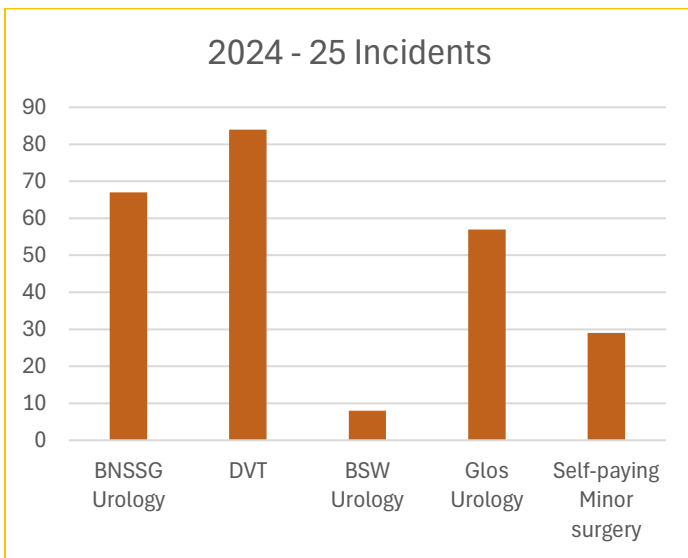


Figure 2: 2024 – 25 incidents by service

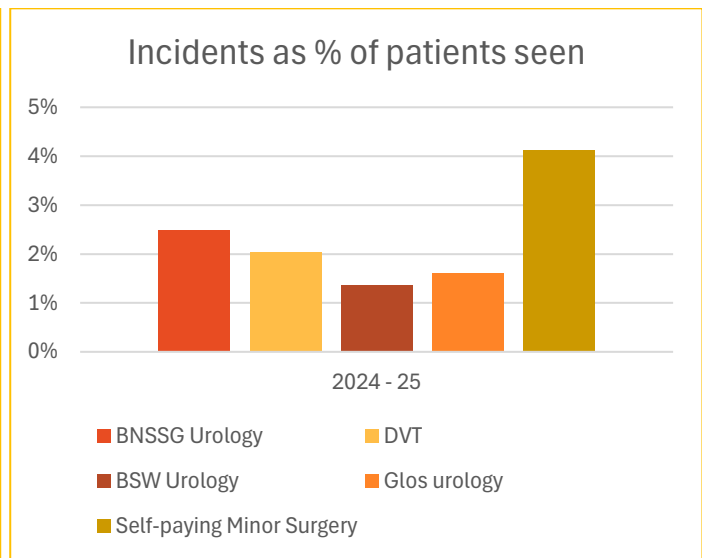


Figure 3: 2024 -25 incidents as % of patients

Of the 245 incidents 24 related to external factors, including issues with the transport service and with referrals not accurately indicating which leg needed to be scanned (DVT service). These were primarily in Q1 & 2 with improvement work undertaken with referring GPs and the NHS ICB re commissioning of the patient transport service. The 245 includes 5 safeguarding concerns raised, with one of these reported to the relevant safeguarding team (who were already aware of the safeguarding concern). Of the 245 incidents raised, 7 (0.06%) directly related to patient care.

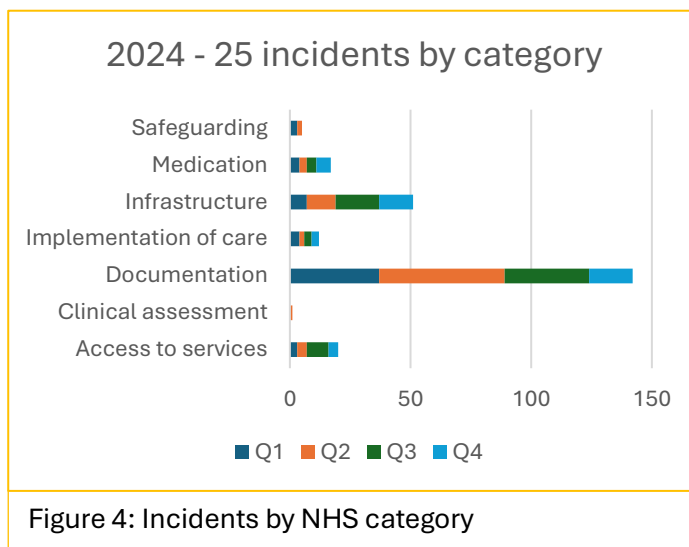


Figure 4: Incidents by NHS category

Like many organisations we were impacted by the CrowdStrike global IT outage in Q2 resulting in our patient administration platform EMIS, being inaccessible for 3 days. Our business continuity plan was successfully deployed, with only one urology clinic needing to be cancelled, the DVT service continued. As part of a leadership forum, prior to CrowdStrike, we had tested our BCP and we recognised the value in having regular desk top scenario exercises with key staff to ensure familiarity with BCP processes. Learning from the event has been incorporated into the BCP policy and resources and will continue to be highlighted in future BCP test events and any BCP implementation.

There were no reportable incidents in the year, with 1 serious patient safety incident investigation relating to the death of a patient who had been referred to the DVT service. A PSII included proactive approaches to the patients registered GP and the coroner’s office, external review of our referral forms and prioritisation processes along with a review with BNSSG ICB. Whilst the death was not attributable to the DVT service, learnings were identified, shared and implemented. Learnings are summarised in improvements and innovations.

Complaints and concerns

We value when our patients or referring GPs contact us where they feel our service has not met expectations. We investigate all formal complaints and requests for feedback on issue/concerns.

In the period there were 11 complaints (0.09% of patients seen)

5 of the complaints were upheld, 5 partially and 1 not upheld

All formal complaints are acknowledged within 2 working days with responses within 20 days, learnings are considered from all complaints and feedback provided to all complainants. Two complaints related to the clinical care patients received, 1 in relation

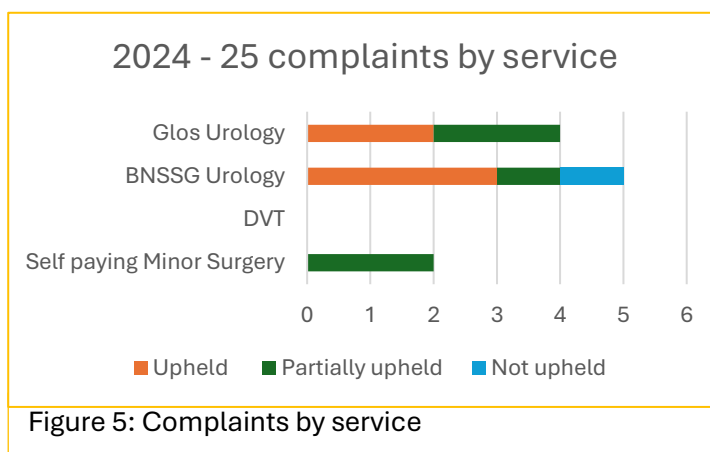
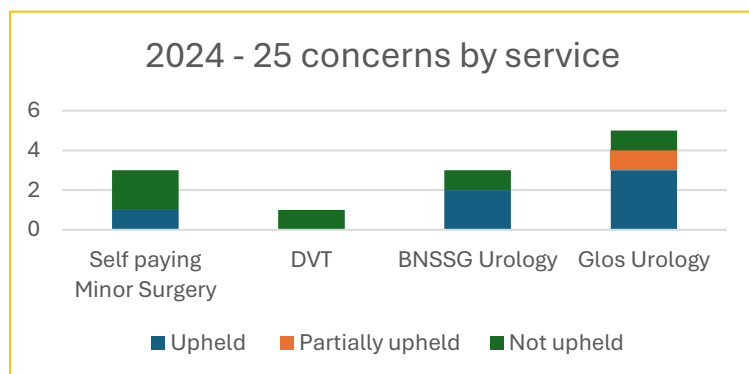


Figure 5: Complaints by service

to our self-paying minor surgery service and 1 in relation to the care received at an NHS trust following onward referral by GP Care.

We also investigated 12 concerns, of these 6 were upheld, 1 partially and 5 not upheld.



We investigate concerns to inform service improvements before these escalate to complaints.

Learnings are summarised above in Part 2a Review of 2024/25: Improvements and Innovations

Figure 6: Concerns by service

Patient feedback

Feedback from patients is valuable and appreciated enabling us to understand what patients value and what they feel we could improve.

Patients apply a score to the questions asked, in 2024 – 25 98.2% of respondents rated our services as very good or good, a slight increase on the previous year.

‘Slick, organised, polite, professional, informative. Short of waving a magic wand to cure all ills then can't really ask for anymore’.

‘Excellent service. One stop shop. Everything was checked and a face-to-face appointment with a consultant with results and actions. This is how the NHS should always work’.

As well as providing scores, patients have the opportunity to leave comments and in the last quarter of the period 57% left comments regarding their experience.

As an NHS worker it was a very good experience as a patient. Thank you, as I was anxious

Feedback is shared across the organisation and with the ICBs.

All comments are reviewed and when these identify an issue that we can address, we recognise these and publicise ‘You Said, We Did’ in quarterly reports and on our website including

You Said	We Did
‘I live in the forest of Dean area, and it was too far to travel not being able to drive and not knowing where the place was but really pleased with the kindness of the staff’	Clinics are now offered at the new Forest of Dean Community hospital

'The instructions requested a urine sample and 4-days urination records. These were not looked at during the consultation. There was no discussion of flow test, rate or retention or how these compared with 'normal'.

Following a few comments regarding this we have amended our triage process so that this is only required if beneficial as a diagnostic tool. We have updated our pre-appointment information for patients also

Colleague feedback

In March 2023 we launched our quarterly pulse survey to provide us with a better understanding of how our employees are feeling, we have consistently reached an average of a 50% response rate. We ask 4 regular questions,

1. Do colleagues enjoy their job?
2. Have enough time to undertake their duties?
3. Would they recommend GP Care as a good employer to work for?
4. Do they feel valued and receive recognition for good work?

Colleagues also have the opportunity to add comments and are asked questions regarding a 'hot topic'. In 24/25 themes included Safeguarding; Bullying, Harassment and Sexual Harassment; Employee Value Proposition.

After each survey we provide the results and actions taken to staff and these have included:

- Full IT review including adding EMIS onto clinic desktops
- Review of PST tasks and staffing levels
- Launched a quarterly newsletter and employee of the quarter scheme
- Reviewed incidents and complaints process and implemented training
- Review of staffing levels and proactive recruitment
- Implemented safeguarding supervision sessions
- Review of meeting formats and frequency
- Employee benefits review
- In 2025/26 questions on feeling safe from harassment will be included as regular questions in all staff pulse surveys.

Clinical audit

The Clinical Audit Group is a subgroup of the Patient Safety, Quality and Improvement committee. It has both clinical and non-clinical members and meets quarterly to.

- Plan and oversee clinical audits and processes to deliver continuous improvement in the effectiveness, efficiency and quality of services provided by GP Care.
- Review and share the results of audits undertaken and to support the embedding of learning into practice.

We have a 2 yearly audit plan, currently running from 2024 – 26. This is reviewed 6 monthly and updated as required. Regular and ad hoc audits are undertaken each year and actions are agreed and reviewed at the clinical audit meetings, reporting to PSQI.

During 2024/25 audits were undertaken in all of GP Care's clinical services.

Urology

- Quarterly audits of 5% of ultrasound scans carried out are reviewed for accuracy and image quality. Image quality and clinical report accuracy are consistently excellent at 100% with report quality ranging from 46-73%. The majority of the issues affecting this score are minor, e.g. Typos or formatting and did not affect clinical outcomes for patients. Work is ongoing to improve the documentation reporting.
- Post cystoscopy infection rates were reviewed in BNSSG and BSW. The ICE records of 50 patients in each area were reviewed to see if an MSU was sent within 10 days of their cystoscopy and whether a UTI was identified. 1 patient from each area had a UTI, giving a 2% post procedure infection rate which is in line with national outcomes.
- Audit of our performance against the criteria-based access requirements of the urology minor surgery service. 100% of audited notes met the requirements.
- Post urology minor surgery infection rates and the need for 4 week follow up calls. 5/150 (3.3%) patients sought medical advice and were prescribed antibiotics post procedure. This is more than the expected rate of 1-2%, but none of the 5 patients had a swab taken so infection had been assumed, rather than confirmed. 11/150 patients received a 4 week follow up call. The most common reasons for this were post op bleeding and concerns with wound healing.

Self-paying Minor surgery

An audit was carried out to identify the prevalence of post procedure complications and wound issues. Data was obtained from the notes or post op phone calls for 860 patients over a 12-month period.

- 3.29% patients experienced post op complications e.g. scarring 1.13% or infection 0.2%.
- 2.79% patients expressed wound issues e.g. bleeding, concerns with wound healing.

These figures compare favourably with national data which suggests a wound infection rate of 8.6%.

DVT

Our pathway requires referrers to prescribe pre scan anticoagulation, when appropriate. In 2024 309/4586 (6.74%) patients did not have this prescribed. If there is no clear reason for this PST will contact referrers to recheck that it is not required. In Q1 5/35 (14.3%) of referrers were not contacted so PST were given further guidance as to the importance of this. In Q2 3/56 (5.3%) were not contacted so there was further discussion with PST. In Q 3 and 4 all referrers were contacted. Target has been achieved, and ongoing training and monitoring continues.

Infection prevention and control (IPC)

A subgroup of the audit group collates the IPC audits which are required for all of our clinical locations. 2 monthly reviews have steadily increased the number of premises with an in-date IPC audit. Head office has also been audited.

There has also been increased focus on ensuring that clinical practice meets the IPC standards required. All clinical staff have received hand hygiene training and IPC considerations are included

in the HCA competencies. We have had no reportable outbreaks across the year as per quality reporting requirements

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 (H & S) 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, providing an additional level of assurance for the Board.

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 or recalled medications 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 two relevant alerts in the period although neither affected the quality of the product, the relevant clinicians were advised of the alerts.

Legal claims

No legal claims were made against GP Care in the year 2024/25.

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)

The most recent CQC inspection took place in 2019 and there has been no change to the 'Good' rating outlined in the inspection report that followed in April 2020.

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 2024 - March 2025.

CQC is going through a period of transformation and as an organisation GP Care is engaging in any events that enable feedback to CQC and learning in relation to new approaches to regulation and inspection of services.

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 and those who provide our services and ensure that we are delivering high quality care and improving where we can. Where this falls short, we are open, honest and commit to learning from poor care experiences.

References

- RGN (2024) - [Adult Safeguarding: Roles and Competencies for Health Care Staff | Publications | Royal College of Nursing](#)
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- NHS England (2024) - <https://www.england.nhs.uk/publication/patient-safety-incident-response-framework-and-supporting-guidance/>
- UK HSA, (2025) (<https://www.gov.uk/government/statistics/seasonal-influenza-and-covid-19-vaccine-uptake-in-frontline-healthcare-workers-monthly-data-2024-to-2025>)