QUALITY ACCOUNT 2017/2018

SUFFOLK GP FEDERATION COMMUNITY INTEREST COMPANY

Developing Primary and Community Care based on values of quality and excellence for our patients and staff
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1:1 INTRODUCTION
The Quality Account is a document mandated by legislation and as such contains specific information and statements. This is the first year that Suffolk GP Federation has been required to produce a quality account due to the growth of the organisation and the breadth of services we provide.

It is our opportunity to provide information in an open and transparent way demonstrating how we ensure that services are part of a drive to continuously improve.

1:2 CEO’S STATEMENT
Suffolk GP Federation is a clinically led not for profit community interest company owned by local GP practices. We were founded in 2007 and now offer a portfolio of NHS funded services in Suffolk and North East Essex.

These include:

1. Urgent care – a weekend and evening GP service called GP+ and GP Streaming in our local hospital Emergency Departments.
2. Primary care – three GP practices covering 27,000 patients.

Delivering quality services is central to the mission of the Federation and is part of three of our five core values.

- Patient centred and continuity of care
- Exceptional care for all patients, particularly those from deprived and marginalised communities
- The highest clinical quality and the best patient experience
- Team working and collaboration
- Nurturing talent and fostering innovation
2017/18 was a particularly challenging year for the Federation. We more than doubled in size as a result of Suffolk Community Healthcare and Christmas Maltings & Clements services transferring to us. Growth of this scale will always place pressure on an organisation. I am happy to report that during the transition, our staff maintained service delivery and quality.

Our two most challenging services were:

- Christmas Maltings & Clements practice in Haverhill. We took on management of the service in July 2017 and inherited many issues including staff retention and low patient satisfaction.
- Community ultrasound which developed a waiting list backlog. This has now been cleared.

Our priorities for services in 2018/19 are to start transformation programmes that will allow them to be sustainable in the future.

I confirm this Quality Statement outlines, to the best of my knowledge, is accurate.

David Pannell
Chief Executive

1:3 INTRODUCTION TO THE SUFFOLK GP FEDERATION

The Suffolk GP Federation is a not for profit organisation owned by 58 GP practices covering 580,000 patients. Members remain independent organisations, whilst working together to develop local primary care.

As a direct provider of services, we have two main areas of activity;
SECTION ONE

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<thead>
<tr>
<th>PRIMARY CARE SERVICES</th>
<th>COMMUNITY CARE SERVICES</th>
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<tr>
<td>We currently directly run three GP Practices</td>
<td>• North East Essex Diabetes Service</td>
</tr>
<tr>
<td>▪ Christmas Maltings and Clements</td>
<td>• West Suffolk Fracture Liaison Service</td>
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<tr>
<td>▪ Kirkley Mill Surgery</td>
<td>• Suffolk Bladder and Bowel Service</td>
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<tr>
<td>▪ Walton Surgery</td>
<td>• Felixstowe Minor Injury Unit</td>
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<td>GP + Emergency Department Streaming</td>
<td>• East Suffolk Community Stoma Service</td>
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<td>• Community Pain Management Service</td>
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<td>• Lymphoedema</td>
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*Diabetes and You – NEEDS working with patients to engage and motivate patients, developing knowledge and Skills to better manage their diabetes.*
SECTION ONE

Our Services

Christmas Maltings and Clements
Kirkley Mill Surgery
Walton Surgery

As part of our work supporting general practice, Suffolk GP Federation has taken on the management of Walton Surgery in Felixstowe, Christmas Maltings & Clements Practice in Haverhill and Kirkley Mill Surgery in Lowestoft.

Our aim is to help all surgeries address the challenges currently being faced by primary care while ensuring patients continue to receive the very best service.

Priorities include creating a better working environment, making workloads sustainable for duty doctors and other clinicians, reducing operational complexity, improved patient engagement and planning a positive future.

GP +

Suffolk GP+ provides extra doctor’s appointments in the evenings, at weekends and Bank Holidays.

Clinics run from bases in Ipswich, Bury St Edmunds, Felixstowe, Stowmarket, Leiston, Wickham Market and Haverhill.

You can make an appointment by contacting your registered GP practice and asking your receptionist about GP+.

You can also be referred via the NHS 111 telephone helpline, the ambulance service or by Ipswich and West Suffolk hospitals’ A&E departments.

Feedback from patients is overwhelmingly positive – with 98% saying they would recommend Suffolk GP+ to family or friends.

Emergency Department Streaming

Providing access to primary care from within the emergency departments at both Ipswich Hospital and West Suffolk Hospital.

Ensuring that patients have their needs met appropriately, supporting those with the most urgent needs to be seen by the specialist emergency teams.

North Essex Diabetes Service (NEEDS)

Suffolk GP Federation delivers Type 1 and Type 2 adult diabetes services in North East Essex.

Community clinics, led by consultants, take place on a weekly basis in Clacton, Colchester and Harwich. Our aim is to provide more care across a range of community settings, reducing the need for hospital visits and providing services closer to home.

Patients are referred by their GP practice and seen by a team of specially trained staff. These include a nurse consultant, diabetic specialist nurses, dieticians, community diabetologists, psychologists and podiatrists supported by administrators.

Other specialist clinics, such as insulin pump and podiatry clinics, take place in a variety of GP practices on a weekly, fortnightly or monthly basis.

Teaching patients about their condition is a key element of the support we provide. A
variety of educational tools are available and patients can choose the most appropriate approach based on their type of diabetes and length of time they have been diagnosed. In addition to this structured education, the team also support patient forums which are held in Colchester and Tendring.

The NEEDS team is supported by diabetes consultants at Colchester Hospital who provide clinical supervision, education and direct patient care as well as local GP provider organisation GP Primary Choice and ACE, the local podiatry provider

**West Suffolk Fracture Liaison Service**
A specialist nursing service with a focus on osteoporosis and fragility fractures. Working with West Suffolk Hospital and our GP colleagues to identify patients who would benefit from specialist support.

The team offers home visits to assess and advise patients on lifestyle, plus bone-strengthening medication.

**Suffolk Bladder and Bowel Service (BABS)**
Specialist clinicians working with people who have continence problems which can be experienced at any age, for example after having a baby.

The team provide clinics and home visits to assess individuals’ needs, offer advice on treatment and offer support to patients and relatives/carers in dealing with the challenges they face.

**Felixstowe Minor Injury Unit**
Provides a general minor injuries service (such as sprains, cuts and burns), injections and screening, telephone and drop-in advice, as well as outpatient and clinic services in partnership with other organisations.

**East Suffolk Stoma Service**
Specialist service for patients living with a stoma (a surgically created opening allowing waste to leave the body).

**Suffolk Podiatry Service**
Specialist service that offers diagnosis, treatment and onward referral where necessary of patients experiencing problems relating to their feet, ankles and lower limbs.

**Community Ultrasound Service**
Suffolk GP Federation provides a general non-pregnancy related ultrasound service at 13 locations across East Suffolk. In all cases, we provide a local service so patients do not have to travel far.

We have introduced various innovations including waiting times of around a week, urgent appointments available in each clinic and reports back to GPs by secure email at the end of each clinic.

Our team consists of six experienced sonographers who are all registered with the Health Professions Council (HPC) and are members of the Society of Radiographers. Second opinions and audit are provided by hospital radiologists. We also have a team of six administrators.

**Cardiology**
Suffolk GP Federation delivers a community cardiology service which provides an alternative to hospital care
for patients needing non-invasive cardiological assessment and treatment.

Each clinic has a cardiology consultant from Ipswich Hospital in attendance along with one or two GPs specialising in cardiology.

Typical conditions that are seen include palpitations, angina, heart murmurs, valve disease, breathlessness, heart failure, hypertension, atrial fibrillation, syncope and blackouts.

**Community Pain Management Service**

Suffolk GP Federation provides a community pain management service for patients who live in West Suffolk.

We help and teach our patients to manage pain, taking a non-medicalised approach that lowers reliance on painkillers, reduces GP visits and focuses on early intervention before chronic pain has time to set in.

Clinical outcomes have been extremely positive and above our targets – with 91% of patients who were referred in 2016/17 reporting a positive outcome in either physical, psychological or social needs, while 84% reported increased control of medication.

**Lymphoedema**

The service provides management and treatment for both primary and secondary lymphoedema patients from its Bury St Edmunds clinic

Lymphoedema is a long-term chronic debilitating condition resulting in swelling due to failure of the lymphatic system. It can affect any part of the body and may occur due to various conditions and reasons.

The impact on quality of life is affected due to pain, shape distortion/disfigurement and reduced and restricted mobility that can lead to increased anxiety and interfere with work, hobbies, relationships and general wellbeing.

A full, comprehensive assessment is carried out on all new patients and supported by follow-up workshops as part of the assessment process.

Treatments are planned and agreed with the patient.
Our Executive Team

From Left to Right

David Pannell – Chief Executive and responsible for the strategy of the Fed.

Jules Styles – Director of Primary Care and responsible for our GP surgeries.

Dr Paul Driscoll – Medical Director and responsible for all clinical services. Paul works for the Fed two days per week and is also a GP in Felixstowe.

Katrina Pollard – our Financial Controller who manages our finance team which includes payroll.

Julie Smith – Operations Director who oversees all our day-to-day activities. She is also lead for HR and Information Governance and oversees GP+ which is our weekend and evening service.

Sheila Smyth – Director of Community Care and manages all our community services. This includes the teams such as North East Essex Diabetes Service, Suffolk Podiatry and Felixstowe MIU. Sheila is also our Chief Nurse.

Dr Nick Rayner – Deputy Medical Director and a GP in Newmarket
Our Governance Structure

We have developed an integrated governance structure to ensure the delivery of our strategic objectives and local and national standards.

Integrated governance combines the principals of corporate, financial and clinical accountability and enables equality of input from clinical and non-clinical sources for the purpose of delivering high standards of care.

Each domain within the integrated governance framework is led by a domain lead who is accountable for the activity within that domain.

The framework flows across and through the organisation providing structure for the integrated governance meeting, service boards, and team meetings. It provides a simple and easily understandable structure for all of the organisation's policies and procedures which are linked back to one or more of the domains.
1:4 HIGHLIGHTS FROM 2017/18

Suffolk GP Federation has grown significantly employing over 500 staff. We are actively involved in both healthcare alliances in Suffolk – providing both primary care services and community services.

Suffolk GP federation now runs three practices across three CCG’s and has become the “go to” default provider for services in primary care. These services would previously not have been funded due to a lack of suitable provider. Our two new practices are Christmas Maltings and Clements Surgery and Kirkley Mill Surgery which join Walton Surgery in Felixstowe.

We have continued to support practice “at scale” initiatives with a joint visiting service launched in Ipswich. Our pharmacist led prescribing support service is working with four practices with plans to roll out further. The Suffolk Locum service, in conjunction with the county’s CCGs, is operational. We have expanded our GP+ service in the west of the county and was highly rated in an NHS England review.

We successfully worked with Suffolk County Council, Ipswich and West Suffolk Hospitals, and Norfolk and Suffolk NHS foundation Trust to launch the East and West Suffolk Alliances which now run community services across the county. Through this transformation Suffolk GP Federation now manage Podiatry, Bladder and Bowel, Felixstowe Minor Injuries Unit, Stoma and Fracture Prevention. We have been working with Alliance partners to deliver pain and lymphedema services in a new joint model.

NEEDS the north east Essex Diabetes Service has continued to receive national recognition and has had its contract extended by another two years.

We have invested in three new ultrasound scanners and employed extra sonographers in our community ultrasound service which has helped reduce waiting times.
CLINICAL EFFECTIVENESS
Ensuring that our podiatry resources are used effectively

Suffolk Podiatry Service undertook a review of their activity and waiting times and became clear that change was necessary. The service aims to ensure that it is able to provide specialist care to those patients who have active foot disease or are at high risk of developing foot complications in an appropriate timeframe. In order to achieve this the service is changing its referral criteria and reassessing all existing patients. The service will have a reduced active caseload but waiting times and access to specialist care will improve.

There are other providers who can deliver routine care of the feet – which is part of an individual’s personal care. To support patients who have new foot problems they are able to self-refer by phone or now electronically via www.podiatryreferrals.co.uk

How will we know if we have been successful?

We will be monitoring our patient profile closely; we aim to see a reduced caseload with improved waiting times.

Feedback from patients helps us to judge if we are meeting the needs of community.

This is why patient engagement is a priority for 2018/19
PATIENT SAFETY

Ensure that learning and good practice is better shared across the services we provide.

As part of our continuing programme of CQC readiness activities we have identified that we need to improve how learning is shared across what is now a large and diverse organisation. We have already implemented DATIX across the organisation providing one central method for capturing Incidents, Compliments and Complaints and Risks. From this foundation we will build processes to ensure that the benefits of this increased visibility of information is felt across the whole organisation.

How will we know we have been successful?
This is an aspect that we review as part of our internal CQC readiness programme – we expect to be able to see evidence of greater shared learning.

We anticipate that we will have documented and mapped the opportunities for sharing and how we have removed any barriers to taking these opportunities.

We will have assurance that we have scalability to meet the needs of a growing organisation.

Roll out of the Safe, Appropriate and Sustainable (SAS) Strategy

The three practices currently managed by Suffolk GP federation are all transitioning from a traditional partnership model to a salaried model. The surgeries need to change to ensure that they can continue to provide services – Suffolk GP Federation has developed a strategy to meet this challenge. It includes the following;

Protecting and supporting our workforce – offer appropriate capacity reflecting patient needs.

Building on the existing skill mix – ensure that we have a diverse skill mix. Developing a clinical support GP who supervises the non-GP workforce without appointments themselves. Support this role with appropriate training.

Tightly manage the appointment system – implement an updated version of the Manchester Triage clinical risk management tool to identify clinically urgent patients. Ensure that 25% of
appointments are held for these clinically urgent patients. Signpost patients where other self-care approaches are appropriate.

Ensure that clinical time is used appropriately – manage workflow to remove inappropriate work from clinicians

Reduce pressure on the practice – review the breadth of services provided; moving to reduce these to those which are most clinically relevant and those which are contractually required. There are other providers who are better placed to deliver certain services which enables us to deliver a quality primary care service.

Provide more central support – develop a monthly practice data pack, which includes quality audits, access data etc. – this will support ability manage performance and support the practice at an early stage. We have recruited a practice medical director to support the practices and the role out of the SAS Strategy.

How will we know if we have been successful?

By reviewing the data available to us to gain an overview of the current status of the practices in the domains of Safety, Appropriateness and Sustainability.

By closely monitoring patient experience and outcomes

Christmas Maltings and Clements Surgery
Suffolk GP Federation took over the management of the surgery in July 2017

Kirkley Mill Surgery
The latest surgery to be managed by the organisation. Joining in November 2017
The surgery serves a population of 6,300 patients in Lowestoft

Walton Surgery
Was the first surgery to be directly managed by Suffolk GP Federation in November 2016
The surgery serves 4,200 patients in the Felixstowe area
PATIENT, SERVICE USER AND CARER EXPERIENCE

Develop an organization wide Patient, service user and carer strategy

We already undertake many engagement activities across our services and we believe this can be built upon to ensure that we continue to do so. By bringing these activities together as one cohesive strategy we believe we can better ensure that patients, service users and carers have an active role in our success.

How will we know we’ve been successful?
By evidencing that change and improvement is clearly linked to patient engagement.
By involving our patients and patient champions such as Healthwatch in being a critical friend reviewing our strategy.

2:2 OTHER IMPROVEMENTS WE PLAN TO DELIVER

We are committed to continuous improvement and we believe that this has contributed to our success. This success and growth has brought challenges which we have been able to meet. However, we recognise that in order to successfully expand the high-quality services we deliver further there are a number of areas which we need to continue to focus on and improve.

- Robust and efficient support systems to support our continued growth – such as human resources
- Review and update our business continuity plans
- Review current infection control training, policies, audits and action plan to ensure that it is appropriate for the breadth of services the organisation provides now and in the future.
- Implement a Staff Council to embed engagement with the workforce making the most of the skills and experience we have across the organisation.
SECTION 02

2:3 STATEMENTS OF ASSURANCE – REVIEW OF SERVICE

During 2017/18 The Suffolk GP Federation has provided or subcontracted 14 NHS services. Suffolk GP Federation has reviewed all the data available to them on the quality of care in all 14 of these services.

The income generated by the NHS services reviewed in 2017/2018 represents 100% of the total income generated from the provision of NHS services by the Suffolk GP federation for 2017/18

2:31 PARTICIPATION IN CLINICAL AUDITS AND NATIONAL CONFIDENTIAL ENQUIRIES

National Confidential Enquiries
Suffolk GP Federation was not involved in any national confidential enquiries during 2017/18.

National Clinical Audits
During the year there were two national clinical audits for which SGPF were eligible and appropriate to our services. These were the RCP Fragility Fracture National Audit, The National Diabetes Audit.

National Fragility Fracture Audit
The national Fragility Fracture Audit aims to review practice across the country for all patients over the age of 50 who have sustained a fragility fracture. The SGPF Fracture Liaison Service provides data for the audit in the West of Suffolk. It was noted by the Royal College of Physicians that the service was performing above the national average in the following areas:

- Patients to treatment within 4 months
- Patients being assessed for their falls risks and being referred to balance and strength exercise interventions

National Diabetes Audit
The National Diabetes Audit measures the effectiveness of diabetes healthcare against NICE clinical Guidelines and NICE Quality Standards, in England and Wales.
The audit is made up from a suite of individual audits including:

- Core Diabetes Audit
- National Diabetes Foot Care Audit
- National Diabetes Inpatient Audit
- National Pump Audit

North East Essex Diabetes Service (NEEDS) continues to contribute data to the national audit. Demonstrating its ongoing commitment to high quality diabetes care in the community and as an inpatient.

In addition to the national audits that we participate in SGPF has a local clinical audit strategy in place to support quality and improvement across our services. The mandatory audit plan is reviewed and updated throughout the year in line with benchmarking audits, incidents, new policies and changes in service provision.

The audits undertaken include record keeping, infection control and safety audits. Records of all results are held by the governance team. Each audit is reviewed and action plans requested where standards were not met.

The findings are shared with the integrated governance committee via the audit report. This enables the organisation to see themes in the results and ensure that improvements are being made.
2:32 COMMISSIONING FOR QUALITY AND INNOVATION

The CQUIN payment framework enables our commissioners to reward excellence and innovation by linking a proportion of our income to the achievement of quality improvement goals.

For 2017/18 Suffolk GP federation agreed the following CQUIN Objectives for the NEEDS service.

<table>
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<tr>
<th>CQUIN TYPE</th>
<th>CQUIN OBJECTIVE</th>
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<tbody>
<tr>
<td>1 NATIONAL</td>
<td>Achieve a 5% improvement in two of the three NHS annual staff survey questions on health and wellbeing, MSK and stress</td>
</tr>
<tr>
<td>2 NATIONAL</td>
<td>Increasing uptake of frontline staff flu vaccinations to 75%</td>
</tr>
<tr>
<td>3 NATIONAL</td>
<td>Set up and operate an advice and guidance service for non-urgent GP referrals allowing GP’s to access consultant advice prior to referring patients to secondary care</td>
</tr>
<tr>
<td>4 NATIONAL</td>
<td>Availability of services and appointments on the NHS E Referral Service</td>
</tr>
<tr>
<td>5 LOCAL</td>
<td>Support of GP Practices to enhance quality in the provision of diabetes management</td>
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Our Chief Nurse Sheila Smyth was named “Outstanding Educator of Diabetes” at the recent Quality in Care Diabetes Awards.
2.33 CARE QUALITY COMMISSION AND SPECIALIST REVIEWS

Suffolk GP Federation is registered with the Care Quality Commission (CQC) for the regulated Health Care Services that we provide. We currently registered with no conditions.

The Registered Manager for the organisation is our Chief Executive David Pannell.

We have a schedule of internal mock CQC visits which forms part of our commitment to quality improvement. The results of these visits form part of a quality improvement action plan for the organisation. From the visits conducted so far, we have identified a need to strengthen our business continuity plans and better share learning and information across what is a much broader organisation.

During 2017/18 we had two inspection visits from the CQC. Visits were made to Walton Surgery and Kirkley Mill Surgery. The results of these visits are outlined below.

**Walton Surgery was visited on the 23 May 2017. The practice was rated as good overall. We were very pleased with this outcome as it came only 7 months after the Suffolk GP federation became the registered provider.**

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<tr>
<th>OVERALL</th>
<th>SAFE</th>
<th>EFFECTIVE</th>
<th>CARING</th>
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<td>GOOD</td>
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The key findings from the inspection were as follows:

- The practice staff that spoke with the inspectors told them that significant improvements had been made, including the employment of a new GP clinical lead.
- They found there was a clear leadership structure, which was understood by the staff the inspectors spoke with. They told them that the clinical lead GP and practice manager had involved them in developing their practice vision and future development plans to offer greater services to their patients.
- The practice proactively sought feedback from staff and patients, which it acted on.
• There was an open and transparent approach to safety and a system in place for reporting and recording significant events at practice level, and for escalating through to the appropriate board within Suffolk GP Federation.

• The practice had systems to minimise risks to patient safety. A detailed practice improvement plan was used to ensure improvements were made in a timely way and any risks updated regularly. The practice and the Federation regularly reviewed this plan.

• Practice staff were aware of current evidence-based guidance and had been trained to provide them with the skills and knowledge to deliver effective care and treatment. The clinical staff discussed these and patient cases at regular meetings.

• Results from the national GP patient survey, published in July 2016, showed patients were treated with compassion, dignity, and respect and were involved in their care and decisions about their treatment. The practice used an electronic console to collect feedback from patients at every opportunity.

• Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.

• Patients the inspectors spoke with said they found it easy to make an appointment and there was continuity of care, with urgent appointments available the same day.

Extended hours appointments were available at the practice on Wednesday evenings. The practice, in collaboration with two local practices, offered same day appointments at Felixstowe community hospital.

The practice was also part of a GP+ service; patients were able to be seen for evening or weekend appointments at Felixstowe Community Hospital and a location in nearby Ipswich.

• The inspectors found that the surgery was aware of the requirements of the duty of candour. We were able to demonstrate examples that showed the practice complied with these requirements.

The inspectors suggested areas where the practice could continue to improve:

• Review the management of legionella and ensure any actions needed in relation to low water temperatures are completed in a timely way.

• Continue to embed all new policies and procedures to ensure performance and quality is monitored.

• Continue to embed the schedule of audits to ensure the practice monitors performance and encourages improvement.

• Improve the system for monitoring staff training.

The full report for Walton surgery can be found at http://www.cqc.org.uk/location/1-3080822235
Kirkley Mill Surgery was visited on the 17 January 2018. The practice was rated as inadequate overall but with many areas of the inspection unable to be completed as the data referred to the previous provider. We are of course disappointed by the outcome but we know that there is a long way for us to travel with the surgery and we are confident that as a team we are driving through improvement.

*Kirkley Mill was previously being run by an interim team and was already in special measures when Suffolk GP Federation agreed to take over the management. We are expecting a repeat inspection which will be our opportunity to demonstrate the improvements the surgery team are delivering.*

The key findings from the inspection were as follows:

Practice staff that spoke to the inspectors told them that improvements had been made and they felt positive about the future of the practice since Suffolk GP Federation had taken over the management of the practice. They understood that further improvements were required and a plan was in place to continue to address these.

- The practice demonstrated that they had an effective system for managing significant events. When they did happen, the practice learned from them, improved their processes and shared the learning with other GP practices.

- An effective process was in place for acting on patient safety and medicine alerts.

- The practice was able to share a plan to improve identified safety risks; for example, improved monitoring of patients prescribed high risk medicines, completion of summarising, health and safety risk assessments, infection control and training deemed mandatory by the practice.

The inspectors found that not all patients prescribed high risk medicines had been reviewed appropriately before their medicines were re-issued. The practice took action to review the patients identified.

- The practice performance in relation to the Quality and Outcomes Framework (QOF) 2016/2017 was significantly lower when compared to the local Clinical Commissioning Group (CCG) and national
averages. The team explained to the inspectors that we were aware of this and shared our performance data for 2017/2018 (unverified) and our plans to continue to improve the coding of patients and QOF achievement.

- The team shared that we had commenced a programme of quality improvement and had completed eight single cycle audits, although the inspectors found four patients where risks had not been follow-up on. We took action to review the patients identified.
- Staff had not all received training deemed mandatory. The practice has a training matrix, which included locum GPs and had started to identify where the gaps in staff training were. There were plans in place for face to face training for staff to ensure all staff were up to date. The team was aware of the need to update the locum information pack.
- Staff involved and treated people with compassion, kindness, dignity and respect. All of the patients and patient representatives the inspectors spoke with and received comments from gave positive responses in this area.

Information from the July 2017 national GP patient survey showed the practice was below average for its satisfaction scores on consultations with GPs.

- Patients the inspectors spoke with found the appointment system easy to use and reported that they were generally able to access care at the right time, although two patients felt continuity of GPs could be improved.
- The inspectors found that policies and procedures were in place, however when questioned some staff were not confident in how to access them and which policies to follow, as some of the policies from the previous provider were still available.
- Staff the inspectors spoke with said they felt supported by the new management team, were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.

The areas where the inspectors found we must make improvements as they are in breach of regulations are:

- Ensure care and treatment is provided in a safe way to patients.

The areas where inspectors found we should make improvements are:

- Continue to increase the uptake of annual health checks for patients with a learning disability.
- Formally review the work undertaken by advanced nurse practitioners to obtain assurance of the quality of their work.
- Continue with plans to have Suffolk GP Federation policies and procedures in place and easily accessible for all staff.

The full report for Walton surgery can be found at http://www.cqc.org.uk/location/1-4436780475
2.34 DATA QUALITY

Clinical Coding Error Rate
SGPF was not subject to the Payment by Results clinical coding audit during 2017/18.

NHS Number and General Medical Practice Code Validity
SGPF did not submit records during 2017/18 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

2.35 INFORMATION GOVERNANCE

Information Governance has become an increasingly complex area. Suffolk GP federation seeks to work in partnership with other organisations for the benefit of patients and as such has ensured that we have appropriate information sharing agreements in place.

Suffolk GP Federation score for the 2017/18 Information Quality and Records Management, assessed using the information Governance Toolkit was 98%

Overall SGPF achieved the required level 2 or above on all requirements.
3:1 PROGRESS AGAINST QUALITY IMPROVEMENT PRIORITIES

This is Suffolk GP federations first Quality Account and as such we do not have a formal set of priorities from last year’s accounts to review. Previously the organisation neither met the size or income triggers for quality account reporting.

Of the services we are currently providing 50% joined the organisation in the second half of 2017/18.

Our improvement priorities in 2017/18 included ensuring that the transition of the new services into Suffolk GP Federation was managed in such a way that ensured there was no threat to the quality of the care being delivered. We believe that we have been able to meet this aim.

We have done this by:

- Investing in technologies such as the DATIX system for incidents, risk and complaints handling.
- Investing in the central team to support the new services
- Supporting our service leads and their teams to deal with problems as early as possible

As our organisation continues grow this will continue to be a priority into 2018/19.

It was also important to the organisation that our existing services continued to be supported to deliver high quality care. We believe we have been able to achieve this because we continue to have a simple, appropriate governance and management structure which rewards innovation and improvement.

3:3 LEARNING FROM INCIDENTS AND COMPLAINTS

Compliments and Complaints

Complaints are an important part of the learning and improvement cycle. Suffolk GP Federation is committed to ensuring that all concerns and complaints are properly investigated and responded to promptly, with action taken to bring improvements where needed.

The number of formal complaints received in 2017/18 was 72 compared with 19 during the previous year. This increase both reflects the growth of the organisation and challenges we
are tackling with our new surgeries. The top 3 subjects for complaints coming into our organisation were:

- Phone access to Christmas Maltings and Clements Surgery; This formed an aspect of 32% of the total complaints received during 2017/18. We have now installed a new phone system and can already see an improvement in the feedback we are receiving.
- Staff Communication and Attitude
- Appointment Availability

The table below demonstrates some of the ways that SGPF has responded to issues that have been raised during the past year:

<table>
<thead>
<tr>
<th>Service</th>
<th>Issue</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Christmas Maltings and Clements Surgery</td>
<td>Patient sent email as spent an hour and a half over 3 phone calls trying to book GP appt. Started at 3rd in queue and has never made it past second. Requesting appointment by email as phoning too stressful</td>
<td>Email appointment sent by surgery next day Patient’s complaint was formally recorded and reassurance given that Suffolk GP Federation were actively looking for a solution to the issue.</td>
</tr>
<tr>
<td>Ultrasound</td>
<td>Patient attended for ultrasound with an under filled bladder. Although a pelvic examination was completed a bladder scan was not able to be done. The sonographer refused to rebook another appointment and stated that the patient would need to be re-referred. The Patient was disgusted at the attitude of the sonographer.</td>
<td>The complaint was investigated by the service lead and a response sent to the patient. There was no need to carry out the bladder examination as a pelvic examination had been successful and if the GP felt it was clinically needed a second appointment could have been made. The sonographer was able to reflect on this interaction and will reword her explanations in future to more fully explain what specific examinations look at and how this is based on the clinical information from the GP.</td>
</tr>
</tbody>
</table>
The number of compliments received in 2017/18 was 49 which excludes positive comments from our patient surveys. The main theme of these compliments were individuals wanting to recognise our staff on the care they give.

Some examples are shared below

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>Compliment</th>
</tr>
</thead>
</table>
| Christmas Maltings and Clements Surgery | Thank you for Saturday appointments as I am unable to phone at 8am  
Have tried for 6 weeks to get an appointment  
Cannot phone at 8 am or 1pm due to work commitments so an appointment with the physio helped to put my mind at rest. |
| GP +                                 | Patient attended Community Ultrasound and at the time of her appointment wanted to feedback to someone about the good service she received from the GP+ doctor and receptionist |
| Bladder and Bowel Service            | Compliment from daughter for the care mother had received from service, especially ES - very kind and caring lady. The whole service has been excellent and very efficient. |

Incidents

An incident means any accident, event or circumstance, including a near miss, resulting in no harm, minor to severe harm, loss or damage. Incidents can be raised by any member of staff and our teams are encouraged to do so.

As part of our response to the growth of the organisation we have purchased and deployed the DATIX incident and risk management system to support us to get maximum benefit from understanding our incidents. The system incorporates a complete risk management and learning cycle through a structured investigation. Action plans are formed from the investigation process managed by the service leads.

Service leads are supported by the governance team to ensure that action plans are progressed and the learning is shared with the team at meetings and with other services at the Quality meeting or Managers meeting.

The governance team ensures that the integrated governance committee is supported to understand trends, prioritise reviews of practice and implement improved systems.

Our services are part of the wider health community and we work in partnership with many different providers. Incidents
often relate to issues which involve our partners and these are raised with those providers in order to ensure learning across all organisations and an improvement in patient care.

The total number of incidents for the year was 354.

We are seeing an increase in the number of incidents reported as our services grow – we continue to encourage our staff to report incidents as this enables us to develop greater understanding of where we need to drive changes and improvements.

Datix became available across the organisation in February 2018 and we did initially see a drop-in reporting as staff became used to the new system – we have since seen this reversed and we are now seeing reporting levels that reflect where we believe they should be.

Duty of Candour

Suffolk GP Federation has a ‘Being Open’ Policy which supports our compliance with the Duty of Candour process.

All our patients would be notified verbally and in writing, of any moderate harm caused to them by the action or omission of our services.

3:4 SAFEGUARDING VULNERABLE ADULTS AND CHILDREN

Safeguarding children and adults is an important priority for Suffolk GP federation. We understand that safeguarding is everybody’s business and is fundamental to ensuring quality care. We are duty bound to protect individual’s health, wellbeing and human rights supporting them to be safe, free from harm, abuse and neglect.

Our Safeguarding approach is led by our medical director and supported by the Chief Nurse within the patient safety domain of our integrated governance structure. We have ensured that our policies continue to be updated to reflect both local and national changes for example have adopted the recently approved self-neglect policy.

All our staff undertake a programme of mandatory safeguarding training which we monitor to ensure we are able to deliver our duty of care.

During the past year the number of concerns for children and adults raised by our community services was four. As our services expand we expect to see this number increase.
Suffolk GP Federation fully recognises its responsibility to support the PREVENT agenda and we ensure that all our staff have completed the national training.

3:5 INFECTION CONTROL

Good infection prevention including cleanliness and prudent antibiotic usage remain essential to ensure patients and families who use our services receive safe and effective care. As a healthcare provider infection prevention and control (IPC) is a high priority.

SGPF has a healthcare associated infection (HCAI) prevention and control programme in place which is reported monthly and annually to the integrated governance committee and through this to the board. The chief nurse as director of infection prevention and control (DIPC) is responsible for the organisations IPC performance.

In addition to our internal audits Kirkley Mill Surgery undertook a review conducted by an external assessor. The surgery achieved an overall score of 93% evidencing the teams excellent practice.

In the coming year SGPF will review it's current infection control training, policies, audits and action plan to ensure that it is appropriate for the breadth of services the organisation provides now and in the future. We will also be strengthening the invaluable role of infection control link practitioners within all of our services.

3:6 WORKFORCE

As an organisation we have doubled our workforce over the last year the result of new services joining the organisation. To support our larger workforce, we will be investing in our central team with investment in human resources, finance and governance.

Just as we value patient and carer feedback we also want to ensure we listen to our workforce. This is significantly harder when we are now a much larger organisation covering a wide geography. We plan to implement a Staff Council to ensure that staff have an opportunity to
feed into the direction of SGPF with input into key strategic discussions.

Although as a whole SGPF has seen growth in the workforce there remains a significant risk from hard to recruit posts. Central to this is the national shortage of GP’s.

We have undertaken a number of projects to mitigate this risk and this will continue to be a theme in 2018/19. Some of these projects include;

- Provision of a locum service; which we be widening in 2018/19 to cover non-GP roles
- Supporting Career development programmes; including an Ipswich future leaders course, nurse leaders and practice manager development also supporting an East and West First 5 group for those GP’s in the early part of their career
- Supporting a wider skill mix in our services; establishing an Emergency Care practitioner, Practice Paramedic framework.

SGPF understands that our workforce is our strength and we continue to look at opportunities for staff development across all our services.

*Suffolk GP Federation has developed a new leadership programme for primary care nurses to help solve a growing workforce crisis in GP practices throughout the county.*
STATEMENT OF DIRECTORS’ RESPONSIBILITIES

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

The directors confirm to the best of their knowledge and belief that they have complied with the following requirements in preparing this quality account:

- The Quality Account has been prepared in accordance with the Quality Accounts regulations and subsequent guidance
- The Quality Account presents a balanced picture of Suffolk GP federations performance over the period covered
- The performance information reported in the Quality Account is reliable and accurate
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account and these controls are subject to review, to confirm that they are working effectively in practice.
- The data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions and is subject to appropriate scrutiny and review.

By order of the Board,

David Pannell
Chief Executive
Contact Information

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CHIEF EXECUTIVE
OFFICER

DR PAUL DRISCOLL
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