# St Hilary Group Practice

## Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

| | |
|---|---|
| Overall rating for this service | Good |
| Are services safe? | Good |
| Are services effective? | Good |
| Are services caring? | Good |
| Are services responsive to people's needs? | Good |
| Are services well-led? | Good |

# Summary of findings

## Contents



## Overall summary

**Letter from the Chief Inspector of General Practice**

We carried out an announced comprehensive inspection at St Hilary Group Practice on 6 December. Overall the practice is rated as good.

Our key findings across all the areas we inspected were as follows:

- The practice is situated in a purpose built health centre. The practice was clean and had good facilities including disabled access, translation services and a hearing loop.
- There were systems in place to mitigate safety risks including analysing significant events and safeguarding.
- The practice was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- Patients' needs were assessed and care was planned and delivered in line with current legislation.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. The practice sought patient views about improvements that could be made to the service including having a patient participation group and acted, where possible, on feedback.

Staff told us they felt valued, worked well together as a team and all felt supported to carry out their roles.

There was an outstanding element of practice including:-

- There were daily lunch time meetings for all GPs and nursing staff including the healthcare assistant to discuss patient cases and anything that had occurred during the day. Minutes for these meetings were available to all clinicians.

# Summary of findings

**Professor Steve Field (CBE FRCP FFPH FRCGP)**
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

**Are services safe?**

Good

The practice is rated as good for providing safe services. The practice took the opportunity to learn from internal incidents and safety alerts, to support improvement. There were systems, processes and practices in place that were essential to keep patients safe including infection control and safeguarding.

**Are services effective?**

Good

The practice is rated as good for providing effective services. Patients' needs were assessed and care was planned and delivered in line with current legislation. Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. Clinical audits demonstrated quality improvement. Staff worked with other health care teams. Staff received training suitable for their role.

**Are services caring?**

Good

The practice is rated as good for providing caring services. Patients' views gathered at inspection demonstrated they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We also saw that staff treated patients with kindness and respect.

**Are services responsive to people's needs?**

Good

The practice is rated as good for providing responsive services. Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

**Are services well-led?**

Good

The practice is rated as good for being well-led. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity. The practice proactively sought feedback from staff and patients. Staff had received inductions and attended staff meetings and events. Staff told us they felt valued, worked well together as a team and all felt supported to carry out their roles.

# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

**Older people**

Good

The practice is rated as good for providing services for older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and offered home visits and care home visits.

The practice participated in meetings with other healthcare professionals to discuss any concerns. There was a named GP for the over 75s. The practice took part in the avoiding unplanned admissions to hospital scheme.

**People with long term conditions**

Good

The practice is rated as good for providing services for people with long term conditions. The practice had registers in place for several long term conditions including diabetes and asthma. Longer appointments and home visits were available when needed. All these patients had a structured annual review to check their health and medicines needs were being met.

For those patients with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

**Families, children and young people**

Good

The practice is rated as good for providing services for families, children and young people. New baby information packs were sent out to parents of new babies to advise to attend for health checks and vaccinations. The practice regularly liaised with health visitors to review vulnerable children and new mothers.

There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.

**Working age people (including those recently retired and students)**

Good

The practice is as rated good for providing services for working age people. The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible. There were online systems available to allow patients to make appointments. There were extended hours appointments available.

# Summary of findings

**People whose circumstances may make them vulnerable**

Good

The practice is rated as good for providing services for people whose circumstances make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those with a learning disability. It had carried out annual health checks and longer appointments were available for people with a learning disability.

Staff had completed courses to make them aware of the needs of carers. The practice offered annual drop in sessions in conjunction with a local carers' organisation. Citizens Advice Bureau attended the practice to help patients with social and financial needs.

**People experiencing poor mental health (including people with dementia)**

Good

The practice is rated as good for providing services for people experiencing poor mental health. Patients experiencing poor mental health received an invitation for an annual physical health check. The practice met with the psychiatry team from the local hospital on a quarterly basis to discuss on going care of patients.

The practice was part of a shared care scheme for dementia patients and patients were invited to attend on a six monthly basis for their review. Staff had received dementia awareness training. The practice employed a counsellor.

# Summary of findings

## What people who use the service say

The national GP patient survey results published in July 2016 (from 121 responses which is approximately equivalent to 2% of the patient list) showed the practice was performing better than local and national averages in certain aspects of service delivery. For example,

- 81% of respondents described their experience of making an appointment as good (CCG average 79%, national average 73%)
- 94% patients said they could get through easily to the surgery by phone (CCG average 79%, national average 73%).
- 67% of patients got to see or speak to their preferred GP (CCG average 61%, national average 59%).
- 90% said the last GP they spoke to was good at treating them with care and concern (CCG average 90%, national average 85%).

In terms of overall experience, results were comparable with local and national averages. For example,

- 92% described the overall experience of their GP surgery as good (CCG average 90%, national average 85%).
- 88% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 84%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received five comment cards, four of which were very complimentary about the service provided. Patients said they received an excellent, caring service and patients who more vulnerable were supported in their treatment. However there were two negative comments about continuity of care and difficulty sometimes getting appointment on the day.

We reviewed information from the NHS Friends and Family Test which is a survey that asks patients how likely they are to recommend the practice. Results for April to November 2016 from 78 responses showed that 71 patients were either extremely likely or likely to recommend the practice, 6 neither or did not know and one response said unlikely.

## Areas for improvement

**Action the service SHOULD take to improve**

The practice should:

- Put a system in place to effectively monitor the use of prescript pads used on home visits.

## Outstanding practice

There was an outstanding element of practice:-

- There were daily lunch time meetings for all GPs and nursing staff including the healthcare assistant to discuss patient cases and anything that had occurred during the day. Minutes for these meetings were available to all clinicians.

# St Hilary Group Practice

**Detailed findings**

## Our inspection team

**Our inspection team was led by:**

Our inspection team was led by a CQC Lead Inspector, a CQC inspector and included a GP specialist advisor.

## Background to St Hilary Group Practice

St Hilary Group Practice is based in Wallasey, Wirral. There were 5561patients on the practice register at the time of our inspection.

The practice is a training and teaching practice managed by four GP partners (two male, two female) and one salaried GP. There is a nurse practitioner, a practice nurse and a healthcare assistant. The practice employs a phlebotomist and a counsellor. Members of clinical staff are supported by a practice manager, reception and administration staff.

The practice is open 8am to 6pm every weekday but is closed every Friday between 12.30pm to 1.45pm for staff training. The practice offers extended hours pre bookable appointments on a Monday evening clinic until 7.30pm. Patients requiring a GP outside of normal working hours are advised to contact the GP out of hours service by calling 111.

The practice has a Personal Medical Services (PMS) contract and has enhanced services contracts which include childhood vaccinations. The practice is part of NHS Wirral local commissioning group.

## Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people

# Detailed findings

- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

The inspector :-

- Reviewed information available to us from other organisations e.g. the local clinical commissioning group (CCG).
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 6 December 2016.
- Spoke to staff and representatives of the patient participation group.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Good

# Are services safe?

## Our findings

**Safe track record and learning**

The practice had a strong learning culture and viewed any incident or complaint as a positive opportunity to improve services to patients. The practice made good use of significant events and audit work was generated from incidents. There was an effective system in place for reporting and recording significant events and incidents. The practice carried out a thorough analysis of the significant events. Significant events were discussed as a standing agenda item at staff meetings.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, an apology and were told about any actions to improve processes to prevent the same thing happening again.

Staff were aware of recent safety alerts and there was a system to disseminate information to the appropriate staff.

**Overview of safety systems and processes**

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding vulnerable adults and a lead GP for safeguarding children. We discussed with the practice the need to review how information about vulnerable children and adults was recorded in patient records and the system used monitor safeguarding activity. Following the inspection the practice provided evidence that showed worked had been carried out to address the issues identified at the inspection. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. Health visitors were invited to attend clinical meetings to discuss any concerns.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS
- The practice was clean and tidy and cleaning schedules and monitoring systems were in place. The practice nurse was the infection control clinical lead who attended meetings with the local infection control teams and cascaded any information back to the practice. There was an infection control protocol and staff had received up to date training.Internal and external infection control audits were undertaken and action plans were in place to address any shortfalls. There were spillage kits and appropriate clinical waste disposal arrangements in place. There were cleaning schedules for medical equipment available in each clinical room.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Emergency medication was checked for expiry dates. There was a prescription security protocol. Blank prescription pads were securely stored and there were systems in place to monitor prescriptions for printers but not for prescription pads for home visits. We discussed this with the practice who assured us this would be addressed. Following the inspection the practice confirmed that a system had been put in place to monitor and audit the use of prescription pads for home visits. There were patient group directives (PGDs). PGDs are legal documents outlining information about vaccinations and the authorisation for the administration of vaccinations.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. There were monitoring systems in place to check the professional registration and DBS status of staff.

**Monitoring risks to patients**

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available that identified local health and safety representatives. The practice had up

to date fire risk assessments and carried out regular fire safety equipment tests and fire drills. Staff were aware of what to do in the event of fire and had received fire safety training as part of their induction.

- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

**Arrangements to deal with emergencies and major incidents**

The practice had arrangements in place to respond to emergencies and major incidents.

- All staff received annual basic life support training and there were emergency medicines available.
- The practice had use of a defibrillator and there were two oxygen cylinders available. We were shown the equipment was regularly checked. There was an accident book and first aid kits were available.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

# Are services effective?

(for example, treatment is effective)

## Our findings

**Effective needs assessment**

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

**Management, monitoring and improving outcomes for people**

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients and held regular meetings to discuss performance. (QOF is a system intended to improve the quality of general practice and reward good practice). The practice had good systems in place to ensure they met targets and results from 2014-2015 were 94% and in 2015-2016 98% of the total number of points available.

Performance for mental health related indicators was comparable with local and national averages for example:

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2015 to 31/03/2016) was 93% compared to local average of 91% and national averages of 88%.

Performance for diabetes related indicators was comparable with or higher than local and national averages for example:

- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2014 to 31/03/2015) was 99% compared with a local average of 80% and national average of 78%.

The practice carried out a variety of audits that demonstrated quality improvement. For example, medication audits, minor surgery audits and clinical audits. For example an audit for Coeliac disease.

**Effective staffing**

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. It covered such topics as infection prevention and control, fire safety, health and safety and confidentiality. The practice had GP locums and locum induction packs were available.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. Training included: safeguarding, fire safety awareness, equality and diversity, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules. Training was included in staff meetings and there were timetables for training and meetings available. Staff told us they were supported in their careers and had opportunities to develop their learning.

**Coordinating patient care and information sharing**

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they

Good

# Are services effective?

## (for example, treatment is effective)

were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

**Consent to care and treatment**

Patients' consent to care and treatment was sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. GPs were aware of the relevant guidance when providing care and treatment for children and young people.

**Supporting patients to live healthier lives**

Patients who may be in need of extra support were identified by the practice. This included patients who required advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice carried out vaccinations and cancer screening. Results from 2014-2015 showed:

- Childhood immunisation rates for the vaccinations given to two year and five year olds was comparable with CCG averages.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 88% compared to a national average of 82%.

Good

# Are services caring?

## Our findings

**Kindness, dignity, respect and compassion**

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect. Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.

Results from the national GP patient survey published in July 2016 (from 121 responses which is approximately equivalent to 2% of the patient list) showed patients felt they were treated with compassion, dignity and respect. For example:

- 93% said the GP was good at listening to them compared to the CCG average of 92% and national average of 89%.
- 93% said the GP gave them enough time (CCG average 91%, national average 87%).
- 90% said the last GP they spoke to was good at treating them with care and concern (CCG average 90%, national average 85%).
- 95% said the last nurse they spoke to was good at treating them with care and concern (CCG average 93%, national average 91%).
- 92% said they found the receptionists at the practice helpful (CCG average 92%, national average 87%).

**Care planning and involvement in decisions about care and treatment**

Patients told us they felt involved in decision making about the care and treatment they received. Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were comparable or above local and national averages. For example:

- 87% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and national average of 86%.
- 86% said the last nurse they saw was good at involving them in decisions about their care (CCG average 88%, national average 85%).
- 86% said the last GP they saw was good at involving them in decisions about their care (CCG average 87%, national average 82%).

Staff told us that telephone translation services were available.

**Patient and carer support to cope emotionally with care and treatment**

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had a register of 111 carers on its list. The practice provided carers packs of information and information was also available on the practice website.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent a card and offered a longer appointment to meet the family's needs or signposted those to local counselling services available.

Good

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**Responding to and meeting people's needs**

The practice offered a variety of services including:

- Minor surgery and joint injections,
- Baby clinics
- Travel vaccinations
- Chronic disease management
- Pre-diabetes clinics
- Sexual health clinics
- Access to a physiotherapist
- There were longer appointments available for people with a learning disability or when interpreters were required.
- Home visits were available for elderly patients.
- Urgent access appointments were available for children and those with serious medical conditions.
- There was hearing loop available.

**Access to the service**

The practice is open 8am to 6pm every weekday but is closed every Friday between 12.30pm to 1.45pm for staff training. The practice offers extended hours pre bookable appointments on a Monday evening clinic until 7.30pm. Patients requiring a GP outside of normal working hours are advised to contact the GP out of hours service by calling 111.

The practice had recently recruited a new reception manager to increase efficiency in appointments and access. Appointments could be pre-booked up to a month in advance and same day urgent appointments were available.

Results from the national GP patient survey published in July 2016 (from 121 responses which is approximately equivalent to 2% of the patient list) showed that patient's satisfaction with how they could access care and treatment were comparable with local and national averages. For example:

- 85% of patients were satisfied with the practice's opening hours compared to the CCG average of 82% and national average of 76%.
- 81% of respondents were able to get an appointment to see or speak to someone last time they tried (CCG average 88%, national average 85%).
- 94% patients said they could get through easily to the surgery by phone (CCG average 79%, national average 73%).
- 65% said they usually waited 15 minutes or less after their appointment time to be seen (CCG average 68%, national average 65%).
- 81% of respondents described their experience of making an appointment as good (CCG average 79%, national average 73%).
- 67% of patients got to see or speak to their preferred GP (CCG average 61%, national average 59%).

There was a text reminder and cancellation facility.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

**Listening and learning from concerns and complaints**

The practice had a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice. Information about how to make a complaint was available in a practice information leaflet at the reception desk and on the practice website. The complaints policy clearly outlined a time frame for when the complaint would be acknowledged and responded to and made it clear who the patient should contact if they were unhappy with the outcome of their complaint.

The practice discussed complaints at staff meetings. We reviewed a log of previous complaints and found both written and verbal complaints were recorded. We reviewed four complaints and found written responses included apologies to the patient and an explanation of events.

# Are services well-led?

Good

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

## Our findings

**Vision and strategy**

The practice aimed to 'provide their patients with the best possible clinical care to improve the lives of patients and to offer a professional, friendly and compassionate service from their administration and reception team.

The GP partners met monthly to discuss business plans and there were weekly management meetings. The practice were recruiting a new salaried partner in January 2017.

**Governance arrangements**

Evidence reviewed demonstrated that the practice had:-

- A clear organisational structure and a staff awareness of their own and others' roles and responsibilities.
- An overarching clinical governance policy and policies that all staff could access from the computer system.
- Clear methods of communication that involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other information. Meetings were planned and regularly held including daily lunchtime clinical meetings, quarterly clinical audit meetings, weekly nurse meetings and monthly administration and training sessions. Other meetings included: palliative care meetings with other healthcare professionals and safeguarding meetings with the health visitor.
- A system of reporting incidents without fear of recrimination and whereby learning from outcomes of analysis of incidents actively took place.
- A system of continuous quality improvement including the use of audits which demonstrated an improvement on patients' welfare.
- Proactively gained patients' feedback and engaged patients in the delivery of the service and responded to any concerns raised by both patients and staff.

**Leadership, openness and transparency**

Staff felt supported by management. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues with the practice manager or GPs and felt confident in doing so. The practice had a whistleblowing policy and all staff were aware of this.

The practice was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

**Seeking and acting on feedback from patients, the public and staff**

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service when possible.

- There was an established PPG who carried out their own annual surveys and the practice had acted on feedback. For example, as a result of patient feedback regarding dissatisfaction of the tannoy being used to call patients from the waiting room, clinicians now called their patients in.
- The practice used the NHS Friends and Family survey to ascertain how likely patients were to recommend the practice.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt valued, worked well together as a team and all felt supported to carry out their roles.

**Continuous improvement**

The practice team took an active role in locality meetings. Clinicians kept up to date by attending various courses and events. The practice took part in local projects such as working with social services .The senior partner and practice manager were board members of a local federation of GP practices. The practice continued to support the development and education of doctors and GPs as a training and teaching practice.