

# Batley Health Centre Surgery

## 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

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Batley Health Centre Surgery on 30 August 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- 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 and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The partners and practice manager liaised with the neighbouring GP practice with whom they shared the branch practice. We saw evidence of discussions related to planning and sharing the cost of improvements to the premises.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.
- The partners and practice manager had strong involvement with the CCG and other GP practices

# Summary of findings

through membership of Curo (which is a federation of GP practices in North Kirklees), the local GP cluster group, practice management forums and attendance at peer review and CCG organised events.

- The practice had invested in the employment and training of new staff and additional training of existing staff members as part of succession planning as some staff members were approaching retirement age.

**The areas where the provider should make improvement are:**

- Review and improve significant event reporting to include events that are dealt with successfully and minor administrative errors.
- Improve the labelling of clinical waste bags in line with current legislation and guidance.

**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?

The practice is rated as good for providing safe services.

Good



- There was a system in place for reporting and recording significant events. We discussed events that had been dealt with successfully but not recorded as a significant event. We also noted that minor administrative errors were not recorded in an incident log.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice displayed information for staff to ensure that clinical waste was segregated and stored appropriately. However, bags were not labelled to identify the source of the waste as required in Health Technical Memorandum 07-01: Safe management of healthcare waste.
- The temperature of the vaccine fridges were checked and recorded daily and we saw that data loggers were in use to provide constant temperature monitoring.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- The partners and practice manager liaised with the neighbouring GP practice with whom they shared the branch practice. We saw evidence of discussions related to planning and sharing the cost of improvements to the premises.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. For example, the practice initiated insulin for diabetic patients. Data showed that 95% of patients with diabetes, on the register, had a record of a foot examination and risk classification (CCG average 89%, national average 88%).

# Summary of findings

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement. For example, recent action taken as a result included increasing the number of joint injections carried out in the practice. This reduced the need for patients with musculoskeletal disorders to attend hospital outpatient appointments.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Staff used electronic consultations where available with hospital consultants to discuss cases and carry out shared care planning.
- Patients at risk of hospital admission but not under the care of the community matron were referred to the CCG care co-ordinators. The practice worked with and referred patients to a care co-ordinator who helped patients to manage their health and liaised with NHS and social care services to ensure patients were supported.

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Interpretation and translation services were available for patients who did not have English as a first language. The GPs could speak Urdu, Hindi and Gujarati which were spoken widely in the locality.
- Information for patients about the services available was easy to understand and accessible and there was clear signposting to local groups and support services.
- Patients were asked how they preferred to receive information and this was recorded on the patient record.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice held regular coffee mornings with the help of PPG members to raise money for local cancer charities. We saw thank you cards from the charity for the donations.

**Good**



# Summary of findings

- Arrangements were in place to ensure that death certificates were issued promptly, including at weekends to allow patients to be buried promptly in line with their cultural beliefs.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice offered services in line with the local 'care closer to home' policy. For example, spirometry, ECGs and 24 hour blood pressure monitoring. The practice was also part of the local care co-ordinator pilot scheme.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice offered extended hours clinics on a Monday evening until 8.00pm at the main surgery for working patients who could not attend during normal opening hours.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Clinical triage was carried out to improve access to urgent appointments and requests. Reception staff knew to add patient requests to the triage board which was monitored by the GPs daily. Patients were offered an urgent appointment or a telephone consultation.
- Information about how to complain was available and easy to understand. Evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

The practice is rated as good for being well-led.

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- The partners and practice manager had strong involvement with the CCG and other GP practices through membership of Curo (which is a federation of GP practices in North Kirklees), the local GP cluster group, practice management forums and attendance at peer review and CCG organised events.

# Summary of findings

- The practice had invested in the employment and training of new staff and additional training of existing staff members as part of succession planning as some staff members were approaching retirement.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- We found high levels of staff satisfaction and many members of staff had been employed at the practice for many years. Staff gave examples of where they had been supported and encouraged by the partners and practice manager personally and professionally.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) had been in place for over 20 years. The group was active and held regular meetings.
- There was a strong focus on continuous learning and improvement at all levels.

# 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

The practice is rated as good for the care of older people.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Uptake rates were in line with local and national averages. For example, 71% of females aged 50 to 70 were screened for breast cancer in the preceding 36 months (CCG average 70%, national average 72%).
- The practice maintained a hospital admissions avoidance register. Staff worked with other health professionals to plan and deliver co-ordinated care for these patients.
- The practice took part in the CCG initiated polypharmacy scheme. Older patients taking ten or more medications were offered a structured review of their health and medications.

### People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was better than the national average. For example, data showed that 95% of patients with diabetes, on the register, had a record of a foot examination and risk classification (CCG average 89%, national average 88%).
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Patients at risk of hospital admission but not under the care of the community matron were referred to the CCG care



# Summary of findings

co-ordinators. The practice worked with and referred patients to a care co-ordinator who helped patients to manage their health and liaised with NHS and social care services to ensure patients were supported.

- Staff used electronic consultations where available with hospital consultants to discuss cases and carry out shared care planning.

## Families, children and young people

The practice is rated as good for the care of families, children and young people.

- 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 accident and emergency (A&E) attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG and national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- There was a policy to always offer same day appointments to children under five and children with long term conditions. The practice offered a ring back service for worried parents or guardians.
- We saw minutes of meetings which demonstrated joint working with midwives, health visitors and school nurses.
- The practice offered a range of contraception and sexual health advice.

Good



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

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The practice offered extended hours clinics on Monday evenings.
- Patients who worked long hours or worked away were provided with an alternative way to contact the practice to order repeat medications or request consultations.

Good



# Summary of findings

- Clinical triage was carried out to improve access to urgent appointments and requests. Reception staff knew to add patient requests to the triage board which was monitored by the GPs daily. Patients were offered an urgent appointment or a telephone consultation and patients could request to be called back.
- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

## People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the care planning and case management of vulnerable patients. For example, patients under the care of alcohol and substance misuse services.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff had received training and knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

Good



- 88% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was better than the national average/ worse than the national average of 84%.
- Performance for mental health related indicators was better than the national average. Data showed that 94% of patients

# Summary of findings

with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented in the record, in the preceding 12 months (CCG average 89%, national average 88%).

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had received dementia friends training and had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The most recent national GP patient survey results were published in July 2016. The results showed the practice was performing above local and national averages. 303 survey forms were distributed and 116 were returned giving a response rate of 38%. This represented under 3% of the practice's patient list.

- 86% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 90% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 90% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 79% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 38 comment cards which were all positive about the standard of care received. Several patients said the service was excellent and that staff were willing to help. Two patients gave examples of where the practice had ensured that appointments were found to fit with their busy work schedule. Many patients commented that staff were friendly, caring and professional. Four patients commented that it was sometimes difficult to get an appointment with a GP. The practice manager told us that the telephone system had failed a number of times and required replacing. There were plans in place with the building owners to install a new system.

We spoke with nine patients during the inspection. All nine patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. One patient told us that the reception staff were lovely. One patient mentioned that they sometimes felt rushed in and out at the practice. Several patients told us the practice were very responsive to requests for same day appointments.

## Areas for improvement

**Action the service SHOULD take to improve**  
**The areas where the provider should make improvement are:**

- Review and improve significant event reporting to include events that are dealt with successfully and minor administrative errors.
- Improve the labelling of clinical waste bags in line with current legislation and guidance.

# Batley Health Centre Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a practice nurse specialist adviser.

## Background to Batley Health Centre Surgery

Batley Health Centre Surgery was founded in 1946. Since 2006 the practice has been located at a large purpose built health centre at 130 Upper Commercial Street, Batley, West Yorkshire, WF17 5ED close to local shops and the bus station.

The practice has a branch surgery, York House, 284a Oxford Road, Gomersal WF17 5DH which is co-owned and shared with another GP practice. The branch surgery serves approximately 11% of the total practice population. Both locations have parking and all services are provided at ground floor level. Patients can be seen at either location.

- The practice provides primary medical services to 4,527 patients in Batley and Gomersal under a general medical services (GMS) contract. In addition, the practice also provides enhanced services including minor surgery, extended hours access, influenza and pneumococcal immunisations and avoiding unplanned hospital admissions. Enhanced Services are services which require an enhanced level of service provision above what is required under core GMS contracts.

- There are two GP partners, one male and one female; one female nurse prescriber and one female practice nurse, one female healthcare assistant and a female phlebotomist. The clinical team is supported by a practice manager and a team of administrative staff.
- The practice is open between 8am and 8pm on Mondays and 8am and 6pm Tuesday to Friday. Appointments are from 8.30am to 11.30 every morning and 1pm to 6pm daily. Extended hours appointments are offered until 7.30pm Mondays at the main surgery. The branch surgery is open from 3.30pm to 6pm Mondays, 1pm to 3.30pm Wednesdays and 3.30pm to 6pm Fridays.
- The extended hours service operates on a Monday evening from 6.30pm until 8pm at the main surgery for those patients who find it difficult to access services during the day.
- When the practice is closed calls are transferred to the NHS 111 service who will triage the call and pass the details to Local Care Direct who is the out of hours provider for North Kirklees.

The area is on the third decile on the scale of deprivation. At 11%, unemployment is twice the national average of 5% and income deprivation affects 27% of older people (national average 16%). Seven per cent of patients are from black minority ethnic populations.

## Why we carried out this inspection

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

# Detailed findings

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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations, such as NHS England and North Kirklees CCG, to share what they knew about the practice. We reviewed the latest 2014/15 data from the Quality and Outcomes Framework (QOF) and the latest national GP patient survey results (July 2016). QOF is a voluntary incentive scheme for GP practices in the UK, which financially rewards practices for the management of some of the most common long term conditions. We also reviewed policies, procedures and other relevant information the practice provided before and during the day of inspection.

During our visit we:

- Spoke with a range of staff including GPs, practice nurse, the healthcare assistant and a phlebotomist and spoke with patients who used the service and members of the PPG.
- Observed how staff interacted with patients and carers in the reception and waiting areas. Reviewed an anonymised sample of the personal care or treatment records of patients.

- Reviewed questionnaire sheets which were given to administration staff prior to inspection.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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
- 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).

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.

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under 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). We discussed events with staff that had been dealt with successfully at the time but not recorded as a significant event and therefore learning did not occur. For example, a patient who required emergency oxygen and transfer to hospital. Another event occurred when the batteries failed in the vaccine fridge temperature gauge at the main surgery. We also noted that minor administrative errors were not recorded in an incident log. Staff told us they would review their processes and discuss significant event reporting as a team to ensure all events were reported.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events and we saw evidence that these were discussed with staff at protected learning time and staff meetings.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a new process was put in place to ensure clinical waste was collected on a regular basis. This was initiated to prevent a build-up of large amounts of clinical waste at the branch practice.

The practice manager showed us how they received alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). (The MHRA is the UK's regulator of

medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness). All alerts were shared throughout the practice and actioned accordingly.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies and flowcharts were accessible to all staff. These clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding and staff knew who this was. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. In addition, the GPs had attended prevention of radicalisation training and were able to give examples of where they had worked with other healthcare professionals and agencies where this was identified in the practice. Nurses were trained to level two and they had received additional female genital mutilation (FGM) and child sexual exploitation awareness training. Administrative staff had completed e-learning safeguarding training to level one.
- Notices in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and staff told us the practice nurses had provided additional training and guidance for chaperones during practice protected learning time. All staff had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. Consultation rooms at the main surgery were carpeted (with the exception of the



## Are services safe?

treatment room). The carpets were regularly cleaned and the building owner responded quickly to requests to clean spills and stains. A practice nurse was the infection prevention and control IPC clinical lead who liaised with the local infection prevention teams and nurse forums to keep up to date with best practice. There was an IPC protocol in place, staff had received up to date training and further update training was booked in October 2016. Annual IPC audits were undertaken at both locations and we saw evidence that action was taken to address any improvements identified as a result. The phlebotomist was responsible for monitoring standards of cleanliness and maintaining good stock control at the branch surgery. We saw how they had organised stock and created templates and protocols for regular checks.

- The practice displayed information for staff to ensure that clinical waste was segregated and stored appropriately. However, bags were not labelled to identify the source of the waste as required in Health Technical Memorandum 07-01: Safe management of healthcare waste. The practice manager gave assurances that clinical waste bags would be labelled in the future.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The temperature of the vaccine fridges were checked and recorded daily and we saw that data loggers were in use to provide constant temperature monitoring. Vaccines were stored appropriately. Staff who were responsible for monitoring the temperature of the vaccine fridges had received appropriate training.
- 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. Through this work the practice were able to demonstrate significant reductions in the prescribing of certain medicines. For example, data showed a 17% reduction in the prescribing of Co-amoxiclav medicines (Co-amoxiclav is an antibiotic given to treat bacterial infections). Blank prescription forms and pads were securely stored and there were systems in place to monitor their use and distribution to

the branch surgery. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. Patient Group Directions are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.

- We reviewed three personnel files including a recently recruited member of staff 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 Disclosure and Barring Service. Staff records included evidence to support that clinical staff had the appropriate level of protection against Hepatitis B. It is recommended that people who are likely to come into contact with blood products or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of acquiring blood borne infections. The practice could evidence that members of staff new to healthcare had received the required checks as stated in the Green book, chapter 12, Immunisation for healthcare and laboratory staff. (The Green Book is a document published by the government that has the latest information on vaccines and vaccination procedures, for vaccine preventable infectious diseases in the UK).

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office at both locations which identified local health and safety representatives. The practice had up to date fire risk assessments and took part in regular fire drills. Two members of staff had received fire marshal training and another member of staff was booked to attend training. All other members of staff had



## Are services safe?

completed the mandatory fire safety e-learning training. Improvements were made to fire safety at the branch practice as a result of the fire risk assessment that was carried out at the branch practice in December 2015. For example, emergency lighting, signage and fire safety and evacuation information was displayed. All electrical equipment was checked to ensure the equipment was safe to use with the exception of a small fridge at the main surgery had not had portable appliance tested (PAT tested). The fridge was only used during flu vaccination clinics and was not in use at the time of the inspection. The practice manager told us that the fridge would be tested before use.

- 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 health & safety, control of substances hazardous to health and infection control. At the main surgery the building owners were responsible for assessing risks, maintaining the premises and carrying out repairs. There was a system for the practice to report faults and raise concerns. The practice manager told us that a plumbing contractor had advised them that a legionella risk assessment was not necessary at the branch practice. 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 enough staff were on duty at both locations.

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

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the reception office at both locations.
- The practice had a defibrillator available at both premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of both surgeries and all staff knew of their location. All the medicines we checked were in date and stored securely. We identified that there was benzylpenicillin at the branch practice but no sterile water for injections which is necessary to dissolve and administer this medicine. Benzylpenicillin is required in the event of suspected meningitis. The practice manager obtained this from the pharmacy on the day of the inspection.
- The partners and practice manager liaised with the neighbouring GP practice with whom they shared the branch practice. We saw evidence of discussions planning and sharing the cost of improvements to the premises.
- 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. The practice could demonstrate that the plan had been followed recently and had worked effectively when the telephone system failed for three days.

# 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 patients' needs. The healthcare assistant and phlebotomist told us how they received and discussed guidelines with the practice nurses.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### 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. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice had achieved 99% of the total number of points available with 5% exception reporting which was better than the local and national average of 9%. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effect. The practice QOF was constantly monitored and staff used the home page of patient records to alert clinicians to when patients were due for, or had missed reviews or tests to ensure staff used every opportunity to ensure patients attended. The nursing team worked together to ensure that patients were recalled in a timely way. Patients who did not attend for appointments or attended hospital accident and emergency services were followed up.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- The practice initiated insulin for diabetic patients. Performance for diabetes related indicators was better

than the national average. For example, data showed that 95% of patients with diabetes, on the register, had a record of a foot examination and risk classification (CCG average 89%, national average 88%).

- Performance for mental health related indicators was better than the national average. Data showed that 94% of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented in the record, in the preceding 12 months (CCG average 89%, national average 88%).
- Eighteen per cent of the patient list were diagnosed with hypertension (national average 14%). Data showed the last blood pressure reading for patients with hypertension (measured in the preceding 12 months) was within normal parameters for 87% of patients (CCG average 85%, national average 84%). The exception rate was 3% which was significantly better than the CCG average of 11% and the national average of 13%.
- The practice offered spirometry testing (a simple test used to help diagnose and monitor certain lung conditions). Data showed that 94% of patients with COPD (diagnosed on or after 1 April 2011) had their diagnosis confirmed by post bronchodilator spirometry (CCG average 92%, national average 90%). Prior to this service being offered in-house patients had to travel to the hospital for this service.

There was evidence of quality improvement including clinical audit.

- There had been three clinical audits completed in the last two years. All of these were completed audits where the improvements made were implemented and monitored.
- The nursing team also carried out and discussed clinical audits. For example, the use of salbutamol inhalers and prescribed baby milk.
- The practice participated in local audits, national benchmarking, accreditation and peer review. For example, to ensure the safe prescribing of medicines.
- Findings were used by the practice to improve services. For example, recent action taken as a result included the GPs attended conferences and workshops on musculoskeletal disorders and audited referrals. The improved knowledge and skills gained led to an

# Are services effective?

## (for example, treatment is effective)

increase in joint injections being carried out in the practice which reduced the need to refer patients who were previously required to travel to hospital for this treatment.

- The practice made effective use of protected learning time. For example, speakers were invited including a local diabetes specialist to discuss diabetic care with clinical staff to ensure care was provided in line with the latest guidance.

### Effective staffing

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

- There was an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. We saw evidence that the process was followed for a recently recruited team member. The practice used a regular local locum GP. We saw that locum induction information sheets were made available to them.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions or undertaking spirometry which is a test for chronic obstructive pulmonary disease (COPD). The phlebotomist had been supported through training and encouraged to undertake additional training as a healthcare assistant.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings and nurse forums.
- 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. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules, in-house and CCG organised training.

### 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. The practice provided patients with a bespoke leaflet which explained about patient choice and what patients should expect when they have been referred.
- Staff used electronic consultations where available with hospital consultants to discuss cases and carry out shared care planning.
- Patients at risk of hospital admission but not under the care of the community matron were referred to the CCG care co-ordinators. The practice worked with and referred patients to a care co-ordinator who helped patients to manage their health and liaised with NHS and social care services to ensure patients were supported.
- The practice referred patients taking benzodiazepines to the North Kirklees' Clarity project which provides a structured programme to reduce the overall prescribing of these medicines. Benzodiazepines are used to treat anxiety and sleeping problems. Data showed the practice had achieved an 8% reduction in the overall prescribing of these during 2014/15.

Staff worked together and with other health and social care professionals 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, when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. There were regular clinical meetings for GPs and the nursing team. The practice used the same clinical IT system as community health services

# Are services effective?

## (for example, treatment is effective)

which enabled them to use tasks and notifications to communicate with other healthcare professionals on a regular basis. The district nurses were based in the same building which facilitated regular discussion.

### Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- The practice had a mental capacity act policy. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Smoking cessation advice was available from a local support group. Data showed that 89% of patients aged 15 or over who were recorded as current smokers had a record of an offer of support and treatment within the preceding 24 months (CCG and national average 87%).
- Clinical staff carried out alcohol intervention advice. They used 'AUDIT-C' which is a recognised screening tool that can help identify persons who are hazardous drinkers or have active alcohol use disorders.
- The practice made referrals to a local weight management group or the 'Practice Activity and Leisure Scheme' for eligible patients, which enabled them to attend local gyms and undertake an individualised activity and fitness plan to help them improve their health.
- The nursing team showed us how they provided self-care advice, information and self-management plans for patients to manage their own health and long term conditions.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG and national average of 82%. Staff had recently noted that patients around the age of 25 were less likely to attend for cervical screening. They sent a letter with a pocket sized information card to these patients and all patients who became eligible for screening inviting them to attend an appointment with the nurse to demonstrate the procedure, address any concerns and carry out the procedure opportunistically where appropriate. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Uptake rates were in line with local and national averages. For example, 50% of patients aged 60 to 69 were screened for bowel cancer in the preceding 30 months (CCG average 55%, national average 58%). Seventy one per cent of females aged 50 to 70 were screened for breast cancer in the preceding 36 months (CCG average 70%, national average 72%).

Childhood immunisations were the responsibility of a local community provider, Locala. Uptake rates for the vaccinations given were comparable to CCG/national averages of 94%. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96% to 99% and five year olds from 93% to 99%. All missed childhood immunisations were provided at the surgery by a practice nurse. The practice offered all 'at risk' patients the seasonal influenza vaccine from September to January every year.

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

Staff told us that they worked together well to help and support patients. 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.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 38 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Several patients said the service was excellent and that staff were willing to help. Two patients gave examples of where the practice had ensured that appointments were found to fit with their busy work schedule. Many patients commented that staff were friendly, caring and professional.

We spoke with six members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for the majority of its satisfaction scores on consultations with GPs and nurses. For example:

- 85% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 82% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.

- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 83% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 99% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 90% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 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. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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 in line with local and national averages. For example:

- 80% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 71% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 92% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that interpretation and translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. The GPs could speak Urdu, Hindi and Gujarati which were spoken widely in the locality.



## Are services caring?

- Information leaflets were available in a wide range of subjects and there was clear signposting to local groups and support services. Patients were asked how they preferred to receive information and this was recorded on the patient record.
- During times of fasting, patients taking certain medicines affected during times of reduced water intake were provided with advice and information.

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 50 patients as carers (1% of the practice list). Notices in the waiting areas and on the new patient registration form encouraged patients to inform the practice if they had or were a carer. Carers were offered an annual health check and flu vaccination. Written information was available to direct

carers to the various avenues of support available to them. At the time of the inspection the practice were planning an October event for carers in partnership with a local carer support organisation. The practice had written to all known carers to ensure it was still appropriate to include them on the carers list.

The practice held regular coffee mornings with the help of their Patient Participation Group (PPG) members to raise money for local cancer charities. We saw thank you cards from the charity for the donations.

Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. The practice had a death protocol to ensure that records were updated and inform other agencies involved in the patient's care. Arrangements were in place to ensure that death certificates were issued promptly, including at weekends to allow patients to be buried promptly in line with their cultural beliefs.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice offered services in line with the local 'care closer to home' policy. For example, spirometry, ECGs, 24 hour blood pressure monitoring. The practice was also part of the local care co-ordinator pilot scheme.

- The practice offered extended hours clinics on a Monday evening until 8.00pm at the main surgery for working patients who could not attend during normal opening hours.
- Patients who worked long hours or worked away were provided with an alternative way to contact the practice to order repeat medications or request consultations.
- There were longer appointments available for patients with a learning disability and for patients who requested longer appointments.
- Text messages were sent where appropriate to remind patients of appointments.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, interpretation services and the main surgery had a hearing loop available.

### Access to the service

The practice is open between 8am and 8pm on Mondays and 8am and 6pm Tuesday to Friday. Appointments were from 8.30am to 11.30 every morning and 1pm to 6pm daily. Extended hours appointments were offered until 7.30pm Mondays at the main surgery. The branch surgery was open from 3.30pm to 6pm Mondays, 1pm to 3.30pm Wednesdays and 3.30pm to 6pm Fridays. In addition to pre-bookable appointments that could be booked from four to six weeks in advance and patients could request to be called back. Urgent appointments were also available for people that

needed them. The practice had reviewed and surveyed patients about the availability of appointments. Clinical staff had provided the reception team with guidance and recommendations to help them to ensure that patients could access urgent appointments when they were necessary, if staff were unsure they knew to discuss the patient's request with a clinician. Clinical triage was carried out to improve access to urgent appointments and requests. Reception staff knew to add patient requests to the triage board which was monitored by the GPs daily. Patients were offered an urgent appointment or a telephone consultation.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was above local and national averages.

- 75% of patients were satisfied with the practice's opening hours compared to the national average of 76%.
- 86% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

Clinical staff spoke to the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. Home visits were also recorded in a visit book. 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 an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

# Are services responsive to people's needs?

(for example, to feedback?)

- We saw that information was available to help patients understand the complaints system was displayed in the waiting area at both locations and on the practice website. Information was displayed which encouraged patients to make suggestions to improve the practice.

We looked at two complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with

the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, staff were reminded of the complaints process after a patient was given the wrong advice when they wished to complain. Staff had also received conflict resolution training.



# 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 had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The partners and practice manager had requested additional rooms in the health centre but additional capacity was not available. They worked with another local GP practice with which they shared the branch surgery. There were plans to expand services at the branch practice.
- The practice had invested in the employment and training of new staff and additional training of existing staff members as part of succession planning as some staff members were approaching retirement.
- The partners and practice manager had strong involvement with the CCG and other GP practices through membership of Curo (which is a federation of GP practices in North Kirklees), the local GP cluster group, practice management forums and attendance at peer review and CCG organised events.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. The practice used mentoring to support and encourage each other.
- Practice specific policies were implemented, regularly reviewed and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider 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). This included support and training for all staff on communicating with patients about notifiable safety incidents. 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.

There was a clear leadership structure in place and staff felt supported by management.

- There were regular structured meetings for the partners, nursing team and all staff. We reviewed minutes of these and found that safety, significant events, succession planning, training, performance and staffing were discussed.
- The practice manager attended regular local meetings and educational events for practice managers to share ideas and discuss best practice. For example, the development of consistent patient information across the locality.
- Staff told us there was an open culture within the practice, staff told us that the partners and practice manager were very approachable and they had the opportunity to raise any issues at regular team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. We found high levels of staff

# Are services well-led?

Good 

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

satisfaction and many members of staff had been employed at the practice for many years. Staff gave examples of where they had been supported and encouraged by the partners and practice manager personally and professionally.

- Staff told us of their strong commitment to the practice and patients. They had compiled a book which included photographs and newspaper clippings telling the history of the practice, staff and premises changes.

## 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.

- The patient participation group (PPG) had been in place for over 20 years. The practice had gathered feedback from patients through the PPG and through surveys and complaints received. The PPG met regularly, discussed and assisted with patient surveys and submitted and discussed proposals for improvements to the practice management team. For example, how the practice could improve access to appointments and support for

carers. We reviewed minutes of PPG meetings. New staff were introduced to the group and members were asked for their help and input with the forthcoming carers event and charity coffee mornings.

- The practice had gathered feedback from staff generally through staff meetings, appraisals and discussion. 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 involved and engaged to improve how the practice was run.

## Continuous improvement

- There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the partners and practice manager had strong involvement with the CCG and other GP practices through membership of Curo (which is a federation of GP practices in North Kirklees), the local GP cluster group, practice management forums and attendance at peer review and CCG organised events. The practice had invested in the employment and training of new staff and additional training of existing staff members as part of succession planning as some staff members were approaching retirement.