# Spring Terrace Health Centre

## Quality Report

The Health Centre
Spring Terrace
North Shields
Tyne and Wear
NE29 0HQ
Tel: 0191 296 1588
Website: www.springterrace.co.uk

Date of inspection visit: 13 July 2017
Date of publication: 06/09/2017

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 Spring Terrace Health Centre on 13 July 2017. 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 for reporting and recording significant events.
- Risks to patients and staff were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. They had the skills, knowledge and experience to deliver effective care and treatment.
- The provider was taking action to improve access, following feedback from some patients that they experienced difficulties getting through to the practice by telephone and obtaining an appointment.
- All staff were actively engaged in monitoring and improving quality and patient outcomes. They were highly committed to supporting patients to live healthier lives through a targeted and proactive approach to health promotion.
- Services were tailored to meet the needs of individual people and were delivered in a way that provided flexibility, choice and continuity of care.
- Patients said they were treated with compassion, dignity and respect.
- Information about how to complain was available and easy to understand.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt well supported by the management team. Effective governance arrangements were in place, which focussed on delivering good quality care.

# Summary of findings

- There was a clear vision and strategy for the development of the practice and staff were committed to providing their patients with good quality care and treatment.

However, there were also areas where the provider should make improvements. The provider should:

- Where appropriate, take action to reduce exception reporting rates for those clinical indicators where their QOF performance was below the England average.
- Continue to take steps to improve patient telephone access, and appointment availability.

**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.

- There was an effective system for reporting on and learning from significant events. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned when things went wrong and shared with staff to support improvement.
- There was an effective system for dealing with safety alerts and sharing these with staff.
- The practice had clearly defined systems and processes that helped keep patients safe. Individual risks to patients had been assessed and were well managed. Required employment checks had been carried out for staff recently appointed by the practice.
- The premises were clean and hygienic and, overall, effective infection control processes were in place.

**Are services effective?**

Good

The practice is rated as good for providing effective services.

- Staff were committed to supporting patients to live healthier lives through a targeted and proactive approach to health promotion. This included providing advice and support to patients to help them manage their health and wellbeing.
- The practice used the information collected for the Quality and Outcomes Framework (QOF), and their performance in relation to national screening programmes, to monitor and improve outcomes for patients. The QOF data, for 2015/16, showed the previous provider had obtained 99.4% of the total points available to them for providing recommended care and treatment. This was above the local clinical commission group (CCG) average of 97.1% and the England average of 95.3%.But, the practice's exception reporting rate was 4.8% above the local CCG and England averages.
- The practice had a comprehensive screening programme and their performance was similar to the national averages in relation to breast, bowel and cervical screening.
- Patients' needs were assessed and care was planned and delivered in line with current evidence based guidance.
- Quality improvement activities, including clinical audits, were carried out to improve patient outcomes.

# Summary of findings

- Staff worked effectively with other health and social care professionals to ensure the range and complexity of patients' needs were met.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

**Are services caring?**

Good

The practice is rated as good for providing caring services.

- There was a strong, visible, person-centred culture. Staff treated patients with kindness and respect, and maintained patient and information confidentiality. Patients we spoke with, and most of those who had completed a Care Quality Commission comment card, were very happy with the quality of the care and treatment they received from clinical staff.
- Data from the NHS National GP Patient Survey of the practice, published in July 2016, showed patient satisfaction levels regarding the quality of GP and nurse consultations were either above, or similar to, the local CCG and national averages.
- Information for patients about the range of services provided by the practice was available and easy to understand.
- Staff had made arrangements to help patients and their carers cope emotionally with their care and treatment.

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

Good

The practice is rated as good for providing responsive services.

- The practice worked closely with other organisations when planning how services were provided, to ensure they met patients' needs. Services were tailored to meet the needs of individual people and were delivered in a way that provided flexibility, choice and continuity of care.
- Whilst most patients we spoke with, as well as most of those who completed CQC comment cards, expressed no concerns in relation to getting through to the practice on the telephone and obtaining a routine appointment, a small number of patients raised concerns with us about this prior to and during the inspection. The NHS National GP Patient Survey of the practice, published in July 2016, showed that patient satisfaction levels regarding telephone access and appointment availability, were significantly lower than the local CCG and national averages. (However, these results relate to a period of time before the new provider was responsible for running the service and before the new provider had introduced changes to improve access.) We found the new provider was taking action to improve telephone access to the practice and appointment

# Summary of findings

availability. They had introduced a new centralised appointment system, to help ensure that when patients contacted the practice to request an appointment, they received the most appropriate clinical response to their needs. The effectiveness and impact of the new appointment system was being closely monitored and action taken to address operational issues as they arose.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand. There was evidence the practice treated all complaints seriously and took whatever action they could to address them.

**Are services well-led?**

Good

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

- The practice had a very clear vision and strategy to deliver high quality care and promote good outcomes for patients.
- There was a clear leadership structure and staff felt well supported. The practice had an effective governance framework, which supported the delivery of their strategy and good quality care. This included arrangements to monitor and improve quality and identify risk, to help keep patients safe.
- The practice actively sought feedback from patients via their patient participation group, but recognised that more could be done to develop the group.
- There was a very strong focus on, and commitment to, continuous learning and improvement at all levels within the practice.
- The new provider was aware of, and had complied with, the Duty of Candour regulation. The provider, the GPs and practice lead encouraged a culture of openness and honesty, and ensured that lessons were learned following significant events.

# 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 the care of older people.

- The Quality and Outcome Framework (QOF) data, for 2015/16, showed the practice had either performed above or, similar to, the local clinical commissioning group (CCG) and national averages, in relation to providing care and treatment for the clinical conditions commonly associated with this population group.
- The practice offered proactive, personalised care which met the needs of older patients. For example, all patients over 75 years of age had a named GP who was responsible for their care. GP staff provided a twice-monthly surgery at a large local nursing home, to help promote the health of patients living there.
- Staff worked in partnership with other health care professionals to ensure that older patients received the care and treatment they needed.
- The practice participated in regular multi-disciplinary meetings where the needs of high risk patients were discussed, and plans put in place to meet them.

### People with long term conditions

Good

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

- The QOF data, for 2015/16, showed the practice had either performed above or, similar to, the local CCG and national averages, in relation to providing care and treatment for the clinical conditions commonly associated with this population group.
- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- Patients with long-term conditions were offered annual reviews, to check that their health needs were being met and they were receiving the right medication. Longer appointments and home visits were available when needed.
- The practice had strong arrangements in place for meeting the needs of patients with diabetes. They had achieved 100% of the total QOF points available to them, for providing recommended clinical care to patients diagnosed with diabetes. This was 6.2% above the local CCG average and 10.1% above the England average.

# Summary of findings

**Families, children and young people**

Good

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

- There were systems in place to protect children who were at risk and living in disadvantaged circumstances. For example, the midwife attached to the practice held a weekly baby clinic which was also attended by one of the GPs. Monthly multi-disciplinary safeguarding meetings were held, where the needs of vulnerable children and families were discussed. All staff had completed safeguarding training that was relevant to their roles and responsibilities.
- Appointments were available outside of school hours and the practice's premises were suitable for children and babies. A good range of health promotion leaflets was available in the patient waiting area, including information about the practice being breastfeeding friendly.
- The practice had a comprehensive screening programme. Nationally reported information showed the practice's performance was similar to the national averages. For example, the uptake of cervical screening by females aged between 25 and 64, attending during the target period, was similar to the national average, 73.1% compared to 76.1%.
- The practice offered a full range of childhood immunisations. For example, data provided by the practice showed that the immunisation rates, for the vaccinations given to children under two and five years of age, were over 90%.

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

Good

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

- The QOF data, for 2015/16, showed the practice had performed either above, or similar to, the CCG and national averages, in relation to providing care and treatment for the clinical conditions commonly associated with this population group. Long-term conditions appointments were provided outside of clinic times, to make it easier for working age patients to attend.
- The practice was proactive in offering online services, as well as a full range of health promotion and screening that reflected the needs of their patients. For example, patients were able to use on-line services to book appointments and request repeat prescriptions.

# Summary of findings

**People whose circumstances may make them vulnerable**

Good

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

- The practice took active steps to reduce emergency admissions into hospital, by engaging with the local admission avoidance care planning process.
- Staff actively collaborated with other health and social care staff to meet the needs of vulnerable patients.
- The practice maintained a register of patients with learning disabilities, which they used to ensure they received an annual healthcare review. Extended appointments were offered to enable this to happen.
- Staff understood their responsibilities regarding information sharing and the documentation of safeguarding concerns. Staff were aware of how to contact relevant agencies in normal working hours and out-of-hours.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Arrangements had been made to meet the needs of patients who were also carers.

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

Good

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

- The practice's overall performance for the QOF mental health related indicator was above the England average (100% compared to 92.8%).
- Clinical staff carried out opportunistic dementia screening and completed care plans, to help make sure patients with dementia received appropriate support and treatment.
- Patients with mental health needs were offered an annual health review and were provided with advice about how to access various support groups and voluntary organisations. They were also able to access 'talking therapies' which help meet the needs of patients with a range of mental health problems.

# Summary of findings

## What people who use the service say

We spoke to five patients on the day of the inspection. Most feedback about the way staff treated and cared for patients was very positive. Where patients commented, they told us the practice was clean, and that they felt listened to, and received good explanations about the management of their care and treatment. However, some of these patients told us they had found it difficult to get through to the practice by telephone and experienced difficulties trying to obtain an appointment.

As part of our inspection we asked practice staff to invite patients to complete Care Quality Commission (CQC) comment cards. We received 12 completed comment cards and these were very positive about the standard of care and treatment provided. Words used to describe the service included: helpful and polite; kind and do their best; very caring; impressed; above and beyond; very professional; excellent experience and very approachable; efficient and caring; treated with dignity and respect; brilliant effort.

Data from the NHS National GP Patient Survey of the practice, published in July 2016, showed patient satisfaction levels regarding the quality of GP and nurse consultations, were similar to the local clinical commissioning group (CCG) and national averages. However, patients were less satisfied with access to appointments and how helpful the receptionists were. (The GP Patient Survey data referred to in this report was collected before the new provider was registered to provide this service.) Of the patients who responded to the survey:

- 88% said the last GP they saw or spoke to was good at giving them enough time, compared to the local CCG average of 89% and the national average of 87%.
- 98% had confidence and trust in the last GP they saw, compared to the local CCG average of 96% and the national average of 95%.
- 91% said the last GP they saw was good at listening to them, compared to the local CCG average of 90% and the national average of 89%.
- 88% said the last GP they saw or spoke to treated them with care and concern, compared to the local CCG average of 89% and the national average of 85%.
- 91% said the last nurse they saw or spoke to was good at giving them enough time, compared to the local CCG average of 93% and the national average of 92%.
- 99% had confidence and trust in the last nurse they saw or spoke to, compared to the local CCG average of 98% and the national average of 97%.
- 90% said the last nurse they saw was good at listening to them, compared to the local CCG and national averages of 91%.
- 94% said the last nurse they saw or spoke to treated them with care and concern, compared to the local CCG average of 92% and the national average of 91%.
- 78% found receptionists at the practice helpful, compared to the local CCG average of 90% and the national average of 87%.
- 70% were able to get an appointment to see or speak to someone the last time they tried, compared to the local CCG average of 86% and the national average of 85%.
- 43% found it easy to get through to the surgery by telephone, compared to the local CCG average of 79% and the national average of 73%.
- 45% described their experience of making an appointment as good, compared to the local CCG average of 77% and the national average of 73%.
- 78% said they usually waited 15 minutes or less after their appointment time, compared to the local CCG average of 72% and the national average of 65%.
- 91% said the last appointment they got was convenient, compared to the local CCG average of 93% and the national average of 92%.

# Summary of findings

(247 surveys were sent out. There were 120 responses which was a response rate of 49%. This equated to 1.8% of the practice population.)

## Areas for improvement

**Action the service SHOULD take to improve**

- Where appropriate, take action to reduce exception reporting rates for those clinical indicators where their QOF performance was below the England average.
- Continue to take steps to improve patient telephone access, and appointment availability.

# Spring Terrace Health Centre

**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 advisor and an expert by experience.

## Background to Spring Terrace Health Centre

The practice was previously inspected in January 2016 at which time the provider was registered with the Care Quality Commission (CQC) as a GP partnership. Following this inspection, the practice was rated as good. On 20 July 2016, a new provider (organisation) was registered with CQC to deliver the regulated activities at the practice. However, members of the former GP partnership continue to work at the practice with the same roles and responsibilities they previously had.

Spring Terrace Health Centre is a busy, medium sized practice providing care and treatment to approximately 6400 patients of all ages, based on a General Medical Services (GMS) contract. The practice is part of NHS North Tyneside Clinical Commissioning Group (CCG) and covers North Shields, Tynemouth, Cullercoats and Percy Main. We visited the following location as part of the inspection:

- Spring Terrace Health Centre, North Shields, Tyne and Wear, NE29 0HD.

Information taken from Public Health England placed the area in which the practice is located in the fourth most deprived decile. This shows the practice serves an area where deprivation is higher than the England average. In general, people living in more deprived areas tend to have a greater need for health services. The practice has fewer patients under 18 years of age, and more patients over 65 years of age, than the England average. The percentage of people with a long-standing health condition and caring responsibilities is above the England average. Life expectancy for women and men is below the England average. National data showed that 1.1% of the population have mixed ethnicity and 2% are from an Asian background.

Spring Terrace Health Centre is located in purpose built premises and provides patients who have mobility needs with access to ground floor treatment and consultation rooms. The practice offers a range of chronic disease clinics, as well as services aimed at promoting patients' health and wellbeing. There are five GPs (all female), a practice lead (who is responsible for managing the practice on a day-to-day basis), a lead receptionist, three practice nurses (two female and one male), two healthcare assistants (both female), a pharmacist prescriber and a team of administrative and reception staff. The practice is a training practice and offers placements to GP trainees. A male trainee GP was on placement at the time of our visit.

The practice's core opening hours are Monday, Tuesday, Thursday and Friday between 8am and 6pm. On Wednesdays, the practice is open from 8am to 1pm and 2pm and 6pm. Patients are, however, able to contact the practice between 8am and 6:30pm. The practice also offers an early morning surgery, to help improve access for working patients. The timing of this surgery varies each week. The practice is closed at weekends. When the practice is closed, a message on the telephone answering system redirects patients to out of hours or emergency services as appropriate. The service for patients requiring urgent medical attention out of hours is provided by the NHS 111 service and Vocare Limited, known locally as Northern Doctors.

# Detailed findings

GP appointments are available as follows:

- Duty doctor cover is provided between the hours of 8am and 6:30pm each week day.

Monday to Friday from 9am to 11:30am and 2:30pm and 17:10pm.

## 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. This 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

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 13 July 2017. During our visit we:

- Spoke with a range of staff, including two GPs, the practice lead, a practice nurse, and some of the administrative staff. We also spoke with five patients.
- Observed how staff interacted with patients in the reception and waiting area.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients 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.

Good

# Are services safe?

## Our findings

**Safe track record and learning**

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

- Staff had identified and reported on eight significant events during 2017. The sample of records we looked at, and evidence obtained from interviews with staff, showed the practice had managed such events appropriately. For example, following one significant event where prescription forms had been removed from a consultation room, staff now record the first and last serial numbers of any prescription forms placed in the printers. All significant events were discussed during practice meetings to promote shared learning.
- The practice's approach to the handling and reporting of significant events ensured that the provider complied with their responsibilities under the Duty of Candour regulation. (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.)
- Patient safety incidents had been reported to the local clinical commissioning group (CCG) via the Safeguard Incident and Risk Management System (SIRMS), to help promote shared learning within the locality. (This system enables GPs to flag up any issues via their surgery computer, to a central monitoring system, so that the local CCG can identify any trends and areas for improvement.)
- The practice had a system which helped ensure that an appropriate response was made to the safety alerts they received. We looked at the response to a recent safety alert received by the practice. There was evidence staff had checked to make sure the product identified was not kept at the practice.

**Overview of safety systems and processes**

The practice had a range of clearly defined and embedded systems and processes in place, which helped to keep patients and staff safe and free from harm. These included:

- Arrangements to safeguard children and vulnerable adults. For example, safeguarding policies and procedures were in place, and the practice lead told us they were able to easily access these via the practice's intranet system. Designated members of staff held lead safeguarding roles, which helped to make sure that staff had access to expertise and advice when needed. Children at risk of harm or neglect were clearly identified on the practice's clinical records system, so that all staff knew who these patients were. Staff demonstrated they understood their safeguarding responsibilities and the clinical team worked in collaboration with local health and social care colleagues, to protect vulnerable children and adults. Staff held monthly 'Supporting Families' meetings, involving available practice clinicians as well as members of the community health team, such as health visitors, midwives and school nurses. Minutes of these meetings were circulated to the practice team and stored on the shared drive for ease of access. All staff whose training records we sampled had either received safeguardingaining relevant to their role, or there was evidence that arrangements had been made for them to undertake this. For example, the GPs had completed level three child protection training.
- Appropriate arrangements for managing medicines, including emergency drugs and vaccines. This included carrying out reviews of medicines for patients with long term conditions. The practice had a system for monitoring high-risk medicines through regular blood checks and carrying out audits. Patient Group Directions (PGD) had been adopted by the practice, to enable nurses to administer medicines in line with legislation. These were up-to-date and had been signed. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.) Staff carried out daily temperature checks of the vaccine refrigerators and kept records of these. All prescription forms were securely stored and their usage was tracked to help prevent fraud.
- Chaperone arrangements to help protect patients from harm. All the staff who acted as chaperones were trained for the role and had undergone 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 chaperone service was advertised on posters displayed in the waiting area.

Good

# Are services safe?

- Maintaining appropriate standards of cleanliness and hygiene. Overall, the practice was very clean and hygienic. We did identify one concern, which was immediately addressed by staff. Cleaning schedules were in place for every room. However, one of the schedules we looked at had not been completed consistently. The practice had a designated infection control lead who provided compliance oversight, advice and support to staff. This person had completed extra training to help them carry out this role. There were infection control protocols in place and these could be easily accessed by staff. All staff whose training records we sampled had received infection controlaining relevant to their role or, there was evidence that arrangements had been made for them to complete this. During the previous 12 months, the local healthcare trust had carried out an independent infection control audit, using a recognised tool. This included an action plan identifying any necessary improvements. In addition, nursing staff had carried out extra audits, for example, in relation to hand hygiene. The local healthcare trust provided evidence that they had checked and verified staff's immunisation histories.
- The carrying out of a range of employment checks to make sure staff were safe to work with vulnerable patients. We looked at a sample of staff recruitment files. Appropriate indemnity cover was in place for all clinical staff. The provider had obtained information about staff's previous employment and, where relevant, copies of their qualifications, as well as written references. The provider had also carried DBS checks on each person, with proof of identity verified via the NHS SMART card system.

**Monitoring risks to patients**

Overall, risks to patients were assessed and managed satisfactorily.

- There were procedures for monitoring and managing risks to patient and staff safety. For example, the practice had arranged for all clinical equipment to be serviced and, where appropriate, calibrated, to ensure it was safe and in good working order. A range of other routine safety checks had also been carried out. These included checks of gas and electrical systems. A fire risk assessment had previously been completed in December 2015 and was next due to be reviewed towards the end of 2017. A fire risk management plan was in place to help ensure continuing fire safety. All staff whose training records we sampled had completed recent fire safety training and a fire drill had taken place during the previous 12 months. A range of health and safety risk assessments had been completed, to help keep the building safe and free from hazards, including legionella. For example, a risk management plan had been put in place, to help reduce the risks associated with legionella. (Legionella is a bacterium that can grow in contaminated water and can be potentially fatal.)
- There were suitable arrangements in place for planning and monitoring the number and mix of staff required to meet patients' needs. All but one of the patients we interviewed told us that staffing levels were satisfactory. Staffing levels were subject to regular review to help ensure the practice had sufficient doctors and nurses to meet patients' needs. Staff told us that when they needed to arrange clinical cover, they would first check to see whether staff working at the provider's other GP practices could provide this. The practice lead informed us that some clinical sessions had been covered by regular locum staff during the previous three months, to cover sickness and a vacant post. Non-clinical staff had allocated roles, but were also able to carry out all duties required of administrative staff. Rotas were in place which helped to make sure sufficient numbers of staff were always on duty to meet patients' needs.

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

The practice had made appropriate arrangements to deal with 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 whose training records we sampled had either received basic life support training to help them respond effectively in the event of an emergency, or there was evidence that arrangements had been made for them to undertake this.
- Arrangements had been put in place to respond to emergencies and major incidents. Staff had access to emergency medicines and staff knew of their location. We identified that one item of medicine for use in an emergency (Glucagon) was not kept at the practice. There was no risk assessment indicating why clinical

Good

# Are services safe?

staff had considered this to be unnecessary. We discussed this with the provider and they agreed to review this following the inspection.A defibrillator (including adult and children's pads), and a supply of oxygen for use in an emergency, were also available on the premises. All the emergency medicines we checked were in date and equipment needed for emergencies was maintained in good working order.

- The provider had a generic business continuity plan in place for major incidents covering all of their GP practice locations. This was accessible to all staff via the practice's intranet system. A copy of the plan was also kept off site.

Good

# Are services effective?

(for example, treatment is effective)

## Our findings

**Effective needs assessment**

Staff carried out assessments and treatment 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 with current guidance and standards and used this information to deliver care and treatment that met patients' needs. Staff were able to access these updates via the provider's local IT system and their senior nurse.

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

The practice used the information collected for the Quality and Outcomes Framework (QOF), and their performance against national screening programmes, to monitor and improve outcomes for patients. The QOF data, for 2015/16, showed the previous provider had obtained 99.4% of the total points available to them for providing recommended care and treatment. This was above the local clinical commission group (CCG) average of 97.1% and the England average of 95.3%. (QOF is intended to improve the quality of general practice and reward good practice. The QOF data referred to in this report was collected by the previous registered provider of the service).

- Performance for all of the diabetes related indicators was higher than the national average. For example, the percentage of patients with diabetes, for whom the last blood pressure reading, for the period from 1 April 2015 to 31 March 2016, was 140/80 mmHg or less, was higher when compared to the England average (84.3% compared to 77.6%).
- Performance for all the mental health related indicators was higher than the national average. For example, the percentage of patients with the specified mental health conditions, who had had a comprehensive, agreed care plan documented in their medical record, during the period from 1 April 2015 to 31 March 2016, was higher when compared with the England average (100% compared to 88.8%).

The practice's exception reporting rate, at 14.6%, was 4.8% above the local CCG and England averages. (The QOF scheme includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect.) Our brief analysis of the individual exception reporting rates showed that, for the clinical indicators relating to some of the key long-term conditions, the exception reporting rates were low when compared to the England averages. For a small number of clinical indicators, the exception reporting rate was high. For example, in relation to the percentage of patients with coronary heart disease who had had an influenza immunisation, during the period 1 August 2015 to 31 March 2016, 26% had been excepted. We discussed this at length with the provider. Staff told us they would review their higher than average exception reporting rates to understand the context behind them, and would take action to address them, where this was required.

Staff carried out quality improvement activities, including clinical audits. The practice had arrangements in place for carrying out prescribing audits. We saw audits had been completed and that specific dates had been identified for follow-up audits to be carried out.

We looked at a sample of clinical audits, carried out since July 2015. (Some of these audits had been completed prior to the new provider being registered to carry out the regulated activities at the practice.) Some of the audits we looked at were complete two-cycle audits, whilst others were single cycle audits, with a recommendation to re-audit at a later date. Whilst some of the audits we looked at were well structured, with simple, clear aims and outcomes, others were less clear. We shared this with the new provider during feedback.

Clinical audits carried out included: the arrangements for monitoring blood pressure readings taken by patients in their own homes; reviewing minor surgery carried out at the practice to make sure patients had consented and that, where appropriate, samples had been sent to the laboratory for testing; the arrangements for supporting patients with 'end of life' care and treatment needs. We looked in more detail at one of the two-cycle audits that had been carried out to check whether patients were receiving the correct prescription of Metformin (a medicine used to treat diabetes). The completed audit was relevant and showed learning points. Improvements made as a

Good

# Are services effective?

## (for example, treatment is effective)

result of the audit included making sure that all patients on incorrect dosages of Metformin were contacted to attend for a review, so their prescription could be altered to reflect the latest guidance issued by NICE.

**Effective staffing**

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

- The provider had set up an educational programme for 2017, which clinical and non-clinical staff across all of their locations could access. This covered such areas as: safety netting; excellence priorities; the needs of carers; waiting room emergencies. There was also evidence that staff had received training and support to help them use the new provider's centralised appointment system. Nurse meetings were held monthly, and included opportunities for shared learning.
- The practice had an induction programme for newly appointed staff. We viewed documentation in which trainee doctors reported that they had received an appropriate induction.
- The practice could demonstrate how they ensured staff undertook role specific training. Nursing staff had completed additional post qualification training, to help them meet the needs of patients with long-term conditions. For example, the healthcare assistant had recently completed a two day core immunisation programme for staff who carry out this role. A member of the nursing team had recently completed their cervical screening and immunisation updates, as well as cardio pulmonary resuscitation and anaphylaxis training. Monthly training events had been introduced providing opportunities for nurses from across the provider group to support ongoing learning.
- Staff made use of e-learning training modules, to help them keep up to date with their mandatory training.
- Staff had received an annual appraisal of their performance during the previous 12 months. Appropriate arrangements were in place to ensure the GPs received support to undergo revalidation with the General Medical Council.

**Coordinating patient care and information sharing**

The practice's patient clinical record and intranet systems helped to make sure staff had the information they needed to plan and deliver care and treatment.

- The information included patients' medical records and test results. Staff shared NHS patient information leaflets, and other forms of guidance, with patients to help them manage their long-term conditions.
- All relevant information was shared with other services, such as hospitals, in a timely way. Important information about the needs of vulnerable patients was shared with the out-of-hours and emergency services.
- Staff worked well together, and with other health and social care professionals, to meet the range and complexity of patients' needs and to assess and plan on-going care and treatment.

  Arrangements were being made to introduce a new clinical IT system, to help promote more effective communication between the new provider's GP practices.

**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 the legislation and guidance, including the Mental Capacity Act (MCA, 2005).
- When staff provided care and treatment to young people, or adult patients whose mental capacity to consent was unclear, they carried out appropriate assessments of their capacity and recorded the outcome. All staff whose training records we sampled had either received MCA training, or there was evidence that arrangements had been made for them to undertake this.

**Supporting patients to live healthier lives**

Staff were committed to supporting patients to live healthier lives through a targeted and proactive approach to health promotion.

- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged between 40 and 74 years.

Good

# Are services effective?

## (for example, treatment is effective)

- There were suitable arrangements for making sure a clinician followed up any abnormalities or risks identified during these checks.

The practice had a comprehensive screening programme. Their performance was similar to the national averages in relation to breast, bowel and cervical screening. Data showed:

- The uptake of breast screening for females aged between 50 and 70, during the previous 36 months, was similar to the national average, 70.2% compared to 72.5%.
- The uptake of bowel cancer screening in patients aged between 60 and 69, during the previous 30 months, was similar the national average, 54.7% compared to 57.8%.
- The uptake of cervical screening for females aged between 25 and 64, attending during the target period, was similar to the national average, 73.1% compared to 76.1%. The practice had protocols for the management of cervical screening, and for informing women of the results of these tests. To help encourage attendance, the 3rd invitation requesting a patient to attend for screening consisted of a handwritten letter from one of the nurses.

The practice offered a full range of childhood immunisations. For example, data provided by the practice showed that the immunisation rates, for the vaccinations given to children under two and five years of age, were over 90%.

Good

# Are services caring?

## Our findings

**Respect, dignity, compassion and empathy**

Staff were highly motivated to offer care that was kind, promoted patients' dignity and respected cultural differences.

- Throughout the inspection staff were courteous and helpful to patients who attended the practice or contacted it by telephone.
- We saw that patients were treated with dignity and respect. Privacy screens were provided in consulting rooms so that patients' privacy and dignity could be maintained during examinations and treatments.
- Consultation and treatment room doors were closed during consultations, so that conversations could not be overheard.

As part of our inspection we asked practice staff to invite patients to complete Care Quality Commission (CQC) comment cards. We received 12 completed comment cards and these were very positive about the standard of care and treatment provided. Words used to describe the service included: helpful and polite; kind and do their best; very caring; impressed; above and beyond; very professional; excellent experience and very approachable; efficient and caring; treated with dignity and respect; brilliant effort. All five of the patients we spoke with on the day of the inspection were positive about the quality of care and treatment they received.

Data from the NHS National GP Patient Survey of the practice, published in July 2016, showed patient satisfaction levels regarding the quality of GP and nurse consultations, were similar to the local clinical commissioning group (CCG) and national averages. However, patients were less satisfied with how helpful the receptionists were and this was also reflected in some of the comments we received from patients. (The GP Survey data referred to in this report relates to a period of time before the new provider was responsible for running the service). Of the patients who responded to the survey:

- 88% said the last GP they saw or spoke to was good at giving them enough time, compared to the local CCG average of 89% and the national average of 87%.
- 98% had confidence and trust in the last GP they saw, compared to the local CCG average of 96% and the national average of 95%.
- 91% said the last GP they saw was good at listening to them, compared to the local CCG average of 90% and the national average of 89%.
- 88% said the last GP they saw or spoke to treated them with care and concern, compared to the local CCG average of 89% and the national average of 85%.
- 91% said the last nurse they saw or spoke to was good at giving them enough time, compared to the local CCG average of 93% and the national average of 92%.
- 99% had confidence and trust in the last nurse they saw or spoke to, compared to the local CCG average of 98% and the national average of 97%.
- 90% said the last nurse they saw was good at listening to them, compared to the local CCG and national averages of 91%.
- 94% said the last nurse they saw or spoke to treated them with care and concern, compared to the local CCG average of 92% and the national average of 91%.
- 78% found receptionists at the practice helpful, compared to the local CCG average of 90% and the national average of 87%.

The practice had gathered feedback from patients using the Friends and Family Test survey. The most recent feedback available to us showed that 12 of the 13 respondents were likely to recommend the practice to their friends and family.

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

The patients we spoke with, and those who commented on this in their CQC comment cards, told us clinical staff involved them in decisions about their care and treatment. Data from the NHS National GP Patient Survey showed patient satisfaction levels in these areas were similar to the local CCG and national averages. Of the patients who responded to the survey:

- 89% said the last GP they saw was good at explaining tests and treatments. This was the same as the local CCG average and above the national average of 86%.

Good

# Are services caring?

- 88% said the last GP they saw was good at involving them in decisions about their care, compared to the local CCG average of 85%, and the national average of 82%.
- 82% said the last nurse they saw was good at involving them in decisions about their care, compared to the local CCG average of 86% and the national average of 85%.
- 91% said the last nurse they saw was good at explaining tests and treatments. This was the same as the local CCG average and above the national average of 85%.

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

Staff were good at helping patients and their carers to cope emotionally with their care and treatment.

- They understood patients' social needs, supported them to manage their own health and care, and helped them maintain their independence.
- Notices in the patient waiting room told patients how to access a range of support groups and organisations.
- Where patients had experienced bereavement, staff would send a letter and a condolence card. Bereavement information leaflets were available in the patient waiting area.

The practice was committed to supporting patients who were also carers and had an action plan in place to help improve the identification of this group of people, so that appropriate support could be offered. The practice actively encouraged new patients to tell them if they acted as carers and covered patients' caring needs as part of the long-term conditions clinics they provided. Staff were in the process of carrying out training sessions with local carer support groups, to help promote better support for carers. Staff maintained a register of patients, to help make sure they received appropriate support and, where appropriate, referral to the local carers' support group. There were 151 patients on this register, which equated to 2.4% of the practice's population.

Good

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

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

Services were tailored to meet the needs of individual people and were delivered in a way that provided flexibility, choice and continuity of care. Examples of the practice being responsive to and meeting patients' needs included:

- Providing all patients over 75 years of age with a named GP who was responsible for their care. GP staff provided a twice-monthly 'ward round' at a large local nursing home, to help promote the health of patients living there. Clinical staff carried out an annual review of the needs of their older housebound patients in collaboration with community nursing staff. The practice's Staff held
- Arrangements for meeting the needs of patients with long-term conditions (LTCs). There were practice leads for all of the common LTCs, to help promote clinical leadership and expertise. Patients with LTCs received a nurse-led annual review with pharmacist input, so that their needs could be assessed, and appropriate advice, care and treatment provided. The practice's recall system helped ensure that patients requiring an annual review received an invitation to attend an appointment in their birthday month. Dedicated administrative support was provided to assist with the management of the patient recall system. Staff engaged with a programme led by the local clinical commissioning group (CCG) which helped provide patients with the most complex needs, with co-ordinated care delivered by a dedicated team of healthcare professionals.

  The practice had a slightly higher prevalence of patients with diabetes than the England average. To help meet the needs of these patients, the practice held a weekly diabetic clinic involving a GP, a dietician and a practice nurse. These staff met before each clinic to review patients' needs, and any changes that had occurred since the patients' last visit. They also used these meetings to examine whether any learning could take place which would benefit the patients they supported. Each patient had a comprehensive care plan, and received extended appointments. The GP lead for diabetes provided dedicated urgent call time for diabetic patients contacting the practice with acute problems.
- Providing a range of services for families and younger patients, including contraceptive advice and treatment. The midwife attached to the practice held a weekly baby clinic which was also attended by one of the GPs. This clinic provided families with access to a full programme of childhood immunisations. A good range of health promotion leaflets was available in the patient waiting area, including information about the practice being breastfeeding friendly.
- Providing services which met the needs of patients with mental health needs. The healthcare assistant, who was the designated mental health lead for the practice, contacted every patient on the practice's learning disability and mental health registers, to arrange an annual healthcare check and encourage them to attend. Extended appointments were provided for this group of patients. Separate provison had been made which enabled patients with mental health needs to book appointments directly with the practice.
- Arrangements for meeting the needs of patients with dementia. Staff contacted patients on the practice's dementia register, to arrange an annual healthcare check and encourage them to attend. Clinicians were proactive in carrying out dementia screening, where they thought patients were at risk of developing dementia. For example,
- Providing services which met the needs of patients who were vulnerable. Alerts had been placed on the practice's clinical IT system to highlight vulnerable patients, so clinical staff could take this into account during consultations. The practice had a comprehensive register of vulnerable adults, but only one patient with dementia appeared on the list. We shared this with the practice and they agreed to review the register to ensure it was accurate.
- The practice had made reasonable adjustments which helped patients with disabilities, and those whose first language was not English, to access services. For example, all consultation and treatment rooms were located on the ground floor. There were disabled toilets which had appropriate aids and adaptations. A loop system was available to help improve accessibility for hearing impaired patients. Staff had access to a telephone translation service and interpreters should they be needed.

Good

# Are services responsive to people's needs?

## (for example, to feedback?)

Suitable arrangements had been made to meet the needs of patients with 'end of life' needs. This included holding monthly multi-disciplinary meetings with district nurses and the Macmillan nursing team, to discuss the needs of all palliative care patients, and highlight those with the most complex needs. The practice had produced an information pack for patients with 'end of life' needs, to help ensure that relevant documentation, such as 'Do Not Attempt Resuscitation' paperwork, was completed where appropriate.

- Developing services to meet the needs of working patients. The practice was proactive in offering online services, as well as a full range of health promotion and screening that reflected the needs of this group of patients. An early morning clinic was provided from 7:30am to 8:50pm one day a week, to make it easier for working patients to obtain a convenient appointment. The new provider had recently introduced a triage line, available every weekday, to provide patients with GP and nurse practitioner-led telephone consultations, enabling easier access to advice. NHS health checks were offered to help promote the wellbeing of patients aged between 40 and 75 years of age.

**Access to the service**

The practice's core opening hours were Monday, Tuesday, Thursday and Friday between 8am and 6pm. On Wednesdays, the practice opened from 8am to 1pm and 2pm to 6pm. However, telephone lines were open between 8am and 6:30pm. The practice was closed at weekends.

GP appointments were usually available Monday to Friday from 9am to 11:30am and 2:30pm to 17:10pm. The practice offered an early morning surgery between 7:30am and 8:40am once a week. The day on which this took place varied from week to week.

Results of the NHS National Patient Survey of the practice, published in July 2016, showed lower levels of satisfaction with telephone access and access to appointments when compared to the local CCG and national averages. (However, these results relate to a period of time before the new provider was responsible for running the service and before the new provider had introduced changes to improve access). Of the patients who responded to the survey:

- 91% said the last appointment they got was convenient, compared to the local CCG average of 93% and the national average of 92%. (This was an improvement of 5% since the previous survey, published in January 2016).
- 70% were able to get an appointment to see or speak to someone the last time they tried, compared to the local CCG average of 86% and the national average of 85%.
- 43% found it easy to get through to the surgery by telephone, compared to the local CCG average of 79% and the national average of 73%.
- 78% said they usually waited 15 minutes or less after their appointment time, compared to the local CCG average of 72% and the national average of 65%.
- 45% described their experience of making an appointment as good, compared to the local CCG average of 77% and the national average of 73%. (This was an improvement of 5% since the previous survey, published in January 2016).

Most of the 12 patients who completed comment cards expressed no concerns about access to appointments. Also, of the five patients we spoke with on the day of the inspection, the majority said they were satisfied with the appointment system. However, the practice had received six complaints relating to access over the previous seven months, and the local Healthwatch group told us, four patients had raised concerns with them.

We looked at the practice's appointments system in real-time on the afternoon of the inspection. We found that the next routine nurse appointment was available within 48 hours, and a GP appointment within 72 working hours. In addition to this, we saw that urgent care appointment slots, with either a nurse or a GP, were available later in the afternoon on the day of the inspection.

During our last inspection, in January 2016, we found the previous provider had taken action in response to concerns raised by patients about appointment availability. For example, the practice had employed a part-time pharmacist prescriber to provide extra appointments for medicine reviews, health promotion and minor ailments. An additional GP partner had also been recruited.

The new provider continued to treat patients' concerns regarding access very seriously. Following continuing concerns about access to appointments, they had written

Good

# Are services responsive to people's needs?

## (for example, to feedback?)

to all patients informing them they intended to introduce a new appointment system from October 2016. Staff told us patients contacting the practice to make routine and urgent care appointments were now transferred to a central hub telephone number, at which point their needs were assessed by a duty doctor or nurse, via a telephone consultation. Where judged to be clinically appropriate, patients were then offered a same-day appointment or a home visit.

Other initiatives to improve access included, for example, reduced waiting times for access to routine appointments. In January 2016, patients had, on average, to wait eight days for a routine appointment. In 2017, this figure had reduced to 5.2 days. Also, because additional medical and nursing staff had been appointed since our last inspection, the number of patients per prescribing clinician had reduced from 2000 in January 2016, to 1300 in 2017. The practice was actively reviewing the needs of a cohort of patients whose attendance was above average, to look at whether their needs could be met in other ways. The provider hoped that through their close monitoring of the new appointment system, and dealing promptly with the issues as they arose, this would help to improve the practice's GP patient survey results. For example, a number of patients had reported concerns getting through to the practice on the telephone. In response, the provider had escalated this concern to the telephone provider. Whilst this was being addressed, the practice lead monitored all of the daily calls coming into the practice that had not been answered, and contacted the patients concerned.

**Listening and learning from concerns and complaints**

The practice had a system in place for managing complaints.

- This included having a designated person who was responsible for handling any complaints and a complaints policy which provided staff with guidance about how to handle complaints. A summary of the complaints policy could be accessed via the practice's website and information about how to complain was also on display in the patient waiting area. The policy advised patients how to escalate their complaint externally if they were dissatisfied with how the practice had responded. Complaints were discussed at the weekly partner meetings, so that opportunities for learning could be identified. Minutes of these meetings were available to all staff.
- The practice had received eighteen complaints during the previous six months. In the complaint we discussed with the practice lead, staff had investigated the concerns raised and provided an explanation of what had led to the circumstances described by the complainant.

# 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 leadership, governance and culture at the practice actively encouraged and supported the delivery of good-quality, person-centred care.

- The new provider had a clear vision to deliver high quality care and promote good outcomes for their patients. They had a detailed strategic plan in place covering the next five years. This included: a clear mission statement; an outline of the quality and operational challenges the provider had judged they would face during the next five years; opportunities for collaboration; a set of excellence priorities, with details of how these would be achieved. The strategy had been agreed by key staff from each of the provider's practices as part of an away day.
- There was evidence that steps were being taken to implement this strategy. For example, the provider was in the process of installing the same clinical IT system across all of its sites, to help promote more effective communication and information sharing between their GP practices and secondary care colleagues.

**Governance arrangements**

The new provider had an effective overarching governance framework which supported the delivery of good quality care. This ensured that:

- There was a clear staffing structure and staff understood their roles and responsibilities.
- Quality improvement activity was undertaken, to help improve patient outcomes. The provider had developed a set of quality indicators and benchmarked the performance of their practices against these. Quality indicators measured throughout the year included the length of time taken for patients to obtain an appointment and the delivery of the staff appraisal programme.
- Regular planned meetings were held to share information and manage patient risk. These included, for example, practice and administrative team meetings, as well as multi-disciplinary meetings with other community healthcare professionals. Meetings were minuted and, copies could be easily accessed by all staff. Designated staff held lead clinical and non-clinical roles, to help provide leadership and direction within the practice, and provide patients with the best possible care.
- Staff were supported to learn lessons when things went wrong, and to identify, promote and share good practice.
- Staff had access to a range of policies and procedures, which they were expected to implement.

**Leadership, openness and transparency**

On the day of the inspection, the provider, GP staff and practice lead, demonstrated that they had the experience, capacity and capability to run the practice and ensure high quality compassionate care. There was a clear leadership and management structure, underpinned by strong, cohesive teamwork and good levels of staff satisfaction.

The provider had complied with the requirements of the Duty of Candour regulation. (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 GP staff and practice lead encouraged a culture of openness and honesty. Staff we spoke with told us they felt well supported by the leadership at the practice, and regular meetings took place to help promote their participation and involvement.
- A culture had been created which encouraged and sustained learning at all levels.
- There were effective systems which ensured that when things went wrong, lessons were learned to prevent the same thing from happening again.

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

The new provider and GP staff valued and encouraged feedback from their staff. Staff told us they felt involved in, and engaged with, the arrangements the new provider had put in place to improve how the practice was run. They said their feedback was welcomed.

The practice had gathered feedback from patients through their Friends and Family Test survey. There was clear evidence that the practice seriously considered the feedback they received from patients. For example, in response to patient concerns about access to

# Are services well-led?

Good

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

appointments, the new provider had introduced a radically different appointment system, to help improve appointment availability. Where patients had raised concerns about telephone access, the provider had actively pursued the telephone provider to address the concerns.

The practice had a patient participation group (PPG). However, changes at the practice meant the PPG had not met as often as staff would have liked. Information about how to join the group was available in the practice and on their website. But, we noted that the website did not include any recent information about the work of the PPG. The practice lead told us that because the local healthcare trust would shortly take on responsibility for updating the website, the availability and timeliness of information would improve.

The most recent PPG meeting had taken place in March 2017. Issues discussed included, for example, the need to improve the arrangements for delivering this year's influenza programme. Our review of the minutes indicated that lessons had been learned and improvements were planned. For example, patients were to be offered an individual appointment rather than being invited to attend a 'walk-in' clinic.

**Continuous improvement**

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and demonstrated their commitment to continuous learning and improvement by:

- Actively encouraging and supporting staff to access relevant training including, for example,
- Carrying out a range of quality improvement audits, to help improve patient outcomes.
- Introducing a new appointment system to help manage demand. The practice was also using feedback from patients and staff, as well as performance information, to further improve the system. The provider was also actively considering how they could provide out-of-hours appointments.
- Learning from any significant events that had occurred, to help prevent them from happening again.

The new provider also demonstrated a commitment to improvement through collaboration by, for example:

- Regularly assessing the performance of the practice using a set of pre-agreed performance indicators, to help drive service improvements and a better patient experience.
- Actively participating in the development of the Clinical Strategy for the proposed Accountable Care Organisation for Northumberland.
- Working in partnership with other practices to deliver the 'extended access' programme from autumn 2017.
- Engaging with the national 'Year of Care' programme, to improve the delivery of support and care planning for people with long term conditions.
- Developing a pilot to deliver some integrated nursing services with community based district nursing teams.