

# The Avicenna Medical Practice

## Inspection report

Barkerend Health Centre  
Barkerend Road  
Bradford  
BD3 8QH  
Tel: 01274664464  
[www.avicennamedicalpractice.co.uk](http://www.avicennamedicalpractice.co.uk)

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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 location		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	

# Overall summary

We carried out an announced inspection at The Avicenna Medical Practice on 20 and 21 April 2022. Overall, the practice is rated as Good.

The ratings for each key question are:

Safe - good

Effective - good

Caring - good

Responsive - good

Well-led - good

Following our previous inspection on 18 July 2019, the practice was rated good overall and for all key questions but requires improvement for the care provided to working age people. During inspections the CQC no longer reports on the care afforded to different population groups individually but includes this information within the Effective key question.

The full reports for previous inspections can be found by selecting the 'all reports' link for The Avicenna Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## Why we carried out this inspection

This inspection was a comprehensive inspection undertaken at the same time as the CQC inspected a range of urgent and emergency care services in West Yorkshire. We undertook this inspection to review the quality of care delivered by GP providers and the experience of people who use GP services. We asked a range of questions in relation to urgent and emergency care. The responses we received have been used to inform and support system-wide feedback. We also included additional questions to establish the practice response to access to appointments for patients following the COVID-19 pandemic.

## How we carried out the inspection

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Conducting staff interviews using telephone and video conferencing
- Completing clinical searches on the practice's patient records system and discussing findings with the provider
- Reviewing patient records to identify issues and clarify actions taken by the provider
- Requesting evidence from the provider
- A short site visit

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- Staff questionnaires

## Our findings

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

## We have rated this practice as Good overall.

We found that:

- The practice provided care in a way that kept patients safe and protected them from avoidable harm.
- The uptake of bowel, breast and cervical cancer screening at the practice was below national averages. However, we saw that ongoing actions were being taken to improve uptake and attendance, and to enhance the understanding of the need for cancer screening. The team continually encouraged, monitored and reviewed screening uptake.
- End of life care was delivered in a proactive and coordinated way which took into account the needs of the person and their family. A named clinician was allocated to the family and staff had worked to gain additional competencies in managing end of life care. Care and support was delivered as necessary alongside members of the multidisciplinary team, and we saw timely and supportive referrals were made.
- Staff dealt with patients with kindness and respect. We observed staff speaking to patients in the language of their choice and in a calm and friendly manner.
- The practice adjusted how they delivered services to meet the needs of patients during the COVID-19 pandemic. Alongside telephone and video consultations, face to face appointments had been continually offered throughout the pandemic, following clinical triage. Patients could access reception services during opening hours. A practice survey undertaken in November 2021 found that 88% of patients confirmed they could access care and treatment in a timely way.
- The way the practice was led and managed promoted the delivery of high-quality, person-centre care. Clinical staff were described as consistently supportive and approachable. The practice manager was described by staff as a 'supportive enabler' who encouraged staff to succeed.
- The practice developed the cultural competence of staff to address the needs of their diverse population. For example, ensuring timely completion of documentation following patient deaths to facilitate religious burial timeframes, offering additional support for immunisations and screening and seeking additional staff training to enable clinicians to competently assess and support high numbers of patients with complex needs such as diabetes and obesity.

We found an example of outstanding practice:

- At this inspection we saw that the team embraced initiatives and every opportunity to work collaboratively with stakeholders, members of the multidisciplinary team and outside agencies to provide safe and effective joined-up care that prioritised patient needs and reduced inequalities. We saw evidence of timely referrals, regular communication, individualised holistic support and the continual audit and review of care, to ensure that patients received the highest possible quality of care. For example; the team had one of the highest referral rates within the Clinical Commissioning Group to the diabetes prevention programme and staff were allocated lead roles in promoting support to reduce inequalities within the practice population.

Whilst we found no breaches of regulations, the provider **should**:

# Overall summary

- Encourage and improve uptake rates for childhood immunisations.
- Encourage and improve uptake rates for cancer screening programmes.

**Details of our findings and the evidence supporting our ratings are set out in the evidence tables.**

**Dr Rosie Benneyworth** BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using telephone and video conferencing facilities and undertook a site visit. The team included a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and a records review without visiting the location.

## Background to The Avicenna Medical Practice

The Avicenna Medical Practice is located in Bradford at:

The Bluebell Building,  
Barkerend Health Centre,  
Barkerend Road,  
Bradford,  
BD3 8QH

We visited this location as part of our inspection.

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services, treatment of disease, disorder or injury and family planning.

The practice is situated within the NHS Bradford District and Craven Clinical Commissioning Group (CCG) and delivers Personal Medical Services (PMS) to a population of 7,816 patients. This is a contract between general practices and Bradford District and Craven CCG for delivering services to the local community.

Information published by Public Health England shows that deprivation within the practice population group is in the lowest decile (one of 10). The lower the decile, the more deprived the practice population is relative to others. Patients living in deprived areas are more likely to have complex health needs.

According to the latest data available 73% of the practice population is from an Asian background with a further 7% of the population originating from black, mixed or other non-white ethnic groups.

The age distribution of the practice population differs from local and national averages. Within the practice population 40% of patients are aged under 18 years of age which is higher than the CCG and national average. The practice supports significantly lower than average numbers of patients aged 49 and over.

There are more male patients registered at the practice compared to females.

There are two male GP partners who work at the practice and one additional part time salaried GP who is female. In addition, there are five advanced clinical/ nurse practitioners, two male and three female, two female nursing staff and two trainee advanced nurse practitioners. The practice also employs two female health care assistants (HCAs). The clinical team is supported by the practice business manager and a team of reception and administration staff.

At the time of our inspection the practice were also mentoring a practice nurse trainee and two nursing students.

Due to the enhanced infection prevention and control measures put in place since the pandemic and in line with the national guidance, telephone and video consultation appointments were offered. If the clinical team needed to see a patient face-to-face this was facilitated and had continued to be facilitated during the pandemic.

Reception services at The Avicenna Medical Practice are open between 7.30am- 6.30pm Monday to Friday. Appointments are available 7.30am-12.30pm during morning clinics and between 1.30pm and 5.45pm in afternoon clinics.

The practice works with a local GP federation and is a member of a primary care network which provides extended hours access appointments seven days per week at three locations across the CCG. Appointments are available between 6.30pm and 9.30pm on weeknights. Patients can be referred to a range of health professionals including GPs, nurses, phlebotomy services and physiotherapists. Out of hours services are provided by Local Care Direct.

Out-of-hours treatment can be accessed by calling the surgery telephone number or contacting the NHS 111 service.

During our inspection we saw that the provider was displaying the previously awarded ratings in the practice and had links from their website to their CQC report and ratings.