

# Frizinghall Medical Centre

## Inspection report

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Date of inspection visit: 02 June 2021

Date of publication: 14/06/2021

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



# Overall summary

We carried out an announced inspection at Frizinghall Medical Centre on 2 June 2021. Overall, the practice is rated as Good.

Following our previous inspection on 22 March 2019, the practice was rated as good overall and good in all five key questions. However, the practice was rated as requires improvement for providing services to people within the population group of long-term conditions.

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

## **Why we carried out this review.**

This was a follow-up review of concerns identified during the last inspection in March 2019.

The focus of this review was.

- To review the services provided to people with long-term conditions and the outcomes for these patients using the Quality and Outcomes Framework (QOF) performance.
- To review the processes for documenting actions taken as a result of safety alerts.

## **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.

Our approach included:

- A short visit and onsite staff interviews
- Requesting evidence from the provider
- Reviewing performance data available at the time of our inspection.

## **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 and other organisations.

**This practice remains rated as good overall. Following this focused review, we have rated the practice as good for providing care for the population group, long-term conditions.**

We found that:

# Overall summary

- Effective social distancing arrangements and infection prevention and control (IPC) measures were in place, including access to personal protective equipment (PPE). This enabled patients to attend face-to-face appointments for long-term conditions safely.
- Patients received effective care and treatment that met their needs.
- At this inspection we found that outcomes for patients with long-term conditions had improved. The practice had significantly improved their processes for the management of long-term conditions. Patient recalls were continually audited and additional opportunities to attend were offered. Each patient contact was used to encourage and educate patients to manage their own health, attend reviews and agree goals with clinicians.
- Outcomes for patients were generally comparable to, or better than, the local Clinical Commissioning Group (CCG) and national averages.
- At the inspection in March 2019, we said the practice should review and improve their process for documenting action taken as a result of safety alerts. At this inspection we found the practice had developed an application for documenting and responding to patient safety alerts. The programme alerted clinicians when deadlines for management of the alerts were approaching. This enabled the team to respond in appropriate timescales, monitor the alerts and audit their own performance. We saw that links within the programme connected the clinician to the original alert. Alerts were available to all staff and actioned in a timely manner.
- Data supplied by the practice showed that over 90% of patients who were diagnosed with diabetes, hypertension or COPD had received one dose of the COVID-19 vaccine and over 81% of patients had received two doses.

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

- Continue to review and support patients to manage their diabetic care.

**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

## Population group ratings

<b>Older people</b>	<b>Not inspected</b> 
<b>People with long-term conditions</b>	<b>Good</b> 
<b>Families, children and young people</b>	<b>Not inspected</b> 
<b>Working age people (including those recently retired and students)</b>	<b>Not inspected</b> 
<b>People whose circumstances may make them vulnerable</b>	<b>Not inspected</b> 
<b>People experiencing poor mental health (including people with dementia)</b>	<b>Not inspected</b> 

## Our inspection team

This inspection was undertaken by a CQC inspector who conducted a short site visit and spoke with staff.

## Background to Frizinghall Medical Centre

Frizinghall Medical Centre is located in the City of Bradford at:

274 Keighley Road, Bradford, West Yorkshire, BD9 4LH. We visited this site as part of the inspection.

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

The practice is situated within Bradford Districts and Craven Clinical Commissioning Group (CCG) and delivers Personal Medical Services (PMS) to a patient population of 3,764. This is part of a contract held with NHS England.

Information published by Public Health England report deprivation within the practice population group as two on a scale of one to 10. Level one represents the highest levels of deprivation and level 10 the lowest.

The National General Practice Profile states that 48.8% of the practice population are from an Asian background and 7.4% of the population are from a black, mixed or other non-white ethnic group. Male life expectancy is 76 years, compared to the national average of 79 years. Female life expectancy is 80 years, compared to the national average of 83 years.

Figures show that 59.1% of patients are in paid work or full-time education, this is comparable to the CCG average of 60.7% but lower than the national average of 63.7%. The percentage of patients who experience a long-standing health condition is 47.9%, which is lower than the CCG and national average of around 52%.

The age distribution of the practice population shows that there are significantly more children registered with the practice than the national average. Under 18's make up 26.4% of the population which is higher than the CCG average of 24.4% and the national average of 20.3%.

The team is a registered partnership of two GPs. The medical team consists of two GP partners (one male, one female) and two male locum GPs. At the time of our review one partner (female) was on long term sick leave.

The GPs are supported by an associate physician, a prescriber, a part-time in-house pharmacist, a health care assistant (HCA) and a phlebotomist. In addition, at the time of our inspection the senior practice nurse was also studying to become an advanced nurse practitioner (ANP).

The practice manager is supported by an assistant manager, a health, safety and infection control manager, an office manager, a medical secretary and four receptionist staff, one of whom also acts as the patient engagement lead. Health visitors, district nurses and community matrons were also part of a wider team.

Due to the enhanced infection prevention and control measures put in place since the pandemic and in line with the national guidance, most GP appointments are telephone consultations. All requests for appointments are reviewed by a GP and face to face appointments undertaken when deemed clinically necessary.

The practice is part of a Primary Care Network (PCN). A PCN is a group of GP practices who have begun working together and with community, mental health, social care, pharmacy, hospital and voluntary services in their local area.

Extended access appointments are provided locally with late evening and weekend appointments being available. Out of hours services are provided by Local Care Direct.