

Factual accuracy comments form

Please fill in **all parts** of this form and return:

By email to: HSCA_Compliance@cqc.org.uk or

By post to: CQC PMS Inspections, Citygate, Gallowgate, Newcastle upon Tyne, NE1 4PA

What does your challenge relate to?	Go direct to:
Typographical/numerical errors	Section A
Accuracy of the evidence in the report	Section B
Completeness of the evidence	Section C
Representations against a Warning Notice	Representations via email to HSCA_Representations@cqc.org.uk

Account Number:	1-5354941310
Our reference:	INS2-5678747431
Location name:	King's College London NHS Health Centre
Location address:	Bush House, South East Wing, 3rd Floor 300 Strand London WC2B 4PJ

Completed by (name(s))	Mr Declan Stow
Position(s)	Practice Manager
Date	18/12/2018

Section A: Typographical / numerical errors in the report / evidence tables

Page No	Key Question (e.g. Safe) or Evidence Table Section	Please set out any typographical or numerical errors <i>E.g. Operations Director not Operations Manager</i> <i>If the same error occurs more than once, it is sufficient to identify the first occasion, adding "(throughout the report)".</i>	CQC decision ✓ or X or Partial	CQC response
<p>Please use a separate row for each separate error you identify in the report text or evidence table by inserting extra rows if needed (click on 'table tools/layout' icon at the top of the page and then 'insert below' icon). Please clearly state the page number, key question (where applicable), evidence table section (where applicable), the error and how you think this should be revised.</p>				
3	KQ - Background	The practice provides 30 GP clinical sessions per week not 40. We also provide 18 nurse sessions and 11 HCA sessions. We do not have any clinical pharmacists. Also not sure why it says 'supported by a male salaried GP again in this paragraph'	✓	<p>Accepted.</p> <p>Page 3, paragraph 4 amended to read:</p> <p><i>The principal GP is the registered manager and works full time. There are five salaried GPs, all of whom work part- time hours and one of whom was on maternity leave at the time of this inspection. Five of the six GPs employed at the practice are female and one is male. The practice also employs three long-term locum GPs. The practice employs three practice nurses, two of whom work part-time, and two healthcare assistants (HCA). In total, the practice provides 30 GP clinical sessions per week, 18 nurse sessions and 11 healthcare assistant sessions. There is a practice manager and a team of six non-clinical staff who carried out reception and administration roles.</i></p> <p>This does not affect the overall rating or the rating for any domain or population group.</p>

8	KQ -Effective	We would like to enquire where the figure of 38% for cervical screening uptake was generated from? We have our figure for 2018 year end as 62.3%.	X	CQC uses data provided by Public Health England when reporting outcomes for the cervical screening programme. At the time the Evidence Table was generated, the most recently validated and published data referred to 2016/2017 and indicated an uptake rate of 38%.

Section B: Challenges to the accuracy of the existing evidence in the report / evidence tables

Page No	Key Question (e.g. Safe) or Evidence Table Section	Please set out any other challenges to the accuracy of the evidence in the draft report (providing evidence demonstrating the inaccuracy) and describe any impact on the rating(s). Challenges to the interpretation of evidence/importance attributed to the evidence should be included here.	CQC decision ✓ or X or Partial	CQC response <i>If you agree to make amendments you must confirm any impact on breaches or the rating. If you choose not to make any amendments you must provide a rationale.</i>
<i>Please use a separate row for each separate error you identify in the report text or evidence table by inserting extra rows if needed (click on 'table tools/layout' icon at the top of the page and then 'insert below' icon). Please clearly state the page number, key question (where applicable) evidence table section (where applicable), the statement and how you think this should be revised.</i>				
9	KQ - Effective	The report mentions care home residents, carers, housebound patients, end of life care and children. We do not have any patients in these categories due to the nature of our practice population.	✓	Accepted. Final bullet point, right-hand column, Page 9, deleted. This does not affect the overall rating or the rating for any domain or population group.
11	KQ - caring	The report references that 'we have a lower than average number of carers identified'. We do not have	✓	Accepted.

		<p>any carers registered at the practice due to the nature of our practice population.</p>	<p>During the inspection, one member of the team recorded that the practice had identified one person who had caring responsibilities. However, with the benefit of this confirmation that the practice does not currently have any carers on the register, this challenge is accepted.</p> <p>Page 11, right-hand column, fifth bullet point amended to read:</p> <p><i>The practice had a process in place to identify and support carers. However, due to the demographics of the population where the overwhelming majority of patients were university students without caring responsibilities the practice did not have any carers in the register at the time of the inspection.</i></p> <p>Page 24, table 2 narrative changed to read:</p> <p><i>The practice's computer system alerted GPs if a patient was also a carer. The practice had a process in place to identify and support carers. However, due to the demographics of the population where the overwhelming majority of patients were university students without caring responsibilities the practice did not have any carers in the register at the time of the inspection.</i></p>
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				This does not affect the overall rating or the rating for any domain or population group.
12	KQ – responsive	We do not offer Saturday appointments in house. We are linked in with hub practices where our patients can be booked in Saturday and Sunday 08:00-20:00. We do have our own extended opening hours Tuesday and Thursday evenings in University term time	✓	Accepted. Reference to Saturday appointments deleted. This does not affect the overall rating or the rating for any domain or population group.
13	Evidence Table	51 of our 52 diabetic patients are Type 1. This is 98%. The evidence mentions over 50% but we feel this is still not specific enough to unusual challenge this is for us.	✓	Accepted. The distinction is significant. Evidence table, page 13, Additional information section, bullet point 3 amended to read: <ul style="list-style-type: none"> <i>The practice told us a significantly larger than average number of patients on its diabetes register were young people with Type 1 diabetes. At the time of this inspection, 51 of the 52 patients on the diabetic register (98%) were Type 1 diabetics. This diabetic register also included patients who had other conditions, including eating disorders, which added to the complexity of managing their diabetes. The practice also told us young people taking responsibility for their own health for the first time often experienced initial difficulties adjusting to independent living which could impact on the management of their diabetes and other long-term conditions.</i>

				This does not affect the overall rating or the rating for any domain or population group.
25	Evidence Table	We work with an organisation called LCW Out of Hours that we pay to cover any home visits within our catchment area. Our catchment area is very large and covers the majority of London due to us being a student practice. The only patients we do not provide home visits for are Out of Area patients and as explained these patients are aware of how to access urgent care.		<p>Accepted.</p> <p>Paragraph amended to read:</p> <p><i>A significant percentage of the practice population registered with the practice because of its proximity to the university rather than to their places of residence. This meant the practice's patient catchment area was significantly larger than average. The practice had made arrangements with an appropriate provider to undertake home visits on it's behalf. Patients who lived outside the practice's catchment area were told at the time of registration, that home visits would not be available. However, it ensured these patients were aware of how to access urgent care when they were unable to visit the surgery.</i></p> <p>This does not affect the overall rating or the rating for any domain or population group.</p>

Section C: Additional relevant evidence that should be taken into account (“completeness”)

Page No	Key Question e.g. Safe	Please describe (and provide copies of) any additional evidence which you consider should be taken into account in the report.	CQC decision ✓ or X or Partial	CQC response <i>If you agree to make amendments you must confirm any impact on breaches or the rating. If you choose not to make any amendments you must provide reasons.</i>
<p>Please use a separate row for each additional piece of evidence by inserting extra rows if needed (click on ‘table tools/layout’ icon at the top of the page and then ‘insert below’ icon). Please clearly state the page number, key question and details of the evidence you have provided.</p>				
2	KQ - Summary	<p>We have built a relationship with an Endocrinologist and Specialist Diabetes Nurse from secondary care who do joint clinics with our Diabetes Lead GP once a month at our practice. We believe this to be a one of a kind clinic and is part of our vision for becoming a young person’s hub. We can see that this clinic is mentioned in the evidence table but not mentioned in our Key Questions Report at all. Improving clinical outcomes for patients diagnosed with diabetes has been noted as an area we should make improvements. If this is the case then we would like the creation of our unique clinic to be mentioned also as since introducing this our clinical outcomes have improved. Our improvement is evidenced in our CCG diabetes dashboard (attached evidence) where we have a positive impact column despite the dashboard comparing mainly type 2 patient outcomes (only 2% of our diabetic patients are type 2).</p>	Partial	<p>The Evidence Table contains detailed information which supports judgements and ratings. The Quality Report provides high level information, including a provider’s ratings and a summary of the main findings of the inspection team. The Quality Report is not intended to be a duplication of the detail contained in the Evidence Table. However, CQC acknowledges the initiative and amount of work involved in developing the specialist clinic and additional information has been added to highlight this in the Quality Report.</p> <p>Additional bullet point added to page 7, right hand column:</p> <ul style="list-style-type: none"> • <i>The practice had implemented an action plan to bring about further improvements to outcomes for diabetic patients. This included the development of a monthly, multidisciplinary clinic attended by a consultant endocrinologist, specialist diabetes</i>

				<p><i>nurse and a dietician. These clinics provided patients with Type 1 diabetes with access to additional support to help them manage their condition. The practice was able to show us evidence in the form of an NHS Diabetes Dashboard which showed the practice this clinic was having a positive impact on outcomes for diabetic patients.</i></p> <p>This does not affect the overall rating or the rating for any domain or population group.</p>
8	KQ - effective	<p>We have a dedicated weekly Mental Health Clinic that is led by our Mental Health Lead Dr Mona Vaidya. The setup of the Mental Health Clinic has provided continuity to our patients who suffer from MH issues. Due to being a student practice with a wide catchment area we often have difficulties referring to crisis teams across boroughs. The Mental Health Clinic allows for us to contain and manage patient's symptoms whilst our teams work to get them in to the crisis support they need. The Mental Health Clinic is another link in to our long term vision of becoming a young person's hub.</p>	X	<p>The Evidence Table includes detailed information showing how services are structured to support patients experiencing poor mental health, including information about the GP-led clinic, specialist practitioners and measures in place to mitigate against problems caused by the practice's wide catchment area. The practice's vision to develop a young person's hub is outlined in the Evidence Table, including details of how the practice has progressed some of the elements of the vision.</p>
14	KQ – Well-Led	<p>Community initiatives – we are very proud of our drive to help encourage stem cell donors. We worked with DKNS to put on drop in clinics in the Health Centre for people to provide swab samples. Further evidence of the impact of our campaign for Kaiya is attached.</p>	X	<p>CQC reports do not include information about individuals or information which could lead to the identification of a particular person. For this reason, although the campaign to find a suitable donor for Kaiya was laudable and creative, we were unable to include this information about the campaign in the report.</p>

				<p>However, rather than omit the practice's commitment to this matter entirely, page 14 of the quality report refers to another aspect of the campaign which were described to the inspection team, specifically, efforts to increase the number of people from black and ethnic minority backgrounds registering to become stem cell donors.</p>
n/a	KQ ratings	<p>We are very happy overall when reading the report it is very positive. We are a specialist practice with a significantly different population to any other practice in London. Due to recently relocating we found the CQC inspection very valuable. We recognise the importance of any learning outcomes from the inspection and the report. However we do feel when reading the report that the improvement areas are not taking in to account the nature of our practice and the significant difference there is between us and a normal GP practice. Following our previous CQC inspection in 2016, where we received a 'good' rating, we have been working on improving the Health Centre to become an even better service. We have further developed our young persons hub with a number of services provided in house and outreach teams. None of this work is compensated for financially. We host the providers and encourage MDT working as good practice. Additionally we have the type 1 diabetes clinic, sexual health , and haven and drug and alcohol outreach services that work with us despite the cross border issues. This is a real achievement. Our Kaiya campaign was a huge success as well. We have been pioneering different ways of access for our patients with use of social</p>	Partial	<p>Partially accepted. The additional evidence supplied indicates that the provision of additional in-house services has had a positive impact on referral rates to secondary care and demonstrates more clearly how the practice is implementing the plan to develop a young people's hub at the practice.</p> <p>We have made the following change to the Quality Report:</p> <p>Responsive domain, Working age people</p> <p><i>Working age people (including those recently retired and students):</i></p> <ul style="list-style-type: none"> <i>The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours during term time.</i> <i>A significant percentage of the practice population were young adults, many of whom were transitioning to living independently with full responsibility for their own health for the</i>

	<p>media, online emails/ and now commencing the artificial intelligence app from Jan 1st. We have dedicated social media pages for patients with long term conditions. Most of this work has all been our own initiative and not commissioned. During the recent inspection we believed we were working towards a CQC rating of 'outstanding'. Reading how positive the report and evidence table is we would like to understand why this rating has not been achieved to date. If the evidence and re-clarification of our specialist service included in this document does not allow for reconsideration of the draft rating we would ask if we could have some feedback from the CQC team as to what we can further do to achieve an 'outstanding' rating as a specialist student practice going forward.</p>	<p><i>first time. The practice told us they had identified a pattern in which self-management of existing health conditions could deteriorate during this period whilst other conditions, for example, some mental health conditions, including eating disorders, were diagnosed for the first time. The practice also told us they were also conscious of links between poor mental health and poor physical health. The practice was in the process of implementing a plan to create a Young Peoples Hub, where patients could have access to GPs with special interests as well as in-house access to specialist clinicians who normally worked in secondary care locations. As part of this plan, the practice had recruited GPs with specialist training in dermatology, gynaecology and diabetes, whilst two of the practice nurses had undertaken specialist training in sexual health. Two GPs at the practice were also trained to fit contraceptive devices. In addition, the practice hosted twice weekly sexual health clinics which were provided by a specialist nurse, twice weekly clinics with psychological therapists and hosted substance misuse clinicians at the practice.</i></p> <ul style="list-style-type: none"> <i>• The practice was able to demonstrate that rates of referral to secondary care were significantly lower than other practices for gynaecology and dermatology, whilst the rate of attendance at urgent or emergency care</i>
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			<p><i>providers was consistently amongst the lowest in the CCG area.</i></p> <ul style="list-style-type: none"> • <i>The practice had carried out surveys to identify how patients preferred to communicate with the practice and this had identified that most patients preferred online communication, As a result of this research, the practice had made arrangements to allow online registration with suitable processes in place to confirm patient identity.</i> • <i>The practice had developed social media channels to communicate with patients and had created special sub-groups for people interested in particular conditions. For instance, we saw a social media group dedicated to providing support for people affected by irritable bowel syndrome.</i> • <i>The practice had promoted its online services during welcome events for new and returning students and had analysed contact transactions to help plan further technology opportunities. The practice told us that during the start to the current academic year, it had been named in over 72,000 searches for GP services which led to over 30,000 visits to the practice website and 658 internet calls placed directly through the practice website.</i> • <i>The practice made reasonable adjustments when patients found it hard to access services.</i> • <i>The practice provided first aid training to nominated student ambassadors who were</i>
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			<p><i>able to use these skills in halls of residence and other university facilities.</i></p> <ul style="list-style-type: none"> <i>The practice hosted free Yoga sessions to promote well-being.</i> <i>The practice waiting area had been designed to include furniture which allowed patients to work on laptops whilst they waited for appointments.</i> <p>Following this change, we have amended the rating for the Working age people population group to outstanding.</p>
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Role	Inspector
Date	11/01/2019
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Role	Head of Inspection
Date	11/01/2019