

September 2012



Beech Tree Surgery

Newsletter

FREQUENTLY ASKED QUESTIONS

The NHS is currently undergoing major change, as such the majority of this newsletter is designed to bring you up to date, answer some of the most common questions we are asked and to correct some myths that surround the NHS. More information about how these changes will affect us and therefore you will be detailed in subsequent newsletters.

Who will replace Primary Care Trusts (PCT's) ?

The Health & Social Care Act will transform the NHS. PCT's will be abolished from 2013 and will be replaced by Clinical Commissioning Groups (CCG's). Clinical Commissioning Groups are groups of GPs that from April 2013 will be responsible for designing local health services in England. They will do this by commissioning or buying health and care services including:

- Elective hospital care
- Rehabilitation care
- Urgent and emergency care
- Most community health services
- Mental health and learning disability services

We, along with 35 other practices are a member of Vale of York Commissioning Group (VOYCC).

Unlike other public sectors isn't the NHS lucky as it has had no cuts to funding.

No, the coalition government stated that funding for the NHS is ring fenced, however the previous government set the NHS a target to save £20 BILLION in efficiency savings during the course of this parliament. As a result, as with many in the public sector those within the NHS are now expected to do more for less & there is growing pressure to cut/redesign services.

Is the NHS free?

No, it might appear that way to you but it is NOT. We are allocated a budget (around £18 million) that must pay for the care of all our patients. This includes, all test, all hospital appts, all operations & procedures, all drugs, all attendances at A&E/Minor Injuries, all stays in hospital, all use of ambulances. In effect everything you as patients use we must pay for.

The financial situation of the NHS is not going to improve in the medium term, the UK faces 10 years of austerity, the NHS the same, all practices are being affected now and will continue to be affected in the future.

What is the local (N. Yorkshire) picture of the NHS?

An independent review of health services in N Yorkshire detailed the priorities over next few years, http://www.beechtreesurgery.co.uk/website/B82041/files/Review_of_Health_Services_in_N_Yorkshire.pdf. This document will form the basis of the future of health care in the county.

The CCG governing body sees quality as meaning care that meets patients needs and reasonable wants: anything provided that does not meet the needs and reasonable wants is waste.

Crucially, CCG's have a responsibility for ensuring financial balance, at present it is estimated that there is a £5 million debt. As a result, KPMG have been appointed to produce a plan for a sustainable configuration of service provision in N Yorks. This is to reflect the fact that in order to ensure the health economy can be sustained we have to find efficiencies of £20 million year on year for the foreseeable future.

How will this affect me?

Services will change, there will be a greater option to use private providers under the 'Any Qualified provider' route. As part of VOYCC we are looking at new pathways of care with the aim of keeping people out of hospital. It seems likely there will be a review of the use of beds and services at Selby Hospital and other community hospitals in N Yorkshire in addition to reviewing the number of beds in York Hospital

Despite this, there is a fear that if efficiencies fail to ease the local financial pressures cuts in some form will be required.

We as a practice are a private business who are contracted & receive the majority of income from the NHS. We have to work to this fixed income, an income stream that is reducing year on year. We have to make best use of the funds we receive and ensure they are used effectively in order to ensure we can maintain a level of service to patients.

How many patients does the practice have?

We have 15,612 registered patients & currently operate from 3 sites, our main site in Selby plus two part time branch sites at Carlton and Riccall. In addition we have a responsibility for caring for patients who are on the in patient unit at Selby Hospital or who attend minor injuries at Selby hospital on a Monday & Wednesday.

Why can't I get to see a Dr of my choice when I need one?

There are various reasons.

- Of the 10 Dr's working at the practice only 3 work full time. This is not unusual, of the 31 Drs working in Selby town only 5 work full time.
- When Dr's are on leave we have no additional resources to recruit temporary cover as a result the routine wait to see a GP increases.
- We are a recognised teaching practice and Partners have a responsibility to teach GP Registrars, FY 2's and year 4 and 5 medical students from Hull-York Medical School.
- In addition to offering routine surgeries, Partners must also provide 'on call' cover for medical problems which are more urgent. As a result, the Dr 'on call' has no routine appts.

Why can I only get 1 months supply of medication?

PCT guidance recommends 28 day supply of all but a few medicines. Prescribing in excess of this has been shown to produce excessive waste.

Why does it take so long to get through on the telephone?

The number of incoming telephone lines we have is based on the number of staff we have available. If budgets allowed we would have more staff and more lines, unfortunately this is not possible. At Selby alone we currently deal with approximately 7,800 telephone calls per month.

FLU CLINICS

Please check our website, www.beechtreesurgery.co.uk or pick up a leaflet from reception for details of this years flu campaign.

Unlike previous years you do **NOT** have to ring to make an appointment, we will operate 'drop in' clinics, attendance will be based on the initial of your surname. We regret that we are unable to vaccinate patients who are not in a 'at risk' group.

