



# beechhouse

SURGERY

## Newsletter – Autumn 2024 Issue

### STAFF NEWS

#### LEAVERS:

The following team members have left the practice:

- Jo Banks, Practice Nurse – Jo has left the practice to focus on her own business
- Dr Nathan Shatwell, Foundation Year 2 Doctor – Nathan has moved on to his next placement at Harrogate Hospital
- Deborah Hawkins, Medical Receptionist – Deborah has retired from her role, but will be staying "on the books" as a Bank Receptionist which is great as she is a fantastic member of the team,

We will them all the best in their future endeavours.

#### STARTERS:

The following team members joined us recently and have fast become established as part of our team:

- Dr Vinnie Griffin – Foundation Year 2 Doctor
- Joy Revie – Practice Nurse
- Jo Mason – Dispenser
- Wendy Dowson – Bank Receptionist

#### PRIMARY CARE NETWORK (PCN) STAFF:

These are staff who work across the practices in Knaresborough and Rural PCN as part of the additional roles (ARRS) scheme.

YHN (Yorkshire Health Network) our GP federation have been working at Beech House on a Saturday and Sunday for some time now, offering GP and Nurse/HCA appointments outside of normal practice hours.

Appointments are booked through reception and are available for all patients in the area (booked through their own GP Practice) and are not just limited to Beech House patients.

Just to remind everyone we have the following members of staff working in the practice (in no particular order) alongside our employed practice staff:

- Justine De Taure – Care Coordinator
- Christine Allison and Heather Brock – Social Prescribers
- Richard Green – Health and Wellbeing Coach
- Ron Wilkinson – ACP Paramedic
- Chantal Hoyle – Mental Health Practitioner
- Jo Ball and Jenny Rees – First Contact Physiotherapist
- Muhammad Karolia and Samee Ahmed – Clinical Pharmacists
- Martina Halstead and Dhaya Katnoria – Pharmacist Technicians
- The PACT Team (Pro Active Care Team)

## **SERVICES:**

### **FLU AND COVID BOOSTERS:**



The Flu and Covid vaccination campaign for 24/25 will be starting from the 3<sup>rd</sup> October 2024 and we are currently inviting patients to book into clinics.

Uptake is high this year – some practices decided to just offer flu vaccinations but we took the decision that we would like to offer both, in order to provide the best possible care for our patients.

Thank you to all the practice staff and PPG members who have offered their time to work at our Saturday clinics... they are very busy but good fun and a necessity to ensure that we still have enough capacity during the week for everything else!

## RSV VACCINATIONS:



The RSV vaccine helps protect against respiratory syncytial virus (RSV), a common virus that can make babies and older adults seriously ill. It's recommended during pregnancy and for adults aged 75 to 79. The RSV vaccine helps protect against respiratory syncytial virus (RSV).

RSV is a common cause of coughs and colds. Most people get it several times during their life. It usually gets better by itself, but in some people (especially babies and older adults) it can cause illnesses such as:

- pneumonia (a lung infection)
- bronchiolitis (a chest infection that affects babies)

These illnesses can cause serious breathing problems. They may need to be treated in hospital and can be life-threatening. Getting RSV can also make your symptoms worse if you have a lung condition, such as chronic obstructive pulmonary disorder (COPD).

The RSV vaccine is recommended if:

- you're pregnant – the vaccine is recommended during every pregnancy (from 28 weeks onwards) to help protect your baby after they're born
- you're aged 75 to 79

We will be contacting patients who are eligible in due course to offer this vaccination.

## PATIENT PARTICIPATION GROUP (PPG)

Who are we? We are a group of patients who wish to support and promote all that the Practice does. We have approximately four meetings a year including our AGM. Any patient of the Practice is welcome to attend the AGM which is held annually. We publish/advertise the date approximately a month in advance.

The PPG can be contacted through – [beechhousesurgery@nhs.net](mailto:beechhousesurgery@nhs.net) – Please mark your email with the heading “PPG”

## **PRACTICE STATEMENT ON COLLECTIVE ACTION:**

You may have heard that GPs across England have voted to take “Collective Action” as a response to their latest contract negotiations. We wanted to explain what this means for our patients, and outline the steps that we, and some of the other local practices, will be taking to ensure that this is safe and appropriate.

### **Are you on strike?**

No, GPs are *not* taking strike action, and surgeries will remain open as usual. If you need your GP please contact the surgery as normal. However most GPs in England do a good deal of work which is not currently funded, or part of their core contract, and it is this that the BMA has suggested we review.

### **Why is this action being taken?**

Currently General Practice is responsible for the vast majority of the work carried out in the NHS but receives only 6% of the funding. In the last 5 years GP practices have lost funding worth over £660 million pounds – and yet we’re busier than ever – with practices seeing 14 % more patients than they were pre-Covid. This is proving increasingly difficult to sustain – 1 in 4 practices nationally have stated they are at risk of closure, and 1 in 5 have already closed or merged in the last decade.

Similarly the NHS has lost the equivalent of 1,694 full time GPs since 2015. We are, obviously, keen to try and protect local services from the same fate.

### **How do we compare locally?**

We are every bit as busy. Within our Primary Care Network (PCN - a group of 6 local practices) each patient attends, on average, 7.75 times a year, which exceeds even the national average. 71% of those appointments are face to face, and over 40% of these are on the same day.

The situation in this region is particularly challenging as, unlike most of the country, there is no local Urgent Treatment Centre. Where most surgeries can easily redirect urgent same day needs without sending to A&E, we cannot. This inevitably affects our ability to offer routine appointments with the GP of your choosing, which contributes to longer waiting times.

### **What steps will we be taking?**

The BMA has recommended 10 steps for practices to adopt in response to the call for action. We have decided not to adopt all of these at this stage but will be implementing some of them. When doing this we have been particularly mindful of trying to ensure that steps taken protect our patients as much as possible, and we have prioritised those we feel are important for safety.

These are:

- **Capping appointments.** The BMA has advised practices to limit appointments to 25 per GP, per day, in keeping with recommended safe maximums determined by the European Union of GPs. Many practices within the PCN already do this, although not necessarily to this level. Each practice within the PCN, including this one, will be reviewing patient numbers and applying a cap to ensure clinicians are not seeing an unsafe number of patients. This will vary for each practice within the PCN, and factors such as numbers of GPs, and rurality, will likely affect this. We will not be seeing less than the recommendation, and where safe and appropriate, may see more. On reaching the cap we will still provide advice and signposting to appropriate services, including urgent care settings. ***Please still contact the surgery if you need to be seen.***
- **Stop rationing referrals.** Currently there are a number of restrictions in place on which patients we can refer for certain conditions. We will no longer acknowledge these, and instead refer any patients for whom we believe it would be clinically appropriate to do so.
- **Continue to seek Advice and Guidance.** The BMA have advised that practices stop sending “Advice and Guidance” letters to hospital as an alternative to referral. We have opted not to stop these entirely as they are often helpful to our patients and can prevent unnecessary appointments. However, where responses to this guidance clearly indicate that the patient would be better receiving care from a hospital consultant rather than outsourcing to a GP, we will be converting to referral, and informing them of such. We will also be resisting attempts to discharge patients for whom the hospital is continuing to request ongoing investigations.
- **Review “Commissioning gaps”.** The BMA has advised that practices should stop any actions carried out voluntarily by practices that should instead be commissioned healthcare services. In our region there are a significant number of these. There are, in addition, a number of services for which practices receive some funding, but which are provided at a substantial loss. We are concerned however about the impact of stopping these services overnight – particularly for our patients in more isolated areas who may struggle to access alternative provision. As such we intend to review these services, stopping where we feel it is possible to do so safely, and discussing with the commissioner a suitable solution for those where an alternative would need to be identified.
- **The remaining actions are unlikely to have direct impact for patients.** These chiefly relate to data sharing agreements, software, and engagement with pilot programmes. Practices will review where these recommendations can be sensibly adopted within the confines of our existing contract.

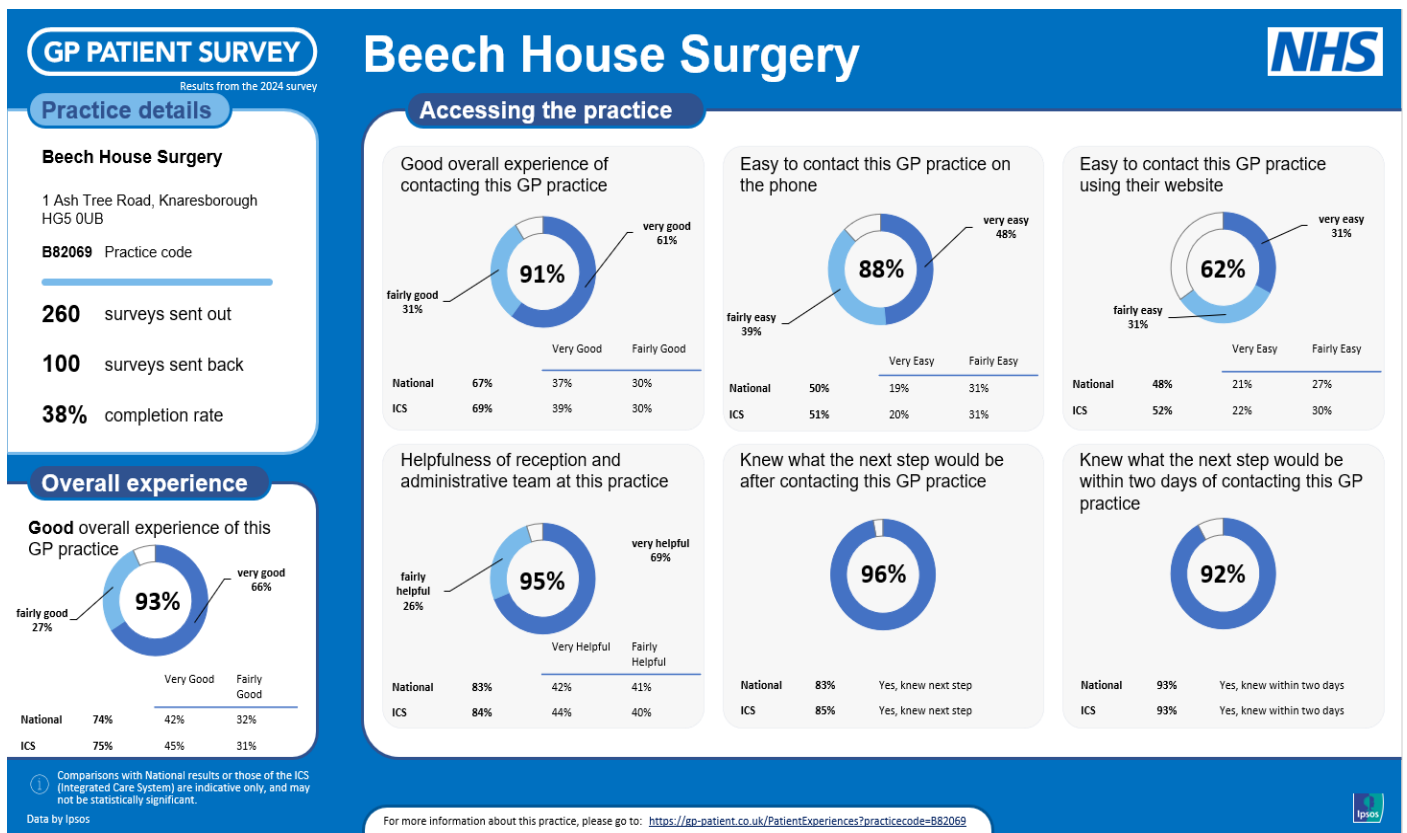
Again, this is not a strike. The surgery will continue to fulfil all of the requirements of our contract with the NHS for patient care. However it is also worth noting that the changes mentioned above are not intended as a statement of short term protest, but rather long term systemic change to the way in which we work, in order to ensure General Practice remains sustainable in this community for the foreseeable future. Without such changes, this is sadly unlikely.

## FUTURE CONTENT:

Please let us know of any particular topic that you would like to see featured in our next Newsletter.

## AND FINALLY.....

New data published by NHS England shows what people think about their doctor's surgery. The latest GP Patient Survey produced by Ipsos on behalf of NHS England asked people across the country what they think about many aspects of their care, including the appointment booking process.



1 Ash Tree Road, Knaresborough  
HG5 0UB

**B82069** Practice code

---

**260** surveys sent out

**100** surveys sent back

**38%** completion rate

**Good overall experience of this GP practice**

	Very Good	Fairly Good
National	74%	32%
ICS	75%	31%

**Good overall experience of contacting this GP practice**

	Very Good	Fairly Good
National	67%	30%
ICS	69%	30%

**Easy to contact this GP practice on the phone**

	Very Easy	Fairly Easy
National	50%	31%
ICS	51%	31%

**Easy to contact this GP practice using their website**

	Very Easy	Fairly Easy
National	48%	27%
ICS	52%	30%

**Helpfulness of reception and administrative team at this practice**

	Very Helpful	Fairly Helpful
National	83%	41%
ICS	84%	40%

**Knew what the next step would be after contacting this GP practice**

	Yes, knew next step
National	83%
ICS	85%

**Knew what the next step would be within two days of contacting this GP practice**

	Yes, knew within two days
National	93%
ICS	93%

Comparisons with National results or those of the ICS (Integrated Care System) are indicative only, and may not be statistically significant.

Data by Ipsos

For more information about this practice, please go to: <https://gp-patient.co.uk/PatientExperiences?practicecode=B82069>

# GP PATIENT SURVEY

Results from the 2024 survey

# Beech House Surgery



## Practice details

### Beech House Surgery

1 Ash Tree Road, Knaresborough  
HG5 0UB

**B82069** Practice code

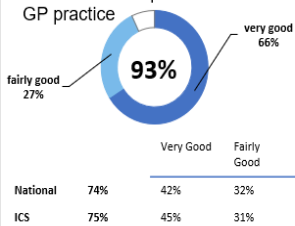
**260** surveys sent out

**100** surveys sent back

**38%** completion rate

## Overall experience

**Good overall experience of this GP practice**

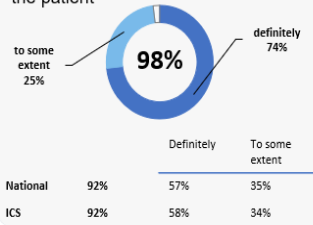


Comparisons with National results or those of the ICS (Integrated Care System) are indicative only, and may not be statistically significant.

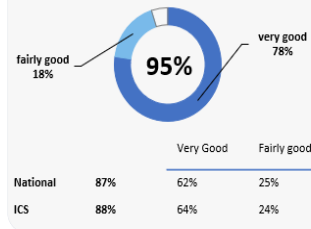
Data by Ipsos

## Experience at last appointment

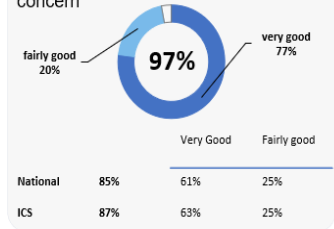
The healthcare professional had all the information they needed about the patient



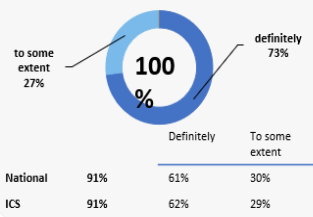
The healthcare professional was good at listening to the patient



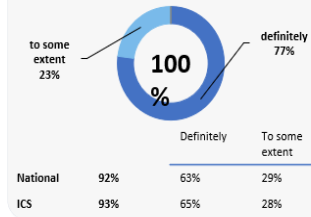
The healthcare professional was good at treating the patient with care and concern



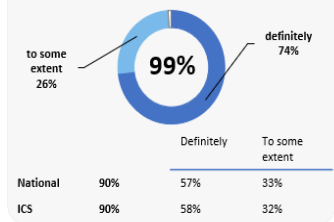
The patient was involved as much as they wanted to be in decisions about their care and treatment



The patient had confidence and trust in the healthcare professional they saw or spoke to



The patient's needs were met



For more information about this practice, please go to: <https://gp-patient.co.uk/PatientExperiences?practicecode=B82069>



**We would like to say a big thank you to everyone who participated in the survey – we strive to provide the best possible service and care for our patients and it is lovely to see positive results!**