“I can’t get a doctor’s appointment”

We hear you. We are very aware of patients’ frustrations and worry. We recognise the extra time it takes to call 111 if you need an urgent appointment on the day and we are fully booked. We know that this is an imperfect system. Yet, we do believe that it is a safe system, and allows for everyone’s needs to be provided for equitably.

All Berrycroft staff are patients at other surgeries too. We have the same frustrations when we try to get appointments. And as staff, our aim is to always provide an efficient and high-quality service to our local community. Your worry is our worry.

We would like to take the opportunity to explain the reasons for our shared concerns. Please read on to also understand the efforts we are making to improve matters.

“Why are all the appointments gone by 08:30?”

This is due to the lack of doctor appointments (see points 1-5 below). Unfortunately this is a NHS funding problem meaning that proper solutions lie outside of Berrycroft’s control, but we are doing what we can to improve the situation (see below).

“Why does the building look empty? Where are all the patients?”

Actually there is a constant flow of patients through the building. At certain times of the day the waiting rooms become quite crowded as on-the-day patients are being seen having been called that morning. Since Covid we have maintained a phone-first service as much of the work of a GP can be done on the telephone, reducing the need for patients to attend which improves efficiency and convenience, and reduces infection risk. GPs also do clinical work outside of the surgery e.g. visiting nursing homes or doing home visits. There are five waiting areas spread out through the Berrycroft building. Sometimes the waiting rooms are empty because patients are being seen on time (GPs have some slightly longer face-to-face appointments now due to increased medical complexity).

Whilst GPs spend almost all their day consulting, consulting with patients makes up only 20% of the medical record entries practices make. The other 80% on entries are done outside of the consultation[i] , such as referrals and processing clinical letters, patient letters and results. This is really important part of patient care that many do not see but takes up a lot of time outside of clinics.

The work of a GP is complicated and intense with very long hours, and if the waiting room looks empty please remember the clinicians will still be working very hard.

“Why the 8 o’clock rush?”

We would love to do away with the 8 o’clock rush, but to achieve that we need to be able to book people with non-urgent problems ahead into plentiful appointments with their own doctor within say 2-3 weeks. However, we do not have enough doctors (see points 1-5 below), so at present are unable to do this. Anecdotally we have heard that in some practices which are better funded this is achievable.

Reasons for lack of doctor appointments

1. **UK General Practice is working harder with less money**

A review of General Practice by the Institute for Government how, as a whole, General Practice has seen a 5.1% funding reduction in real terms since 2019 while delivering a 12.4% increase in

appointments in that time. At the same time, the population has aged, and we have the consequences both of Covid and the lockdowns, which have led to an increase both in demand and complexity.

The huge backlog in hospital care has also led to hospitals getting General Practice to do more work that was traditionally done by hospitals, with no extra resources. This is despite the fact that there are 6.75% fewer fully qualified GPs working in the NHS compared to 2015, which contrasts with a 16% increase in the number of consultants since 2019.

We know from an audit done in a neighbouring areas (Oxford) that for every one doctor there is in General Practice, there are approximately four doctors in the local hospital; for every one nurse there is in General Practice, there are 25 nurses in the trusts[ii]. The General Practice doctor and nursing workforce is therefore outnumbered by trusts 12-to-1 in Bucks, Oxon and Berks (BOB). Despite the workforce discrepancy, on a daily basis, General Practice sees fivefold more appointments than occurs in outpatients' departments[iii], and we do this with 8% of the budget[iv].

On top of this, the general deterioration of working conditions for doctors nationally has led to an exodus of doctors abroad, into retirement or just working outside the NHS leaving about 10% of NHS posts unfilled nationally.

"Where's My GP?" YouTube video

2. **Berrycroft receives about 24% less funding per patient than the UK average**

For service provision every GP surgery is dependent on funding which we receive from the NHS. This funding is complicated but broadly based on the number of patients and a formula called the Carr-Hill Formula which looks at rates of disease and demographics.

The area of North-West Aylesbury contains the most deprivation in Bucks, yet it receives the lowest funding per patient in the whole of Bucks, Berks W and Oxfordshire, even since 2004. Between 2004 and 2014 there was a degree of protection given to practices in deprived areas called the MPIG (Minimum Practice Income Guarantee). From 2014 this began to be phased out by the Government, and since 2021 (just before we opened the new building) no longer exists. This has saved the NHS some money but it exposes practices like ours to severe funding stress.

A 2022-23 House of Commons Cross-Party report **"The Future of General Practice" [opens report]** highlights this problem (see ***** below). Hidden away in the body of this report on pages 32-33, statements 120-124 clearly state that the funding system for General Practice is unfair on areas of social deprivation and needs reform. The Carr-Hill Formula has a correction factor for deprivation, but clearly that correction is much much too weak. In spite of this House of Commons report and Berrycroft's efforts in lobbying over the years, nothing has changed.

According to official publicly available NHS England payment data in 2022-23 Berrycroft:

- looked after 27000 patients but was only paid to look after 25000

- received about 24% less funding per patient than the national average. **If we received even average funding then we could employ SIX MORE FULL-TIME GPs.**

… and one might expect that a GP surgery partly covering a deprived area with a young population might need *more* resources than an average practice.

3. **Berrycroft covers an area of social deprivation**

Areas of deprivation and younger populations have increased medical need often combined with a lack of personal and social resources with which to manage their problems, which means that we have a very high number of calls for medical care compared with more affluent and older population areas. This combined with our lack of funding has created a perfect storm.

4. Berrycroft picks up work from other parts of the NHS

Currently waiting times for specialist hospital clinics are excessively long. It is common to expect to wait a year or more.

Where can worried and ill patients go when they cannot see their consultant? *They have to come to see their GP.* This means that we are now needing to manage the hospital patients while they wait to see their consultant *with no extra resources*.

This more specialist work done by GPs removes appointments for patients with new problems, which compounds the problem.

We understand how hard it is for patients in the hospital. We see those same patients for the same problems (and more) and our waiting times for a routine appointment are approximately two to four weeks. Though this feels too long for most, we are proud that our waiting times are so much less than hospitals, despite having much less staff and much less resource.

5. Berrycroft works in a town with no walk-in service

Some larger towns have a walk-in service, separate from the GP surgeries and A&E, for new acute illness for example childhood fever and adult chest infections. This improves access to patients and frees up the local GP surgery appointments for patients with more complex and long-term problems. Aylesbury as a town which has grown massively in the last decade is still without one of these facilities.

What we are doing about the problem

1.Berrycroft has other health professionals in the team

We have successfully employed and trained nurses, paramedics, pharmacists and physician associates, and we also brought other health professionals in the Primary Care Network into the team. Apart from providing much needed appointments their diverse experience brings something new to the clinical team.

> For any **musculoskeletal problems** please book *directly* (without asking a GP) to a First Contact Practitioner - FCPs are highly-experienced health professionals with extra training in musculoskeletal medicine who can diagnose, investigate, treat and refer to Orthopaedics, Rheumatology and Pain Clinic.
>
> For **medication problems** consider booking to speak to a Berrycroft Clinical Pharmacist rather than a doctor, or speaking to your Community Pharmacist.
>
> For **housing and social issues** consider booking with a Social Prescriber or contact Social Services directly.

For **new mental health problems** consider booking with Bucks Talking Therapies - they can advise on whether you need to see a GP too.

For these medical problems **: uncomplicated female urinary tract infection, sinusitis, sore throat, ear ache, infected insect bites, shingles, impetigo,** please use the new NHS Pharmacy First Service at your local community pharmacy which the Government recently set up.

2. Berrycroft provides a state of the art Long Term Conditions service

For patients with asthma, cardiovascular disease, COPD, diabetes, heart failure, learning disabilities, serious mental illness, nursing home status and needing immunisations, we have an extremely effective and efficient proactive system of review and care optimisation. Patients do not make their own appointments for these clinics - we search for them and book them in every single year. It is led by very experienced staff and we receive excellent feedback in spite of ever increasing rates of these conditions. This proactive work is an essential part of Primary Care and helps to keep people healthy.

3. Berrycroft has started a new system

Since December 2023 we have placed a GP to work in the Patient Services Team room, providing real-time advice and help to call handlers, as well as dealing with urgent and unusual queries. Although this takes a GP away from seeing patients, it does help us improve vital continuity of care and rapid access to medical care.

In March 2024 we are also introducing a NHS-approved "RAG rating" system **RAG Rating** which helps us make decisions about the best place for an individual's care according to their specific care needs.

3. Berrycroft is part of Aylesbury Central PCN (ACPCN)

Please have a look at the website to see what services you can obtain from **ACPCN** , often by referring yourself: The services include **Health Coaching** to help you with weight and exercise optimization, and **Extended Hours** services.

5. Berrycroft has digital services

The **Digital Assistant Service** helps patients request services, send messages and book appointments.

The **NHS App** allows patients to:

- Request medication at the touch of the screen
- Track referrals
- View test results
- View their medical record including immunisations

6. Berrycroft has just started a new charity "Friends of Berrycroft" (Regd Charity number 1206753)

The stated aim of this small new (January 2024) charity Friends of Berrycroft is to promote health in North-West Aylesbury by providing grants for health-related activities and equipment for Berrycroft. We are in the process of setting up a website and it is currently run by four very busy trustees. Please email for general queries: enquiries@friendsofberrycroft.org

What you can do to help

Berrycroft is doing its utmost to improve services within a crumbling NHS.

Our Friends and Family results are already excellent and improving, but that questionnaire is only done **after** seeing a professional. We are aware that access needs to be greatly improved and will only be content once this happens.

For the last 20 years we have remained optimistic that the funding situation will eventually change and that we will receive the resources that our society would say we need to provide an even better service in this region. In particular, to provide plentiful timely appointments with the most appropriate professional to all who need them.

If you are moved to help then please consider writing to your MP or the **Bucks, Berks W & Oxon ICB** (Integrated Care Board which is the overseeing NHS body for this region).

Dr Phil Clayton, Dr Emma Montague, Dr Toby Gillman,
Dr Jaysal Patel, Dr Tisha Patel, Mrs Mandy Barrett
Board of Directors, Berrycroft Community Health Centre

March 2024 (updated version 7/3/2024 with brand new payment data)

References

MORE ON "THE FUTURE OF GENERAL PRACTICE" REPORT:

https://committees.parliament.uk/publications/30383/documents/176291/default/
See pages 32-33, statements 120-124

"These problems are not the same everywhere. General practice in this country in areas of high deprivation is underfunded and under-doctored relative to need. That is a persistent problem. It is not a new one. At points in time, particularly in the noughties, we were getting somewhere, particularly on workforce. Since then, under-doctoring has widened again. We are in a position now where, relative to need, general practice in areas of high deprivation has on average 7% less funding in practices, and a GP working in an area of high deprivation will be responsible for, on average, 10% more patients."

"The vast majority of funding for general practice comes directly to practices through, mostly, the GMS contract. The majority of practices use that contract type. About half of their practice funding will be determined by something called the global sum formula, which uses a formula colloquially known as Carr-Hill. […] When the global sum formula was brought in, in 2004, it was in theory meant to account for the different needs experienced by different patient populations, but it did not include any adjustment for deprivation. For example, if you have a 10% increase in deprivation, according to the Carr-Hill formula you get 0.06% extra funding."

Summary of this section:

124. It is unacceptable that areas already under significant pressure due to high levels of deprivation, ill health and under-doctoring have these pressures compounded by unfair funding mechanisms which fail to take account of deprivation. It is particularly concerning that new funding mechanisms in the Primary Care Network contract repeat this failing and risk entrenching regional variation in the establishment of PCNs.

125. NHS England should revise the Carr-Hill formula to ensure that core funding given to GP practices is better weighted for deprivation. NHS England must also review new PCN funding mechanisms to ensure that they do not inadvertently restrict funding for areas which already have high levels of need.

MORE ON BERRYCROFT'S FUNDING

See the NHS England GP surgery payments website , information which is freely available to the public. You can navigate down the page and download the Practice Level payments spreadsheet. By ordering the Excel columns you can find all of Berrycroft's payment data and compare it with other practices in Bucks and nationally. Payments to GP surgeries are complex, and involve multiple income sources but we have worked out that the Global Sum funding (which is the vast majority of our income) is approximately 24% less than the Bucks average (which itself is lower than the national average).

By looking at the "Average payments per patient" columns you will notice that many surgeries will earn much more than the national average payment of £164 per patient too.

In spite of years of underfunding, and all the problems arising from that, we are proud that we have managed to maintain an excellent team of dedicated professionals.

MORE ON UK GP FUNDING:

Did you know that each person in the country, through their taxes, contributes approximately £164 per year for the running of General Practice, 24 hours per day, 365 days per year (including out of hours GP services – which all practices contribute to). Yet, practices in our area receive calls from about 20% of all the people in our population every working week[v]? This means that the average person contacts their practices approximately 9 times per year. Would any of us as citizens, find an insurance policy anywhere in the world where we paid £164 per year, and make 9 claims per year on it, without our premiums going up? This would make any business bust! Yet, General Practice manages this and offers outstanding value for tax payers. Unlike hospitals, General Practice does not run a deficit.

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[i] BBOLMC OPEL Dashboard for General Practice: https://sitrep.bbolmc.co.uk/Charts/View?id=2 [Accessed 15.02.24]

[ii] Secondary care workforce data: https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics/april-2022 "NHS Workforce Statistics, April 2022 England and Organisation.xlsx"; Primary care workforce data: https://digital.nhs.uk/data-and-information/publications/statistical/general-and-personal-medical-services "GPW Bulletin Tables - April 2022.xslx".

[iii] https://www.kingsfund.org.uk/insight-and-analysis/data-and-charts/key-facts-figures-nhs [Accessed 15.02.24]

[iv] https://www.hsj.co.uk/primary-care/exclusive-gp-share-of-nhs-spend-falling-to-eight-year-low/7036376.article

[v] BBOLMC OPEL Dashboard for General Practice: https://sitrep.bbolmc.co.uk/Charts/View?id=17 [Accessed 15.02.2024]