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Update on 2022/23 GP contract negotiations

Given the time of year, we are aware that colleagues are wondering about the 22/23 Contract. 2022/23 will be the fourth year of the five-year framework for GP contract reform agreed in 2019.

Negotiations are ongoing and remain confidential until they have concluded.

The GPC England executive team have been meeting with NHSE/I frequently since early January 2022 to negotiate changes to the contract that reflect the current day pressures.

There is still no agreement with NHSE/I however negotiations are still ongoing, and they assure us that they will leave no stone unturned in trying to find an agreed way forward.

Whilst the details of ongoing negotiations remain confidential for now; the following matters are in the public domain:

1. [Contract uplift](#) for 22/23
2. [Primary Care Networks](#)
3. [PCN Service requirements](#)
4. [IIF](#)
5. [Access](#)

GPC intends to meet with Local Medical Committees and GPs over the coming months to seek our views on a model of general practice which is fit for the future, and that will enable us to care for our patients safely.

Lifting COVID restrictions and infection control

From 24 February, as part of the Government's '[Living with COVID-19](#)' plan, the COVID restrictions have been lifted in England, including the requirement to isolate after testing positive.

The [BMA has voiced concerns](#) that living with COVID doesn't mean ignoring its continued harm to many, and that scrapping all restrictions and allowing the infection to spread in an unmonitored and unfettered manner would be damaging to the health of millions.

We are also concerned that removing the protections in healthcare settings that currently exist, such as mask wearing, would be wrong and GPC have raised this with NHSE/I, who have confirmed that the [Infection Prevention Control](#) (IPC) guidance for healthcare workers will not be changing and still advises that face masks should continue be worn by staff and patients in health care settings.

NHSE/I has published a [letter](#) to healthcare providers to update them in light of the Living with COVID plan which confirms that there are no changes to IPC measures, and which also advises that healthcare staff who have tested positive for COVID-19, or who have symptoms of, should not attend work until they have had two negative LFD test results taken 24 hours apart, no earlier than day 5 after their initial positive test.

LMCs have requested urgent communications to the public about IPC expectations for the public in healthcare settings.

COVID-19 vaccination programme

COVID-19 vaccination for all 5-11 year olds

Following the latest [JCVI guidance on vaccinations for all 5-11 year olds](#), NHSE/I has published [guidance](#) on the actions to take to begin administering vaccinations to 5-11 year-olds from the beginning of April.

We also understand that the COVID-19 vaccination [enhanced service specification](#) will be extended and is being updated to align with the JCVI guidance as well as the next steps guidance (below), and will be published shortly.

Next steps for vaccination programme

NHSE/I has sent out a [letter setting out the next steps of the vaccination programme](#) asking local systems to plan for the April to September period, advising that general practice should focus on delivery of core/routine services to patients, and that it is likely that PCN sites will 'hibernate' over that period whilst being prepared to stand back up if there is a surge. Provision of COVID vaccinations over that period will be through mass vaccination sites and pharmacies, although in limited circumstances, where appropriate and agreed with local systems, PCN sites might still be utilised. Read more in the [planning parameters document](#).

The letter also announced that a second booster programme will commence in Autumn 2022, which will be limited to over 75s, care home residents and severely immuno-compromised - it will not include health and care staff. The NHSE/I letter also asks local systems about preference for delivery of the further booster programme from September.

GPC will continue to engage with NHSE/I on this over the spring and summer.

GP pressures

Dr Farah Jameel, chair of GPC England, has [published a letter](#) in the Daily Mail responding to the [article](#) 'What really lies behind the national crisis in GPs?'.

Dr Jameel said: "While we understand the frustration of patients who have had difficulty getting appointments, the root cause lies in chronic workforce shortages and a lack of proper investment. Without a workable plan to increase staffing, freeing up the staff we have to care for patients based on clinical need and directing investment to where it's needed most, we will see no relief from the current crisis engulfing the NHS."

Read more about NHS pressures in the [NHS under pressure hub](#), including GP workforce and pressures on the [GP analysis page](#)

Check your NHS pension scheme protection

If you have maintained enhanced protection under the 1995 or 2008 sections, be aware this will be lost when you transition to the 2015 scheme on 1 April 2022. Members should consider opting out of the NHS pension if they want to retain the enhanced or fixed protection and do so by 31 March 2022 – it is important that you ensure that PCSE effect this promptly. [Read more](#)

NHS Elective Recovery Plan

The BMA's comprehensive [summary and analysis of the new NHS Elective Recovery Plan](#) has now been published. The recovery plan sets out a range of ambitions, policies, and programmes targeted at reducing the elective care backlog in England over the next three years.

GPC England has encouraged NHSE/I to develop a support package so general practices can deliver recovery and deal with the backlog in long-term conditions. The briefing analyses the key details of the plan – read it [here](#)

Patient access to records

GPC England and LMCs recognise the immense pressure that enabling [access to records](#) in such a short timeframe would put on GPs. GPC secured a delay to the original launch date and continues to work with other stakeholders to seek a resolution to ongoing concerns. As it stands the requisite infrastructure and guidance is not yet in place to enable this to launch in an effective fashion. We have concerns that without this and without an adequate public education campaign, the launch of the programme will likely drive traffic to GPs from patients unable to access aspects of their record or confused about what they find, ultimately creating more harm than good due to increased demands on GPs time.

Ordering DWP leaflets

A new contract for Managed Print Services with HH Global Associates Ltd (HHG) started on 21 February 2022, which provides the supply of items to DWP's external customers / partners, such as the MATB1 maternity certificate, Med 3s and Med 10s for health care professionals. Read more on [GOV.UK](#)

Changes to death certification process

The Coronavirus Act 2020, which introduced easements to death certification processes and cremation forms, expires at midnight on 24 March 2022. Some changes have been retained on a permanent basis through other measures, and other processes revert to previous practice. The following provisions are continuing after 24 March 2022:

- The period before death within which a doctor completing a Medical Certificate of Cause of Death (MCCD) must have seen a deceased patient will remain 28 days (prior to the coronavirus pandemic, the limit was 14 days).
- It will still be acceptable for medical practitioners to send MCCDs to registrars electronically.
- The government's intention is that the form Cremation 5 will not be re-introduced after the Coronavirus Act expires.

The following emergency provisions are changing with the expiry of the Coronavirus Act on 24 March 2022:

- The provision temporarily allowing any medical practitioner to complete the MCCD, introduced as a temporary measure by the Coronavirus Act, will be discontinued.
- Informants will have to register deaths in person, not remotely.

Discussions are ongoing at a national level and we will update practices as necessary.

Mentor Support

Please find a flyer highlighting how you can access peer support during this time [here](#). More information about [wellbeing](#) support can be found on the LMC website.

Mental Health and Wellbeing

The BMA continues to offer [wellbeing services](#) and confidential 24/7 counselling and peer support for all doctors and medical students, as well as their partners and dependents, on 0330 123 1245.

LMC Website

The following guidance has been added to the LMC website www.worcslmc.co.uk this week:

Other COVID 19 Resources

[BMJ – news and resources](#)

[RCGP COVID-19 information](#)

[NHSE/I primary care bulletins](#)

[NICE resources](#)

WORCESTERSHIRE AND HEREFORDSHIRE LMC LTD

All topical issues relating to local general practice are discussed at the monthly LMC meetings and those minutes can be read on the LMC Website.

Should you require further information on any issues raised at the LMC meetings please do not hesitate to contact the LMC representative for your area or practice.

WORCESTERSHIRE COMMITTEE MEMBERS

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Worcester: Dr Fiona Martin, Dr Catriona Whyte, Dr Raveena Benney (EDI Rep)

Wychavon: Dr David Herold Dr James Rankin (Dispensing Rep) Dr Katy Gines

Wyre Forest: Dr Matthew Davis, Dr Sebastian Morton, Dr James Rayner

Co-opted Representatives: Dr Emma Penny (Out of Hours Rep)

Dr Roy Williams (CDs & IT)

Dr Maddy Venables (First Five Rep)

Non-Principal Representative: Dr Stephanie Manton

Practice Manager Representatives: Meryl Foster, Helen Garfield, Michelle Hallahan

Registrar Representatives: Dr Esien Ukorebi, Dr Jeanette Chun (North VTS)

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All 20 practices are represented at Committee Meetings Worcestershire and Herefordshire The next LMC meetings are detailed in the calendar section of the website.