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**28th March 2022**

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**[Rebuild general practice campaign launch](#)**

GPs and their teams faced an extremely challenging time during the COVID-19 pandemic. At the same time, general practice in England continues to face a worsening workforce crisis. BMA research published last year showed that the NHS has lost nearly 2,000 full-time equivalent GPs in England since 2015.

In response, working in partnership, the BMA and GPDF have launched the [Rebuild General Practice](#) campaign. To launch the campaign, Dr Kieran Sharrock, GPC England Deputy Chair,

gave a [keynote speech](#) earlier this week at the King's Fund, where he was joined by Jeremy Hunt MP, to outline the impact on patients that the workforce crisis is having.

You can read more about the launch event on the [BMA website](#)

To coincide with the launch, the campaign [released the findings](#) of a survey of GPs in England, Wales, and Scotland, which showed that:

- nearly nine in 10 GPs fear patients aren't always safe at their surgeries
- 7 out of 10 GPs feel the risk to 'patient safety' is increasing
- staff shortages and too little time for appointments were main factors putting patients at risk
- 86% of GPs stated they didn't have enough time with patients
- 77% of GPs said GP shortages were putting patient safety at risk.

It is vital that we build as much support for the campaign as possible. You can find more information on the [campaign website >](#)

You can also follow and share content, news and updates on the campaign [Twitter account >](#)

### **Future of general practice - Health Select Committee evidence**

Dr Kieran Sharrock gave oral evidence on the [future of general practice to the Health and Social Care Committee](#) last week, where he stated that the ongoing criticism and general negativity about GPs and general practice must end if the NHS wants to retain the doctors we have and recruit more.

He said: "One in five GPs has been the butt of abuse as a result of the recent campaign against general practice. Dialling down the rhetoric against general practice is really important if you want to retain and recruit GPs."

"We have to be honest with the public about what general practice is delivering now, not what it should be delivering - clearly a 10 or 20-year plan is needed for that, including a workforce plan – but at the moment we can't provide the care to the level we want to. We need the Government to support us and say, 'This is what your GP can do at the moment because of the rise in demand, the huge backlog and the loss of staff.'"

Read the [BMA press statement](#) and get a snapshot of the session on the [BMA's GP twitter account](#)

Dr Sharrock also met with Shadow Minister for Primary Care and Patient Safety, Feryal Clark MP last week where he outlined the key aims of the BMA and GPDF's joint campaign to restore general practice. They discussed the impact of the ever growing workload, and falling numbers of GPs on both the health of doctors and patient safety. In addition, they also discussed how these critical issues could be addressed through better workforce planning, reductions in bureaucracy and increased resources, alongside an honest public facing campaign explaining these pressures and outlining how NHS services and access, have changed following the pandemic.

### **GP contract changes guidance**

Following the [announcement of the GP contract changes](#) for 2022/23, which will come into effect from 1 April, GPC have now published an [explainer video](#) explaining what this will mean for practices.

Read the [guidance about the contract changes](#) to support practices in their decision making and next steps.

### **Safe working guidance**

General practice is in under increasing pressure, and the BMA have recently published a [safe working guide](#) to enable practices to prioritise safe patient care, within the present bounds of the GMS contract.

They have now added some videos to the resources section directing practices to the safest way to continue deliver patient care, including one on [redirecting patients to the safest part of the system](#).

### **Correction**

GPC have updated the [Safe working guidance](#) to correct some data which had been extrapolated from figures in '[At Your Service](#)' (published by the Policy Exchange) to clarify that is 37 patients per day that GPs are seeing on average.

### **Health foundation report on access to general practice**

The Health Foundation and NHSE/I have published an [analysis on access to patient preferences when accessing GP services](#), which suggests that while not suitable for everyone or all conditions, in many cases patients themselves will often prefer and indeed request a remote consultation.

Despite the fact that General Practice continued to provide high quality care throughout the pandemic and in line with national guidance in place to keep patients and staff safe, leading to a rise in remote consultations, this evolution in how we provide care attracted significant criticism.

Going forward it's crucial that patient choice, clinical need, and staff and practice capacity are at the centre of decisions around how people can interact with their surgery, rather than pressure from politicians or the press. Read the full BMA statement [here](#)

### **GP to patient ratio**

Recent [NHS Digital data](#) has shown that patient ratios vary widely across England, from 41,000 patients per GP at a practice in Coventry and Warwickshire, to just 96 at a Shropshire, Telford and Wrekin surgery.

This data shows worryingly large disparities in GP to patient ratios across the country and it is unacceptable that patients should have to experience such variations in access to care.

The Government has failed to address the longstanding recruitment and retention issues in general practice and we now have a unsafe situation where fewer GPs are being tasked with the responsibility of caring for significantly more patients.

The Government should therefore provide urgent and substantial support to enable high quality care.

### **New policy for applications to the Performers Lists**

NHSE/I has published a [new policy for applications to the Medical Performers List](#) (MPL), which introduces a number of changes including the removal of duplicated checks, introduction of more nuanced support tailored to the specific needs of the performer, and confirmation that performers are able to increase or decrease their scope of work whilst on the MPL.

It is hoped by NHSE/I and the BMA that the new policy will bring positive changes for GPs in England. It is anticipated that it will allow a quicker application process due to the reduced documentary evidence required, and that the majority of applicants will be able to be included on

the list with an education and/or clinical support plan and a probationary flag. These applicants will not require consideration by a Performers List Decision Panel. Read more [here](#).

### **MCCD and death certification**

Colleagues have been in touch regarding queries around seeing a body, and a recent email about having 'seen' or 'attended' a body for the issuance of an MCCD.

Please note, to complete an MCCD there is no legal requirement to have "seen" a deceased patient in the 28 days before or after death, however, if a deceased patient has not been seen in the 28 days before or after death, the registrar will automatically refer this to the coroner.'

### **Infection Prevention Control in healthcare settings**

Although the COVID restrictions have been lifted in England, the [Infection Prevention Control](#) (IPC) guidance for healthcare workers remains in place and still advises that face masks should continue to be worn by staff and patients in health care settings.

Read also the BMA's briefing in response to the Government's '[Living with COVID-19](#)' strategy which sets out the plans for managing COVID-19 going forward.

Download this updated [poster about using face coverings in practices](#).

### **Friends and Family Test**

The requirement to submit Friends and Family Test (FFT) data was temporarily suspended in March 2020 to allow resources to be freed up for prioritisation during the pandemic.

The requirement that practices report to commissioners about the FFT returns will now be reintroduced into the GP Contract from 1 April 2022. To allow practices time to get fully up to speed, practices will only be required to submit data from Q2 in 22/23 onwards and commissioners will be made aware of this.

Practices will need to implement the new [FFT guidance](#), and the key requirements for practices are:

- make the FFT available for people who want to use it to give feedback
- use the standard FFT question (Overall, how was your experience of our service?)
- include at least one free text question, decided by the practices
- submit monthly data to NHSE using CQRS.

### **GP and LMC Representation in ICSs**

Ensuring a strong voice for General Practice within ICSs (Integrated Care Systems) remains a key priority for GPC and the BMA, particularly as the Health and Care Bill nears the end of its passage through Parliament and the development of ICSs as statutory bodies gathers pace.

The BMA has been campaigning, both independently and as part of a wider coalition, for ICSs to include a strong voice for GPs. This includes specific asks to ensure enhanced representation on ICBs (Integrated Care Boards) – the element of the ICS responsible for NHS funding and commissioning – beyond the single GP representative set out in the Bill, as well as ensuring LMCs have a recognised voice throughout ICSs.

ICBs are also beginning to establish how their GP representatives will be selected and whether additional positions for GPs, or other representative functions such as GP advisory boards, will be

established. GPC are monitoring this situation closely, working with Regional Councils and BMA policy teams. Find more information on the BMA's work on the [Health and Care Bill](#) and [ICSs](#).

### **Emergency GMC registration to end in September**

The UK government [has announced](#) that the temporary emergency GMC registration they introduced to support the pandemic response, will close on 30 September 2022. The GMC will shortly be in contact with doctors who still hold this type of registration to outline their options and to thank them for holding this type of registration during such a challenging period. The options are likely to include retaining temporary emergency registration until the 30<sup>th</sup> September deadline, asking the GMC to remove it, or applying to restore their routine registration and licence to practise.

Read more about temporary registration on the [GMC website](#)

### **Flu orders**

Following the recent publication of the [guidance for the 2022/23 flu programme](#), we are aware that some practices may have based their orders on last year's expanded cohorts and be experiencing difficulties in amending them. We have raised this with NHS England who have assured us that they have received commitments from manufacturers to being flexible if the reimbursement letter impacted existing orders. If manufacturers are refusing to provide this flexibility, practices should contact the NHS England flu inbox ([phco.fluops@nhs.net](mailto:phco.fluops@nhs.net)) with the specifics and they will assist.

### **Fit Notes**

In July 2021, the Government outlined plans to deliver fit note improvements including:

- removing the requirement to sign fit notes in ink (from April 2022) and allowing a wider range of eligible professionals to sign fit notes in (planned for summer 2022).
- embedding electronic fit notes in hospital systems are planned from spring 2022 and encouraging hospital doctors to issue fit notes to patients in their care will also further reduce the burden on GPs.

We are expecting further detail of these changes from the DWP over the coming weeks to enable awareness of and preparation for them and will update members accordingly.

### **Vacancy - Executive Officer for Worcestershire LMC**

Please find herewith the link detailing the vacancy for a new Executive Officer for Worcestershire LMC: <https://beta.jobs.nhs.uk/candidate/jobadvert/S0001-22-9735>

<https://drive.google.com/drive/folders/1AVxsAPtekOmdLmFyAzgMkxjAFWKYFxDp?usp=sharing>

### **Rebuild General Practice (BMA Campaign)**

This is a new campaign, recently launched by the BMA and Jeremy Hunt (ex-Secretary of State for Health). The campaign represents GPs from across England, Scotland, and Wales, and is calling for support to Rebuild General Practice. This must include:

1. Recruitment: The UK Government delivering on its commitment of an additional 6,000 GPs in England by 2024.
2. Retention: Tackling the factors driving GPs out of the profession such as burn out.
3. Safety: A plan to reduce GP workload and in turn improve patient safety.

### **The outcome**

Our plan will deliver the general practice service that patients and staff deserve.

Rebuilding General Practice will:

- Give GPs across the UK the time back to deliver the quality of care they want to be able to give patients
- While ensuring that patients are cared for by the right General Practice team member
- Resolve the difficulties many patients are facing in getting timely GP appointments
- Benefit the NHS as a whole by alleviating pressure on hospitals and help to tackle the backlog which existed long before the pandemic

This campaign is funded by the British Medical Association and GPDF on behalf of the General Practice community.

Campaign hashtag: #RebuildGP

### **Cameron Fund - Latest Video**

#### **CF Video 7: Our Funding**

[www.youtube.com/watch?v=6WRZ8EHsRkA](http://www.youtube.com/watch?v=6WRZ8EHsRkA)

This can also be shared on Twitter:

[twitter.com/TheCameronFund/status/1508814452229120013](https://twitter.com/TheCameronFund/status/1508814452229120013)

## **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**

**CHAIRMAN:** Dr David Herold Riverside Surgery, Waterside, Evesham, Worcs. WR11 1JP Tel: 01386 444400 Email: d.herold@nhs.net

**VICE CHAIRMAN:** Dr Matthew Davis, Bewdley Medical Centre, Dog Lane, Bewdley. Worcs, WR5 2AR Tel: 01299 402157 Email: matthew.davis@nhs.net

**SECRETARY:** Dr Gillian Farmer Email: [gfarmer@worcslmc.co.uk](mailto:gfarmer@worcslmc.co.uk)

**TREASURER:** Dr Paul Bunyan, Upton on Severn Surgery, Tunnel Hill, Upton, on Severn, Worcs, WR8 0QL Tel: 01684 592695 [pbunyan@nhs.net](mailto:pbunyan@nhs.net)

**EXECUTIVE ASSISTANT:** Mrs Sarah Bainbridge. Tel: 07501 937185 Email: [admin@hereflmc.co.uk](mailto:admin@hereflmc.co.uk)

### **Representatives:**

**Bromsgrove:** Dr David Pryke, Dr Kevin Hollier

**Malvern:** Dr Paul Bunyan, Dr Ravi Khehar

**Redditch:** Dr Meeraj Shah, Dr Ian Haines

**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)

### **HEREFORDSHIRE COMMITTEE MEMBERS**

**CHAIRMAN:** Dr Nigel Fraser Wargrave House Surgery, 23 St Owen Street, Hereford, HR1 2JB  
Tel: (01432) 272285 Email: [nigel.fraser@nhs.net](mailto:nigel.fraser@nhs.net)

**EXECUTIVE ASSISTANT:** Mrs Sarah Bainbridge Tel: 07501 937185 Email: [admin@hereflmc.co.uk](mailto:admin@hereflmc.co.uk)

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