



NEWSLETTER



11th April 2022

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Rebuild general practice campaign

It's time to rebuild general practice
SUPPORT THE CAMPAIGN

 www.rebuildgp.co.uk
 @rebuildGP

General Practice is in crisis and patient safety is at risk. The BMA, working in partnership with the GPDF, recently launched the [Rebuild General Practice](#) campaign to tackle these issues.

The aim of the campaign is to support GPs and their teams, at an extremely challenging time, in delivering the general practice service that patients and staff deserve.

The campaign is calling for:

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

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

To launch the campaign, Dr Kieran Sharrock gave a keynote speech to outline the impact on patients that the workforce crisis is having: [Video: Why we need a bigger GP workforce \(rebuildgp.co.uk\)](#)

Read more about the launch event on the [BMA website](#)

Changes to COVID-19 testing for health and social care staff

The BMA has welcomed that the [changes to COVID-19 testing](#) announced last week, advises that healthcare workers should continue to test twice a week, whether or not they have symptoms, and that Ministers have abandoned plans to scrap testing for healthcare workers altogether from 1 April.

Lateral flow tests will continue to be available through the [gov.uk](#) portal for NHS staff working in a patient-facing role, who are symptomatic. NHS England is working with UKHSA to determine how routine asymptomatic testing should be stepped down in line with any decrease in prevalence rates.

However, restricting testing to those in patient-facing roles ignores the reality of working life. Staff in patient-facing roles or otherwise, are not segregated, and therefore can easily spread infection between each other. By artificially making this distinction we also risk pushing up staff absence rates which are already impacting on services and patient care.

Read the BMA statement in response [here](#)

The [Infection Prevention Control](#) (IPC) guidance for healthcare workers remains in place and face masks should continue to be worn by staff and patients in health care settings.

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

GP contract and safe working guidance

General practice is under increasing pressure, and GPC 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 directing practices to the safest way to continue to deliver patient care.

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

Read also our [guidance about the contract changes](#) to support practices in their decision making and next steps. The latest GP webinar for LMCs is also attached for your information.

All the 2022/23 contractual documentation have now been published on the [NHSE/I website](#)

Here is the link, if you prefer to watch the video with Richard Van Mellaerts (GPC Exec Team), talking through the presentation:

<https://youtu.be/DFTXsL3GQq8>

Death certification and cremation forms

The [Coronavirus Act 2020](#), which introduced easements to death certification processes and cremation forms during the pandemic, was repealed on 24 March 2022.

The following provisions are continuing:

- If a doctor has **not** seen the deceased in the 28 days prior to death or any time after death they can complete the MCCD (medical certificate of cause of death), however the registrar would need to refer the MCCD to the coroner. This time period will remain at 28 days and not revert to pre-pandemic 14 days.
- ability for medical practitioners to send MCCDs to registrars electronically
- the [form Cremation 5](#), which was suspended during the pandemic, will not be re-introduced after the Coronavirus Act expires and has now permanently been abolished.

The following emergency provisions are changing with the expiry of the Act:

- the temporary provision allowing any medical practitioner to complete the MCCD will be discontinued
- informants will have to register deaths in person, not remotely.

The Cremation Regulations (2008) does not state any time frame in which a doctor has to have attended the deceased before or after death to complete Form 4. If a doctor completes Form 4 without having seen the deceased before or after death, the Medical Referee will make a decision about whether or not a cremation should take place. Local medical referees have been informed regarding these regulations and advised on changes to some of the local advice given out recently.

Read more on the [BMA's website](#) about these changes.

Gender dysphoria guidance

The BMA has updated the guidance on [managing patients with gender dysphoria](#), to include some advice in relation to Gender Identity Clinics asking GPs to review patients who had already been referred to the GIC, due to long waiting times.

The guidance also explains the role of GPs managing patients with gender identity problems, including questions relating to patient records, confidentiality, prescribing and monitoring responsibilities.

Alongside the updated guidance, they have also published a [statement](#) about the need for NHS England to commission gender identity services in England.

We would recommend that the guidance is read in conjunction with the BMA guidance on [Inclusive care of trans and non-binary patients](#), which explains first steps and best practice in providing a supportive service to transgender, trans and non-binary patients, including patients who present with gender incongruence and/or dysphoria.

Health and Social Care Bill

Important changes to the Health and Care Bill by the House of Lords were put to MPs last week for their approval. [The BMA briefed](#) MPs in advance of the debate, and [provided members with tools](#) to contact their constituency MP directly about the importance of upholding measures around accountability for safe staffing and more.

Whilst MPs [successfully used a free vote](#) to make telemedicine abortion a permanent service in England, the Government's majority sabotaged crucial improvements to the Bill on workforce and service configurations – more on this [can be read about in our reaction on the night](#).

On the Bill's return to the House of Lords this week, however, with BMA support, Peers have pushed back and voted to add the workforce reporting duty back into the Bill in a slightly amended form. [We have welcomed](#) this outcome and will be doing all we can to urge MPs not to overturn it again when it is put to them for consideration later in April, including urging members to keep contacting their MP ([email](#) or [tweet](#)) about the importance of tackling unsafe staffing in legislation.

NHS and Social Care Coronavirus Life Assurance Scheme

We have been informed by NHS Pensions of their decision to wind down the [NHS and Social Care Coronavirus Life Assurance Scheme \(CLAS\)](#), due to the decrease of deaths of NHS and social care staff, and the success of the coronavirus vaccine programme, from the end of 31 March 2022.

There will be a further 12-month window to 31 March 2023 to allow families time to bring forward outstanding claims in respect of deaths which occurred whilst the scheme was open.

Colleagues who know of a health worker who has sadly died, should direct families affected to this scheme.

Improvements to benefit eligibility at the end of life

From Monday 4 April 2022, eligibility for the Special Rules is changing. These currently apply to people who have 6 months or less to live and will now apply to people who have 12 months or less to live.

From 4 April, two working-age benefits will be impacted by this change. To support people accessing these benefits and to find out more about the new process and medical evidence form, [DWP have published this guidance](#).

DWP change to fit note – from 6 April 2022

On 6 April DWP changed regulations so that fit notes do not require a signature in ink to authorise them. Instead, a new template is being delivered that is authorised by the name of the doctor being included in the form. This means fit notes can be completed, authorised and sent digitally from 6 April. The main points:

- GPs' names will be automatically captured by their IT systems from their user login
- The exact date the system will be updated depends on your system supplier
- Until the new template is delivered, continue to use the current version, which still requires a signature in ink to be valid
- Until the systems are fully updated both the previous and new versions are legally compliant and employers have been told they must accept both
- If patients are not able to receive the fit note digitally or require a paper copy, then this must be provided (but does not require an ink signature)
- If there are issues then the form can still be completed by hand and authorised by the doctor writing their name, or signing the fit note in the relevant place and will still be legally compliant
- Hospitals will still be using paper fit notes ordered from DWP, but from 6 April this should be on the new template

Phoenix GP Programme starting virtually in May 2022 - APPLICATIONS NOW OPEN

We are excited to announce that a second cohort of a fully funded, virtual GP Development & Leadership programme is coming to Worcestershire, starting in May 2022.

The [Phoenix GP](#) programme is a career and skills development programme specifically targeting GPs who are more than 3 years post CCT and those who have the potential to remain in practice for at least another 10 years. It provides a series of 6 evening sessions over 6 months for a cohort of up to 30 participants, balancing a series of talks from inspirational GPs with dedicated skills workshops developed by GP Leads from the Time for Care team to focus on some of the challenges faced by mid-career GPs. These include topics such as managing change, quality improvement, engagement & influencing people and facilitating online meetings.

The programme is free to attend and delivered virtually. All sessions are Thursday evenings from 7pm-9pm. The programme is supported nationally by NHSE and RCGP and is funded locally by the CCG with support from the LMC. Previous programmes have been extremely successful and universally well-received by attendees.

The confirmed line up of speakers include:

- **5th May 2022**, Professor Martin Marshall CBE, GP, RCGP Chair, Professor of Healthcare Improvement UCL
- **30th June 2022**, Dr Adrian Hayter, GP, National Director for Older People, and Integrated Person-Centred Care
- **14th July 2022**, Facilitation session with Hannah Miller, Coach, Sidekickco, looking at your individual Strengths Finder Assessment
- **22nd September 2022**, Dr Sonali Kinra, GP, Clinical Associate Primary Care, NHSE/I, RCGP Council
- **6th October 2022** Professor Graham Jackson GP, National Clinical Advisor NHSE/I Chair National Self Care Strategy Group, NHS Assembly
- **November 2022** (Date tbc) Dr Rachel Morris, GP Speaker, Host of “You are not a Frog” Podcast, and coach. Creator of the Shapes Toolkit Resilience Training Programme for Doctors and other professionals

Applications are welcome from GPs at any stage of their career, GPs who have completed the Next Generation GP programme may wish to progress to this programme and Locum GPs are also welcome to participate.

To apply for the programme please complete the application form: <https://bit.ly/HWPhoenix>
Closing date for applications – **21st April 2022**

Please do share with any colleagues who may benefit from this programme.

We do hope you can join us. With thanks, Dr Meeraj Shah, Dr Seb Morton, Sue Thornhill & Hollie Hastings, Phoenix GP Herefordshire and Worcestershire.

WORCESTERSHIRE 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.

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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)