



WEEKLY NEWSLETTER – 4th April 2022

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1. Arrivals from Ukraine: advice for primary care – NHSEI Update

The UK Health Security Agency (UKHSA) have published [guidance to help primary care professionals assess and address the health needs of patients ordinarily resident in Ukraine](#) who have arrived in the UK in response to the conflict between Ukraine and Russia.

Soon after individuals and their families arrive in the UK from Ukraine, they should be supported to register with a GP practice and attend a [new patient consultation to assess their health and care needs](#). Doctors of the World have produced several resources including the [Safe Surgeries Toolkit](#) to support practices with new registrations. Migrants may have been exposed to trauma prior to, during and following their migration journey. This guidance describes how adopting a [trauma informed approach](#) will ensure individuals feel safe and supported.

2. Investment and Impact Fund 2022/23 – NHSEI Update

Last week, we published final details of GP Contract arrangements for 2022/23. This included information about the Investment and Impact Fund (IIF), which is worth over £260 million in this financial year. Some of the details communicated to systems earlier in March about the IIF have since been updated, so we encourage you to consult the published [guidance document](#) for confirmation of final details of the scheme, along with advice and clinical resources which may be helpful. We have also produced a [one-page summary](#) for primary care teams.



3. PCN payment automation – NHSEI Update

We are working with a number of payment systems to automate all Network Contract DES-related payments to Primary Care Networks, and thus enable any legally constituted organisation to act as a PCN nominated payee. When implemented, this change will enable all Network Contract DES-related payments to be paid automatically via the PCSE Online system, irrespective of the identity of the nominated payee.

4. Refreshed NHS App promotional leaflet available – NHSEI Update

The NHS App has now recorded over 26 million registrations, and can be used to book appointments, order repeat prescriptions, and register organ donations. A [refreshed leaflet](#) is available aimed at patients, which includes a step-by-step guide on downloading and registering for the App. To request pre-printed leaflets to be sent to your practice email appambassadors@nhs.net.

[Guidance for GP practices](#) is also available to help you enable NHS App features in your GP IT systems, from creating appointments to activating secure non-urgent messaging.

5. New: National Diabetes Prevention Programme (NDPP) referrals – Bsol Update

The NDPP supports those individuals at high risk of developing Type 2 diabetes by offering a behaviour change programme. Due to the prolonged impact of COVID-19 on workforce capacity and system priorities, we are now significantly below our predicted referral trajectory for the NDPP. Please [click to view](#) the Birmingham and Solihull NDPP referral trajectory and current profiles. Please help us to help individuals reduce their risk of developing type 2 diabetes by identifying and offering referral to your eligible patients and encouraging uptake whenever possible.

If you would like further information or support relating to the NDPP please contact b.marway@nhs.net

6. New: Telederm urgent referral (2WW) – Bsol Update

As many of you will be aware, Birmingham and Solihull now has a teledermatology service to review skin lesions quickly and efficiently. The new urgent referral (2WW) form has been uploaded onto your practice system. To support this there is now:

[A patient information leaflet for patients referred on a skin urgent referral \(2WW\)](#)

[Information on criteria for referrals and exclusions](#)

[The UHB also provides telederm photographic training packages for health professionals](#)

7. Changes to COVID-19 testing for health and social care staff – GPC Update

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



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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 remain in place and face masks should continue to be worn by staff and patients in health care settings.

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

8. GP contract and safe working guidance – GPC Update

General practice is under increasing pressure, and we have recently published a [safe working guide](#) to enable practices to prioritise safe patient care, within the present bounds of the GMS contract. We have now added some videos to our resources directing practices to the safest way to continue deliver patient care.

Following the [announcement of the GP contract changes](#) for 2022/23, which came into effect from 1 April, we 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.

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

9. Death certification and cremation forms – GPC Update

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.



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

10. Gender dysphoria guidance – GPC Update

We have updated our 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 time.

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

We would also 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.

11. Health and Social Care Bill – GPC Update

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 our 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.

12. NHS and Social Care Coronavirus Life Assurance Scheme – GPC Update

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.

Any LMCs or practices who know of a health worker who has sadly died, should direct families affected to this scheme.



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13. Improvements to benefit eligibility at the end of life – GPC Update

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](#).

14. DWP change to fit note – from 6 April 2022 – GPC Update

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.

Read more about these changes on [Gov.uk](#)

Read the latest GP bulletin (England) [here](#)

Please note our office contact times remain 10:00-16:00 and any queries on the day should be directed to birmingham.lmc@nhs.net. If you do call the offices, then please leave a message as this will be transferred direct to our emails and we can respond quicker.

Please note that the LMC are unable to accept calls or hold communications with patients, we are GP representatives, and we would respectfully ask that Practices do not advise patients to contact us. Could we also remind Practices that any copies of patient related correspondence MUST be anonymised as the LMC cannot accept patient identifiable data.

Helpful Links:

BMA Website: <https://www.bma.org.uk/advice-and-support/gp-practices>



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GOVERNMENT Website: <https://www.gov.uk/coronavirus> for recent and upcoming changes, guidance & support.

NHS ENGLAND Website: <https://www.england.nhs.uk/>