



WEEKLY NEWSLETTER 21st March 2022

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1. On-Line Access

Update: There is currently no official line on this, we have been advised that the decision to extend the launch date is still sitting with Ministers to consider. However, it is still being indicated that April is not the timeline for the launch of this program. Also, to add currently there are no specific timeframes for this program as it will all depend on mitigating the concerns and putting technical guidance and capabilities in place.

2. New: NHS staff access to Lateral Flow Tests (LFTs)

Whilst we await further guidance from NHS England and NHS Improvement regarding what the future testing model will look like, please note that NHS staff should continue to order LFTs via the [GOV.UK portal](https://www.gov.uk).

A gateway page is now live on the GOV.UK portal stating that tests are needed by NHS staff and people at high risk to mitigate the high demand that there could be for tests before the end of March. Alongside this, a quota of tests have been ring fenced for NHS staff to ensure staff are able to continue receiving tests.

3. New: Reporting Practice and PCN ARRs on National Workforce Reporting System (NWRS)

Please note that the deadline for reporting your practice and PCN ARRs on the NWRS is 31 March. This is a 'contractual' requirement, and any nil submissions will be followed by NHSEI regional teams.



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4. GP contract changes guidance

Following the [announcement of the GP contract changes](#) for 2022/23, which will come into effect from 1 April, we have now published an [explainer video](#) explaining what this will mean for practices. Read also BMA [guidance about the contract changes](#) to support practices in their decision making and next steps.

5. Safe working guidance

General practice is under increasing pressure, and the BMA 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

They have updated their [Safe working guidance](#) to correct some data they had 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.

6. 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](#).

If you have any questions or feedback on implementation of the new policy, please contact info.ret@bma.org.uk

7. MCCD and death certification

Many of our members 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.'

8. Infection Prevention Control in healthcare settings

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



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

9. 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.

10. 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 30th of 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](#)

11. 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. GPC have raised this with NHS England who have assured them that they have received commitments from manufacturers to being flexible if the reimbursement letter impacted existing orders. If manufacturers are refusing to be provide this flexibility, practices should contact the NHS England flu inbox (phco.fluops@nhs.net) with the specifics and they will assist.

12. 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.



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Further detail of these changes is expected from the DWP over the coming weeks to enable awareness of and preparation for them and we will update you accordingly.

13. 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](#).

14. 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 BMA 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 >](#)

For more information on how to get involved and to access campaign materials, contact your [LMC](#)



15. 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 told of 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 this 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.

16. GP to patient ratio GPC update

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 wholly 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 an 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.

17. Health foundation report on access to general practice BMA update

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](#)



18. Re-registering suspended patient records

GP practices will soon be able to allow suspended patient health records to be electronically transferred on re-registration following an upgrade to the GP2GP system. Suspended patient records are those which belong to patients not currently registered with a GP in the UK, for example, if they've moved abroad.

The change is expected in May, and it will mean suspended patient records will arrive via GP2GP rather than in paper format. You will still need to print and handle suspended records as usual until NHS England and NHS Improvement can receive and hold records electronically via the GP2GP system later this year. [Find out more information about the upgrade on FutureNHS](#). You will need to register if you don't have an account.

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>

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

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