

LMC Update Email

7 April 2022

Dear colleagues

Rebuild general practice campaign

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, I 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](#)

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

British Social Attitudes Survey

An [analysis](#) by the King's Fund and the Nuffield Trust Public of the [British Social Attitudes Survey](#) has shown the lowest NHS satisfaction rating in 25 years, and more people (41%) are now dissatisfied with the NHS than satisfied. In response to these findings I said:

“We really understand how difficult it has been for patients and we’re so sorry that they are feeling dissatisfied with general practice. We too feel dissatisfied after years of under-investment, ever increasing bureaucracy and a government who has not been listening to us. We’ve been saying for years that general practice needs investment, we need more GPs and we need more help to see as many patients as possible in a way which meets their needs.

“It's clear that there are patients who would have wanted more face-to-face appointments than we have been able to offer, given the restrictions of the pandemic and the need to keep everyone safe from infection. More face-to-face appointments are now available but we’re still struggling to keep up with demand as we simply don’t have enough doctors to see everyone safely. Now is the time for proper investment in general practice to give patients the best service we can and to ensure that GPs are given all the support they need to rebuild their practices, now and for the future.”

Read the [BMA’s response to the survey here](#)

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

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

GP contract and safe working guidance

General practice is in 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](#)

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.

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

Gender dysphoria guidance

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.

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 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.

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.

Any LMCs or practices 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

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

LMC UK Conference 2022

The [2022 UK LMC Conference](#) will take place *10 and 11 May* and will be held face to face in York at the Barbican Centre. LMCs are reminded to complete [the registration form](#) by no later than **Friday 8 April 2022**. Please note that we would be unable to fulfil registration requests beyond that date.

If you have any queries, please contact us at: info.lmcconference@bma.org.uk

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

We would encourage LMCs to share this GPC update with GPs and practices.

Dr Kieran Sharrock
Executive Officer, GPC England