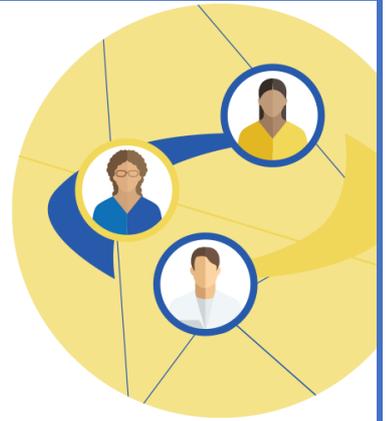


Bedfordshire & Hertfordshire LMC Ltd: Weekly Update for Practices, Tuesday 12th April 2022



In this edition:

1. Rebuild General Practice campaign
2. Network Contract/PCN DES 2022/23
3. GP contract and safe working guidance
4. British Social Attitudes Survey
5. Changes to COVID-19 testing for health and social care staff
6. Death certification and cremation forms
7. Gender dysphoria guidance
8. Health and Social Care Bill
9. NHS and Social Care Coronavirus Life Assurance Scheme
10. Improvements to benefit eligibility at the end of life
11. DWP changed to fit note
12. Access to records
13. Meeting the health needs of patients from Ukraine
14. Allergy Training Day for Primary Care

1. 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 to build as much support for the campaign as possible. You can find more information on the [campaign website >](#) and follow the campaign [Twitter account >](#)

Listen to a keynote speech from Dr Kieran Sharrock, GPC Executive, 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.](#)

LMC Comment: As part of the engagement with the Rebuilding General Practice campaign, a group of LMCs (including Beds & Herts) met with the campaign team last week to discuss progress and the campaign materials. During the meeting the need for more patient focused materials was discussed.

As a result, the team are going to look at producing some materials that practices could use, either in physical form (such as posters) or digital form to go on practice websites, to educate patients.

One of the strands of the campaign is to raise local MPs awareness of the issues and to ask them to put pressure on the Health Secretary to take action to address the growing crisis in General Practice. To support this, we will be writing to all the Bedfordshire and Hertfordshire MPs, outlining the key messages of the campaign.

2. Network Contract/PCN DES 2022/23

There are **no changes** to the following sections of the Network Contract/PCN DES: Eligibility for and participation in the Network contract DES; PCN Organisational Requirements; Changes to a PCN; and Contract Management

Minor changes have been made to the Additional Roles Reimbursement Scheme section to allow PCNs to have two WTE adult mental health practitioners

The sections with substantial changes and points worthy of comment are Service Requirements and Network Financial Requirements

Service Requirements

There are **no changes** to:

- Medication Review and Medicines Optimisation
- Enhanced Health in Care Homes
- Social Prescribing Service
- Tackling Neighbourhood Health Inequalities

There are only **minor changes** made to the Early Cancer Diagnosis Service Requirement to reduce and simplify it.

Extended Hours and Enhanced Access

- The requirements re Extended Hours remain the same from 1st of April to 30th of September.
- By 31st of July a PCN has to produce an Enhanced Access Plan setting out: how Enhanced Access will be delivered, and from where; if Enhanced Access will be sub-contracted, etc. The preparation of the Enhanced Access Plan has to include engagement with the PCN's patients about the PCN's plans for Enhanced Access. The ICS will agree the final Enhanced Access Plan with the PCN by 31st of August.
- PCNs will deliver Enhanced Access from 1st of October in accordance with the PCN DES and their Enhanced Access Plan.

Cardiovascular Disease (CVD) Prevention and Diagnosis

Addition of new requirements covering identifying AF risk, improving CVD prevention, identifying high Familial Hypercholesterolemia, statin treatment, and earlier identification of heart failure.

Anticipatory Care

This is a new Service Requirement. This year, PCNs must contribute to the development of the ICS delivery plans for Anticipatory Care. The intention is that, from April 2023, PCNs will be required to operate in accordance with the agreed Anticipatory Care Plan.

Personalised Care

This is a new Service Requirement. A PCN needs to start delivering Personalised Social Prescribing (PSP) to a cohort with unmet needs from 1st of October, and to review and expand the offer of PSP by 31st of March 2023.

A PCN needs to ensure all clinical staff have completed the Personalised Care Institute's 30-min e-learning refresher training for Shared Decision Making (SDM) by 30th of September and needs to audit a sample of the PCN's patients' experiences of SDM by 31st of March 2023.

LMC Comment: It is not clear if it just the PCN's clinical staff or all clinical staff in PCN practices who have to do the refresher training on SDM. This should be clarified by the DES guidance.

Network financial entitlements

Removal of references to PCN support payment – which was a payment made last year redistributing some of the IIF monies in-year.

Extended Hours Access and Enhanced Access payment terms have been updated to reflect the new requirements.

There is no change to: the Core PCN funding of £1.50 per patient; the maximum reimbursement rates for ARRS roles; the Care Home Premium of £120 per bed.

The PCN Leadership and Management Payment has reduced from £0.707 to £0.699 per patient

The IIF has increased to 1153 points. There is too much detail in the new IIF indicators to be able to summarise them here. The IIF now includes a new class of Composite Quantitative Indicators with associated criteria for calculating performance and earnings.

LMC Comment:

- The payments to PCNs have not increased but there are additions to the Service Requirements.
- The fact that PCN payments have not increased when associated costs, particularly salary costs have increased, means that PCNs will be facing a real terms cut in their funding and are more likely to have to draw on Core PCN Funding (£1.50), Practice Participation Payments (£1.76) or rely on IIF achievement to cover running costs.
- PCNs and practices will need to look at the IIF and work out which indicators they want to work on. Remember that IIF is optional for PCNs – you do not have to try for every indicator, if you feel that they are not right for you, are unlikely to be achievable etc.

3. GP contract and safe working guidance

General practice is in under increasing pressure, and BMA/GPC has 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 their 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 1st of April, BMA/GPC has now published an [explainer video](#) explaining what this will mean for practices.

Read also the BMA/GPC [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](#).

4. 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 Dr Kieran Sharrock, GPC Executive, 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](#).

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

The BMA has welcomed that the [changes to COVID-19 testing](#), announced on 30th of March, advise that healthcare workers should continue to test twice a week, whether or not they have symptoms, and that Ministers abandoned plans to scrap testing for healthcare workers altogether from 1st of 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 it also risks pushing up staff absence rates which are already impacting on services and patient care.

Read the BMA’s 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 the BMA’s updated [poster about using face coverings in practices](#).

6. 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 24th of 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.

7. Gender dysphoria guidance

BMA/GPC has updated its 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.

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

BMA/GPC recommends that this 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.

8. Health and Social Care Bill

Important changes to the Health and Care Bill by the House of Lords were put to MPs two weeks ago 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 BMA view is that the Government's majority sabotaged crucial improvements to the Bill on workforce and service configurations – more on this [can be read about in the BMA's reaction on the night](#).

On the Bill's return to the House of Lords last 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. [The BMA has welcomed](#) this outcome and will be doing all it 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.

9. NHS and Social Care Coronavirus Life Assurance Scheme

BMA/GPC has 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 31st of March 2022.

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

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

10. Improvements to benefit eligibility at the end of life

From Monday 4th 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 4th of 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](#).

11. DWP change to fit note – from 6th of April 2022

On the 6th of 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 6th of 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 6th of April this should be on the new template

Read more about these changes on [Gov.uk](https://www.gov.uk).

12. Access to records

The GPC IT policy group has been notified that some TPP practices have found instances where patients have suddenly been given access to their full text records as of 1st of April.

GPC has been assured that there has been **NO national switch** on. NHSE/D have advised that if practices find this is happening to them then to take the following action:

1) Notify their service support Desk ASAP ,so it can be reviewed to see what has happened at the patient/practice level. TPP are aware and will need details of the practices involved to investigate via the support desk.

2) Please let policy team at GPC know. You can email the GPC IT Policy Lead directly at annapurna.rao@nhs.net

13. Meeting the health needs of patients from Ukraine

UKHSA has published information for primary care professionals on how to meet the health needs of patients from Ukraine.

This guide is available [here](#).

This resource is intended 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. Arrivals will usually be under the government visa schemes (Ukraine Family Scheme and the Ukraine Sponsorship Scheme (Homes for Ukraine)).

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.

There may, however, be several interactions with the NHS (including in primary care) before GP registration takes place and all health care professionals have a role to help support access to NHS services. It is important to adopt a trauma-informed approach that offers clear information and choice, supporting individuals to feel in control.

[Doctors of the World](#) have produced several resources and recently published a [guide on how the NHS works](#). They also have in place the [Safe Surgeries Initiative](#) to tackle the barriers faced by many migrants in accessing healthcare.

14. Allergy Training Day for Primary Care, 27th of May 2022, 9am – 5pm

The Allergy Department at Addenbrooke's Hospital are organising an Allergy Training Day for Primary Care.

Please see the below for further information:

When: Friday 27th May 2022, 9am – 5pm

Where: Babraham Research Campus, Cambridge, CB22 3AT

Topics: Allergy assessment, urticaria & angioedema, covid vaccine common queries, food allergy, drug allergy, asthma and allergy, allergic rhinitis & desensitisation, practical workshops, and panel discussion.

Registration Details: A fee of £20 is required to attend this course, which will include parking, lunch & refreshments.

Please see the [attached flyer](#) and [registration form](#) for further details and to book your place.

News - For the latest news, information and weekly updates for practices, please visit the [Hot Topics](#) section of our website.

BHLMC Job Board - Advertise your practice vacancies or search for jobs on our [Job Board](#). If you are interested in posting an advert please contact lmadmin@bhlmc.co.uk for more information.

Locums - If you are a Locum and would like to receive LMC updates, please register via the [online form](#) to be added to our database and mailing list.

Workforce Wellbeing & Support [Visit our webpage.](#)

Contact Us:

Beds & Herts LMC Ltd, Tel: 01438 880010

Email: lmadmin@bhlmc.co.uk

Website: www.bedshertslmcs.org.uk/contact_us

