

# YORLMC News

For practices in North Yorkshire & York and Bradford & Airedale

## Message from Dr Brian McGregor

Dear colleagues

### Rebuild general practice: support the campaign

The [Rebuild general practice campaign](#) continues to tackle the crisis facing general practice. This campaign, launched last month, calls for:

1. **Recruitment:** the UK Government delivering on its commitment to an additional 6,000 GPs in England by 2024
2. **Retention:** tackling the factors driving GPs out of the profession such as burnout
3. **Safety:** a plan to reduce GP workload and in turn improve patient safety.

I helped launch Rebuild GP in London and have been active on local and national media promoting the campaign and highlighting challenges faced in general practice.

We need your support to make the campaign a success. Please follow [YORLMC](#) and [Rebuild GP](#) on Twitter and use the graphics on your own social media channels.

### Q&A, Thursday 28 April, 7pm-8pm

There's still time to book your place at my next Q&A, taking place on Zoom at 7pm on Thursday 28 April. Bookings are open until 4.30pm on 28 April [here](#).

With best wishes

Brian

Dr Brian McGregor, YORLMC Medical Secretary



### Arrivals from Ukraine: advice for primary care

The UK government has published guidance [Arrivals from Ukraine: advice for primary care](#) to help primary care professionals assess and address the health needs of patients ordinarily resident in Ukraine who have arrived in the UK. Arrivals will usually be under the government visa schemes [Ukraine Family Scheme](#) and the [Ukraine Sponsorship Scheme \(Homes for Ukraine\)](#).

The guidance notes that 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 has produced the [Safe Surgeries initiative](#) (endorsed by the BMA) to tackle the barriers faced by many migrants in accessing healthcare, with GP registration being the first hurdle that this vulnerable group needs to overcome.

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REBUILD

GENERAL

PRACTICE

The updated [PCN DES specification](#) was published at the start of this month. Whilst GPC England continues to support the principle of the DES – independently contracted practices collaborating, alongside other local NHS providers, to provide services which are designed to support local communities – and given the realities of the unagreed [contract changes](#) brought in by NHSE/I for 2022/23, practices should be aware of their options relating to the DES.

GPC England believes that the newly added demands within the PCN DES are a risk to patient and practice staff safety in terms of potentially unmanageable/unsafe workload and burnout. Worryingly, the recent [GP Worklife Survey](#) confirmed that GPs are overworking, with around 33% likely to quit direct patient care within the next five years. This rises to over 60% for GPs over 50, which is a worrying statistic given over 44% of the GP workforce is over 45.

Following the conclusion of the 2022/23 contract negotiations and the release of the DES specification, we sought further clarification from NHSE/I and proposed practical solutions that GPC England felt would alleviate the concerns of the profession and any potentially negative impact from the unagreed changes. None of them were accepted.

With this in mind, practices will need to carefully consider the DES changes for 2022/23 and how this may impact them going forward. In particular, the incoming Enhanced Access requirements from October 2022 and the expanded service offer.

#### PCN DES opt out window

Practices who do not wish to continue participating in the PCN DES have until 30 April 2022 as part of the current annual opt-out window, with additional 30-day windows following any in-year changes to the enhanced service specification. Practices must inform the local commissioner if this is their decision **before** the stated deadline. It's important to note that opting out during a specified window is not a breach of contract.

Practices should take into account safe working levels from both a workload/staffing and patient perspective, bearing in mind the [BMA's safe working guidance](#).

Read more in BMA [guidance about the contract changes](#) to support practices in their decision making and next steps.

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### *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](#).





# Infection Prevention Control in healthcare settings

The UKHSA has revised the [Infection Prevention Control](#) (IPC) guidance for healthcare workers, and now advises returning to pre-pandemic physical distancing in all healthcare settings, including primary care, and returning to pre-pandemic cleaning protocols outside of COVID-19 areas, with enhanced cleaning only required in areas where patients with suspected or known infection are being managed.

The guidance continues to recommend all healthcare organisations should undertake local risk assessments to ensure safe systems of work in the context of the wider impact of COVID-19 on health services. Practices should assess the risk to patients and staff using this guidance, and make decisions based on the needs and risks of everyone entering their practice building. Practices should also continue to triage patients and cohort people with respiratory illnesses. Read BMA [guidance](#) on risk assessments for practices

The guidance still advises that all patients, visitors and staff should continue to practise good hand and respiratory hygiene, including the continued use of face masks by staff and face masks / coverings by visitors and patients where clinically tolerated.

NHSE/I has published a [letter setting out these changes](#). 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 the BMA's updated [poster about using face coverings in practices](#).

## Join the BMA campaign for fair pay

Over the last two years doctors have worked tirelessly, with many putting their lives on the line to keep patients safe during the pandemic. With the NHS facing a backlog that will take years to clear, in the face of severe staff shortages, these extraordinary pressures are set to continue.

Inflation is soaring and doctors are being driven out of the NHS by punitive pension tax rules. The BMA is now calling on the UK Government to award doctors a minimum pay rise of RPI plus 2% for doctors, including those working in public health services.

The BMA is urging that doctors in England write to their local MP asking for their support for our campaign. Using the [BMA's online tool](#), you can add your name to a template letter, that will be automatically sent to your local MP.

## National flu immunisation programme 2022/23

UKHSA has published the annual [National flu immunisation programme 2022/23 letter](#) which sets out which groups are eligible for flu vaccination for the 2022/23 flu season.

NHSE/I will be publishing the specifications shortly, and have advised us that suppliers have committed to flexibility if the reimbursement letter has impacted current orders. Therefore, if practices are having trouble amending orders, they should contact the contact the NHSE/I flu inbox [phco.fluops@nhs.net](mailto:phco.fluops@nhs.net).

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# GP workforce data

The number of [GPs](#) in England has fallen every year since the Government first pledged to increase the family doctor workforce by 5,000, the health minister Maria Caulfield disclosed in a [parliamentary answer](#). There were 29,364 full-time-equivalent GPs in post in September 2015, when the then health secretary, Jeremy Hunt, first promised to increase the total by 5,000 by 2020, however, it has now fallen to 27,920 as shown by the latest [GP workforce data from NHS Digital](#).

These figures show that the lack of doctors in general practice is going from bad to worse for both GPs and patients, and patients are paying the price in the form of long waits for an appointment. Dr Kieran Sharrock, GPCE deputy chair, [said](#): "Despite repeated pledges from government to boost the workforce by thousands, it's going completely the wrong way. As numbers fall, remaining GPs are forced to stretch themselves even more thinly, and this of course impacts access for patients and the safety of care provided."



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

The BMA has welcomed that the [changes to COVID-19 testing](#) 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](#)

## Health & 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, however, with the BMA's support, Peers 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.

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## Gender dysphoria guidance

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

GPC England 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.

## NHS and Social Care Coronavirus Life Assurance Scheme

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





# 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.

## *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](#)

# Reimbursement rates

Due to competition law, YORLMC Ltd is not permitted and would not consider defining an agreed rate for reimbursement.

However, our advice when determining a rate for clinical input would be to consider:

- the cost of a locum including pension
- the opportunity cost to the practice of not having a regular GP available compared to a replacement unfamiliar with the practice

By definition the resultant figure which recognises the premium cost of senior clinical input into service development is likely to be significantly higher than actual locum rates.

The above principles would also apply to non-clinical staff (for example Practice / Business Manager)

# LMC UK Conference 2022

The Agenda for the [2022 UK LMC Conference](#), which takes place on 10 and 11 May in York, has now been published and is available [here](#)

The Conference will be webcast live - for more information see here: [Local medical committees](#). Five representatives from the NY Branch of YORLMC and five from the BA Branch will be attending the conference and a report will be included in a future newsletter.

## LMC UK Conference elections to GPC UK 2022-23

Please be advised that LMC UK Conference elections are open for seven members to the General Practice Committee (GPC) UK 2022-23. **Nominations will close 12pm Tuesday 3 May 2022.** To nominate yourself, click [here](#).

*For six seats, any registered medical practitioner whose exclusive or predominant medical commitment is to providing personally or performing NHS primary medical services for at least two sessions a week, whether a member of the conference or not, is eligible for nomination.* Please note that nominations need to be made/supported by LMC representatives, and a representative may not make/support more than one nomination

*The seventh seat must be filled by an LMC representative who must never have sat on GPC UK and who is also a member of the conference and a registered medical practitioner whose exclusive or predominant medical commitment is to providing personally or performing NHS primary medical services for at least two sessions a week.*

Please send any queries regarding the election process to [elections@bma.org.uk](mailto:elections@bma.org.uk)

## Widening participation scheme

Please see the information below from In2medschool:

*In2medschool is a nationwide widening participation programme that supports prospective medical applicants. Beginning during the first lockdown in 2020 it has now grown to include over 2500 volunteers. We centre around mentoring prospective applicants from underprivileged and disadvantaged backgrounds with a diverse network of medical professionals.*

*Our current aim as the ambassadors programme is a simple one, to make medical work experience more accessible to widening participation students. At present it is quite difficult for those without contacts in the medical field to obtain work experience. As a scheme we want to tackle this barrier. Every student deserves equal opportunity in working towards their future.*

*Currently we are reaching out to GPs across the country to enquire about your willingness to facilitate a prospective medical school applicant for a short 5 day placement. A specially designed curriculum would already in place for them. Given the challenges over the last 2 years and as medical professionals ourselves, we know how busy GP practices can be and appreciate this. We would love for you to be a part of our growing scheme, helping students across the UK.*

*We look forward to hearing back from you.*

Please email [ambassadorsin2medschool@gmail.com](mailto:ambassadorsin2medschool@gmail.com) or at [arooshhussain@doctors.org.uk](mailto:arooshhussain@doctors.org.uk)

## GP Trainees Committee - elections open

Elections are now open for the GP Trainees Committee for a two term session for seven constituencies, including Yorkshire. Nominations close at 12pm Thursday 5 May 2022, with the ballot from 12pm on Monday 9 May 2022 to 12pm on Monday 6 June 2022.

Full details about the GP Trainees Committee and election eligibility can be found [here](#). Please send any queries regarding the election process to [elections@bma.org.uk](mailto:elections@bma.org.uk)



### Buying Group

Members of the LMC Buying Group can access discounts with any of the suppliers on the attached list at [Appendix 1](#). To access these discounts, you can either login to the Buying Group website and request a quote or if you contact the supplier directly, you need to make sure you mention your practice is a member of the LMC Buying Group or state the discount code from the suppliers page of the Buying Group website. The latest update from the Buying Group is available [here](#).

If you were using an approved supplier before you became a Buying Group member or have been using a supplier for a long time and aren't sure if you are receiving the correct rates, you can email to check: [info@lmcbuyinggroups.co.uk](mailto:info@lmcbuyinggroups.co.uk). For further information on LMC Buying Group member benefits or to speak to a member of the team, you can live chat via their website: <https://www.lmcbuyinggroups.co.uk/> or give them a call on: 0115 979 6910.

### Jobs page

YORLMC has a job page on our website at <https://www.yorlmcld.co.uk/jobs>. Please visit this page to view current vacancies and details of GPs seeking work. NHS Practices in the YORLMC area seeking to fill GP and staff vacancies and GPs seeking work in the YORLMC area can place adverts on the job page free of charge. To place an advert please email [info@yorlmcld.co.uk](mailto:info@yorlmcld.co.uk)

### YORLMC job vacancy - Apprentice Business Support Officer

VQ Solutions are looking for a Business Support Officer within YORLMC's Corporate Affairs Team to work closely with and provide support primarily to the GPMplus workstream. The ideal candidate will be reliable, flexible and show initiative. There are more details on the [YORLMC website](#).

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