

CLMC Bulletin 513 – 19/07/22

Rising covid cases and pressures on health services

The BMA is concerned about the [rise in COVID-19 cases](#) and hospitalisations in recent weeks, and the reports that the UK has now recorded 200,000 Covid-related deaths since the start of the pandemic, particularly in the context of the significant and rising pressures on NHS staff and services and the removal of special COVID leave for NHS staff. We have called on the government to reverse this deeply damaging decision (see the Guardian article [here](#)) and will continue to press for improved financial and wider support for everyone unable to work due to long Covid. We also support calls by the all-party parliamentary group for coronavirus for a compensation scheme for frontline workers.

The BMA has also [called publicly](#) for the UK government to do more to protect the NHS by bringing back mandatory mask-wearing for patients when they are in healthcare settings, ensuring regular testing for staff, and making sure that there is reliable access to appropriate PPE throughout the health service.

In the absence of clear government guidance, we have [written to NHS Trusts](#) this week reminding them of their legal duty under Health and Safety laws to undertake appropriate risk assessments and setting out the protective measures that individual Trusts can take to mitigate risks to healthcare staff and patients in healthcare settings. We would encourage LMCs to write a similar letter to ICSs, and we are looking at producing a template letter for LMCs to use.

We have also recently updated our guidance on [risk assessments for GP practices](#) emphasising that employers must continue to conduct risk assessments for those who come into contact with COVID-19 and take steps to mitigate risks identified.

We will continue to monitor the COVID-19 data and pressures on health and care services, to ensure we are in a good position to respond to the changing situation.

Alongside our COVID-19 specific activities, we continue to press for appropriate resourcing and staffing of the NHS to support staff and ensure the NHS is able to respond to the increasing pressures – please see our most recent press release [here](#).

The BMA is also undertaking a [COVID-19 review](#) to ensure that lessons are learned and members' voices heard, and the first three reports from this review have now been published.

New Sessional GPs co-chairs

Congratulations to Dr Bethan Roberts and Dr Samira Anane, elected as co-chairs of the BMA Sessional GPs committee, and to Dr Venothan Suri, who has been elected as deputy chair.

Read more about the [sessional GPs committee](#)

Rise in GP appointments

Recent ONS data show that [UK services output grew in May 2022](#) with human health and social work activities growing by 2.1%, mainly because of a large rise in GP appointments, with 24 million in April 2022 jumping to 27.6 million in May.

These figures are yet another example of how hard GPs and their teams are working, but also why we desperately need more resource to close the workforce gap in primary care. This is not a sustainable way of working, and GPs desperately need more support if they're going to be able to carry on providing this level of care. We don't have enough GPs, and when taking on more work, they open themselves up to more stress, burn out, and exhaustion - potentially having to reduce their hours or leave the profession altogether, creating a vicious cycle of even fewer GPs, and ultimately threatens safe patient care.

Our new Health Secretary has the opportunity to put right the wrongs done to general practice, and the wider NHS, by giving it the appropriate funding and resources it so desperately needs to close the growing workforce gap and safely meet patient demand. All doctors want to do is give the best care they can, but without proper support, this is becoming increasingly hard to do.

Read the full statement by Dr Farah Jameel, chair of GPC England, [here](#)

Firearms marker in England

There will be a temporary pause on the digital firearms marker for practices using the EMIS system, effective from the evening of 14 July 2022 (today). The digital marker system on EMIS should be back up and running after a few weeks, and after it has been cleared through the JGPITC (Joint General Practitioners Information Technology Committee). This temporary pause is to address some issues that have been communicated by GPs and practices, and to enable testing of the accuracy and completeness of the flags that are currently popping up. The TPP system will continue to run during this time.

We hope to be in a position to provide an update on the digital marker next week.

Certifying fit notes

There is guidance and training available to support the new rules about who can certify fit notes. Employers and healthcare professionals should read [the guidance](#) that provides a summary of the knowledge, skills, and experience that healthcare professionals eligible to sign fit notes are expected to have **before** undertaking this task. Healthcare professionals eligible to certify fit notes should also complete the e-learning training programme which is freely accessible [here](#).

Introduction of ICSs

As of 1 July, the 42 ICSs (Integrated Care Systems) across England have 'gone live' as statutory bodies, taking formal control over the planning, commissioning, and funding of NHS services across their footprints. [Visit the BMA's dedicated webpage](#) to learn more about ICSs and what they mean for GPs and the NHS.

The move to statutory ICSs follows the enactment of the [Health and Care Act \(2022\)](#) and also marks the end of CCGs (Clinical Commissioning groups) which have been dissolved, with their powers, funding, and many of their staff transferring over to local ICSs.

GPC and the BMA continue to lobby ICSs on our core priorities, particularly on the need to enhance representation within ICSs for GPs, including positions on ICS boards for LMCs.

PCN DES opt out window

In light of the expressed will of LMC conference and GPCE motions, after having made clear to practices how they may withdraw from the PCN (primary care network) DES (directed enhanced service) in the last opt out window, a further opt out window was requested. This would have occurred prior to October 2022, the time

at which EA (enhanced access) arrangements come into force, and would have allowed practices unable or unwilling to provide these additional hours to withdraw from the DES without endangering their core contracts.

NHSE (NHS England) considered and then declined our request, so there will be no additional opt out until April 2023, which is the standard annual window. The DES will therefore continue as published in year. If you have difficulties with EA or other aspects of the DES that cannot be resolved safely in collaboration with your local commissioner, please escalate to us (info.lmcqueries@bma.org.uk) so we can liaise with NHSE. They have recently emphasised their commitment to ensuring everything is done to support PCNs and commissioners to overcome resourcing hurdles. That said, we would encourage all practices to carefully consider the implications for continuing with the provisions of the PCN DES past April 2023 and will be developing a framework to support practices in their modelling and decision making in advance of this deadline.

Inclisiran

As you may be aware the BMA and RCGP have longstanding concerns regarding the roll out of Inclisiran within primary care. Following on from the publication of our joint [position statement](#) in December 2021, we have continued discussions with NHSE/I regarding the roll out of inclisiran, an injectable lipid lowering therapy, within primary care. We've now sent a further joint letter to NHSE/I on the topic, laying out our position and re-establishing our core concerns which were highlighted to us by our members. These concerns include the lack of long-term efficacy and effect on cardiovascular outcomes, lack of long-term safety data and the workload implications of managing and prescribing the drug in primary care. The updated position statement can be found on the [RCGP website](#).

Pensions Committee – MP roundtable event and debate

On Wednesday 6 July the BMA Pensions Committee Officers held a MP roundtable event focusing on the impacts of pension taxation on the workforce and proposed solutions were discussed. The session was chaired by Dan Poulter MP, who is also an NHS psychiatrist, and attended by 12 MPs and 4 MP representatives.

The aim of the session was to highlight to MPs that pension taxation is a significant driver for doctors to take early retirement and reduce working, and that there is even more of a major cause for concern this year as a result of rapidly rising inflation. This relates to a discrepancy in the way pensions are revalued/dynamised and a disconnect between different measures of inflation used in the calculations. This affects career averaged revalued earnings pensions schemes and therefore as GPs have effectively always been in such a scheme, it is a much bigger issue for GP pensions than it is for hospital doctors. The Pensions Committee have developed [a tool](#) that you can use to model the impact of this “CPI disconnect” for your own personal circumstances. This outlines the issue in more detail and discusses the solutions that we are calling for.

As a next step, Dan Poulter MP has tabled a debate on Wednesday 13 July which will focus on the effect of the Finance Act 2004 on NHS pensions and the recruitment and retention of staff. The Pensions Committee will continue to do everything we can to address this and wider pensions issues, and will keep you updated.

National Standards of Healthcare Cleanliness 2021

We have recently been asked if the National Standards of Healthcare Cleanliness 2021 guidance is mandatory for general practice. We sought clarification on this from CQC last year and it was made clear that

it will continue to regulate based on the actual regulations and the official code of practice. Its [infection control mythbuster website page](#) addresses this directly.

We also clarified the contractual position at that time, receiving confirmation that it was not a mandatory requirement. There has been no contractual change since then.

Medical Women Podcast

The Medical Women's Federation (MWF) launched a regular [podcast](#) earlier this year, to empower and support medical women in their careers. the largest body of women doctors in the UK and the voice of medical women on medical issues.

The season 1 finale features MWF President Elect Professor Scarlett McNally, who is an orthopaedic surgeon, speaking about her career, and she shares what she has learnt over the last few years of being both a doctor and a patient, and exciting things she is working on for the future. Listen to all podcasts [here](#)

BMA committee elections

Nominations to the following BMA committees are open:

- [Private Practice Committee \(PPC\)](#)
- [Professional Fees Committee \(PFC\)](#)
- [Civil and Public Services Committee \(CPSC\)](#)
- [Armed Forces Committee \(AFC\)](#)

The deadline for nominations is 12pm Friday 29 July. To submit your nomination, please login to the BMA's [election system](#).

To participate in the election, you must be a BMA member and hold the relevant position for the specified seat. For more information about the committees and the positions available please visit the committee webpages linked above or visit the elections system to access the elections guide.

If you have any queries regarding the election process, please contact elections@bma.org.uk.

GPC England committee pages and guidance for practices

Read more about the work of the GP [Committee](#)

Read practical guidance for [GP practices](#)

See the latest update on Twitter: [@TheBMA / Twitter](#), [@BMA_GP / Twitter](#) [@DrFJameel / Twitter](#)

Read about BMA in the media: [BMA media centre | British Medical Association](#)

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