

Dear colleagues

**Referendum of the GP 2024/25 Contract – Join the BMA today and have your say**

Your national team are anticipating a final contract proposal for 2024/25 from the DHSC (Department of Health and Social Care), together with NHSE (NHS England) to arrive later today – Friday 26 January. Your national committee, GPC England, will be meeting to fully consider this offer next week, on Thursday 1 February. In line with LMC conference policy, we are preparing to hold a referendum which will enable colleagues to decide whether the offer sufficiently supports general practice in England for the forthcoming financial year, or not.

To be eligible to vote in the referendum, you need to be an NHS GP, practising in England, and a BMA member. You can join the BMA [here](#). **We will be writing to you again the week after GPCE meets with more details.**

We recognise that the Government can still choose to impose a contract, regardless of a referendum outcome. It will, however, provide a vital temperature check of the profession which we can then share with ministers, the Department of Health and Social Care and NHS England.

Whether GPC England feels able to recommend the contract offer for 2024/25 will depend on whether it fulfils its promise to be a sufficiently stabilising ‘stepping stone’ contract following the end of the 2019-24 multi-year contract framework and PCN DES. We have been clear with the Department and NHS England that the 2024/25 contract must bring hope for the future and return confidence to our profession; allow practices to feel **safe** in delivering a sustainable service; deliver **safe** care for patients; and permit a **safe** working environment within which they can recruit and retain GPs and the wider essential practice team.

There are no surprises here, for context in Spring 2023, GPC England voted to prepare to ballot GPs on taking collective action if the Government did not ‘drastically improve the contract’ in these negotiations. With those discussions now reaching their conclusion, GPC England and the profession have important decisions to make. If there is no positive outcome to current talks with ministers, DHSC and NHSE, the spectre of GP collective action in 2024 remains.

If you are a GP member practising in England within the NHS, make sure the details we hold for you are up to date to ensure your vote counts. Tell your partners, colleagues, peers and friends. Update your member details on [www.bma.org.uk/my-bma](http://www.bma.org.uk/my-bma) share this email or [join us as a member](#) today.

Ensure everyone has a voice – please encourage your colleagues to [join the BMA](#).

**Medical Examiners’ arrangements and changes in the Medical Certificate of Cause of Death**

Colleagues will recall the ultimately postponed March 2023 introduction of the Medical Examiner (ME) scrutiny of non-coronial deaths in the community; this is now planned to be implemented in April 2024.

Regrettably there is no consistency within the England wide rollout; instead, ME units have been asked to form geographically appropriate links with local GP practices; this then means each practice should know where the deceased’s details, including medical records and the proposed MCCD (Medical Certificate of Cause of Death), should be sent. If a GP wishes to report a death to the

coroner instead, they can still do so but increasingly it is likely the coroner's office may ask if this referral has been discussed with the medical examiner first.

The purpose of the ME scrutiny is to:

- review the proposed cause of death on the MCCD
- review the care offered to the deceased prior to their death
- to offer an opportunity for the bereaved to ask any questions about, or put forward any concerns in relation to, the deceased's care.

The ME can contact the GP who has written the proposed MCCD to discuss this, or any information in the medical records. If all goes smoothly, the ME will confirm the proposed MCCD with the Registrar, GP practice, and a person who can act as the informant in terms of registering the death – normally a family member of the deceased.

The 'attending practitioner' will remain responsible for completing the MCCD, although there is now provision for a GP not being available, as in exceptional circumstances the ME can write a MCCD. If the ME and attending GP cannot agree on the cause of death, the matter will be referred to the Coroner.

To complement the ME arrangements, a new paper MCCD will be available from April 2024, with an online version promised later this year. This will include:

- details of the ME who scrutinized the cause of death
- ethnicity, if this is recorded in the deceased medical records
- medical devices and implants to be recorded on the MCCD by the attending practitioner.

The current Crematorium Form 4, and the private fee payable, is being abolished. Based on feedback so far, GPC England has the following concerns:

- the provision of information to ME Units from practices may be administratively burdensome in some cases
- ME units may not have sufficient capacity to undertake the scrutiny of community deaths within reasonable timescales and be unable to adapt these timescales to faith groups with particular expectations
- ME units may not appreciate the level of patient concerns and distress about delays in this process, as these concerns are currently being directed to practices.

GPC England recommends LMCs ask all practices to confirm their links with local ME units and to test the system for reliability and administrative burden. GPC England has written to the National Medical Examiner to highlight these continuing concerns.

### **EMIS and coding problems for QOF**

The Joint GP IT committee (with representatives from GPC England and RCGP) met last week. EMIS had been invited to speak following concerns raised by members about QOF/coding problems and medications missing from data sets following EMIS updates MKB 203, MKB 204 and MKB 205. EMIS is aware of these issues and apologised for them. They assured the committee they have been working to resolve them.

EMIS plan to release MKB 206 by the end of January to remedy the issues caused by previous updates. Once MKB 206 has been released, if you continue to run into problems, please do get in touch so we can collate concerns and share these with EMIS and resolve any further issues email:

[info.gpc@bma.org.uk](mailto:info.gpc@bma.org.uk). We recognise this has had an impact on your QOF work in this critical time running up to April and we have made EMIS aware of the seriousness of the situation for hard-pressed colleagues.

### **Access to Records – ICO response to DPIAs**

Following submission by many practices of their DPIAs (Data Protection Impact Assessments) relating to the accelerated access to records programme, the ICO (Information Commissioner's Office) has decided to publish its advice 'so GPs affected are aware of the ICO's views on the matter.' [Read the advice >](#)

The ICO is content that 'potential data protection risks have been identified, and that sufficient mitigations are in place.' Practices that haven't completed a DPIA are encouraged to do so and make their commissioners aware. If practices identify particular data protection risks associated with providing online access, which they do not consider to be mitigated, they should consult and engage with the ICO and their commissioner to find a way forward.

### **GP end of year forms: submission deadline extended to 31 March**

All Type 1 and Type 2 practitioners must complete the relevant certificate or form and submit to Primary Care Support England (PCSE) for work in England, or their local Health Board for work in Wales.

The release of both the Type 1 and Type 2 forms was delayed this year, and as a result the deadline for submitting these has been extended to **31 March 2024**.

### **BMA divisional elections**

Elections are now taking place within BMA divisions to choose local representatives to attend the BMA 2024 ARM (annual representative meeting). The BMA ARM debates and develops important policy issues that affect the whole profession, it also conducts elections to many of the BMA's committees, so a strong GP voice and influence is important. All GP colleagues are encouraged to review the local nominated candidates in their divisions and vote accordingly.

You can access the BMA election portal [here](#) (BMA members only) and click on "Online elections":

### **NHSE GP Fellowship Scheme cessation**

NHSE has announced that the NHSE GP Fellowships and Mentor schemes will end on 31 March 2024. We would like to remind and encourage those GPs who are within 24 months of having CCT'd on 31 March, and who have not yet taken advantage of the NHS GP Fellowship Scheme, to sign up for the programme in advance of the 31 March deadline. Those successful in securing a place ahead of the deadline will have funding secured for two years. Please get in touch with your local Training Hubs for details regarding how to register. Please share this information across your trainers and First 5 groups. Please also send any feedback on the programmes to [info.gpc@bma.org.uk](mailto:info.gpc@bma.org.uk)

### **Rebuild General Practice – template letter to MPs**

[Rebuild General Practice](#) is asking GPs to use its [template letter](#) to write to your local MP asking them to prioritise rebuilding general practice in their election roadmaps. Party manifestos are being written this spring, and we can make a difference by speaking as one unified voice and profession, to engage MPs, and local press. We must ensure that all major parties are motivated to prioritise the crisis in general practice and are committed to developing plans to do so following the election.

Find all the materials you need to take part in this action [here](#)

1. [Write to your MP](#)
2. Share the social media thread: <https://twitter.com/RebuildGP/status/1750131367575204082>
3. Write to your local newspaper editor to inform them of this action.
4. Encourage your colleagues to do the same by sharing your post and the materials with them.

### **UK LMC Conference – deadlines**

The deadline for UK LMC conference registration is *1 May 2024*. Please note that even if you've booked your hotel you will still need to register for the conference via <https://events.bma.org.uk/uk-conference-of-lmcs-2024/registration> - although note that *booking the hotel does not mean you are registered for conference*.

The deadline for submitting conference motions is noon, *1 March 2024*. You can submit your motions [here](#).

Any questions regarding registration and submission of motions please email [info.lmconference@bma.org.uk](mailto:info.lmconference@bma.org.uk).

### **[Extension of services for GP partners](#)**

For GP partners who are BMA members, we provide HR and employment law advice for you or your delegate. [The BMA Employer Advisory Service](#) is now offering a valuable extension of its services under the EAS: GP Enhanced Services Pilot. In addition to providing HR and employment law advice to GP practices through the BMA's GP partner membership, we are delighted to offer:

- support at formal meetings\*: disciplinary, grievance or appeal hearing (remote or in person)
- interpersonal mediation between practice staff
- support in conducting investigations in preparation for disciplinary or grievance meetings.

Please contact the BMA on [0300 123 1233](tel:03001231233), or email [support@bma.org.uk](mailto:support@bma.org.uk).

\*excluding those involving employed/locum doctors.

### **Wellbeing resources**

We continue to encourage practices to focus on their own team's wellbeing and take time to reflect on what can be done to protect it (this will also meet the requirements of QOF [quality improvement project on staff wellbeing](#)). We have produced a [document](#) which includes some tools for improving workload and safe working. A range of wellbeing and support services are also available to doctors, from the BMA's [counselling and peer support services](#), [NHS practitioner health service](#), [Samaritans](#) and [Doctors in Distress](#). See also our [poster with 10 tips to help maintain and support wellbeing](#).

### **GPC England committee pages and guidance for practices**

Read more about the work of [GPCE](#) and practical guidance for [GP practices](#). See the latest update on X [@BMA\\_GP](#) and read about [BMA in the media](#). Contact us: [info.GPC@bma.org.uk](mailto:info.GPC@bma.org.uk)

### **Read the latest [GPC England bulletin](#)**

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