

ISSUED TO LLR GPs & PRACTICE MANAGERS ON 1st April 2022

This month we are covering the following areas:

- a. 22/23 PCN Contract DES update
- b. MCCD and cremation certification from 25th March
- c. GP contract changes guidance
- d. QOF Immunisations and vaccinations
- e. 2022/23 flu programme: Ineligible cohorts
- f. Access to records
- g. Private provider requests for investigations under the NHS
- h. New policy for applications to the performer lists
- i. Fit notes
- j. Travel vaccinations
- k. Rebuild General Practice campaign launch
- l. Infection prevention control in healthcare settings
- m. Recruitment

a. 22/23 PCN CONTRACT DES UPDATE

Last night, NHSE have published the [Primary Care Network Contract DES for 22/23](#). Following a stalemate in negotiations between GPC England and NHS England, this has not been agreed or endorsed by the BMA.

For the 2022/23 Network Contract DES, this opt-out and opt-in window will apply until 30 April 2022 and allows for:

- a. Core Network Practices to opt-out of the 2022/23 Network Contract DES following automatic participation; or page 4
- b. Non-participating practices wishing to participate to opt-in to the 2022/23 Network Contract DES.

b. MCCD AND CREMATION CERTIFICATION 4 FROM 25TH MARCH 2022

The end of the Coronavirus Act means that there are further changes to completion of MCCD and Form Cremation 4.

MCCDs must now be completed by a doctor who has 'attended' the patient during their last illness. In preference, the signing GP must have either seen (face to face or by video) the patient within 28 days prior to death, or after death. If neither criterion is complied with, the registrar is required to report the death to the Coroner who will have to investigate, starting with requiring a report from the GP. We therefore recommend that in this circumstance GPs reports the death to the coroner in advance using:

- a) For Leicester City and Leicestershire South, the online portal:
leicester-portal.coronersconnect.co.uk
- b) For Leicestershire North, the PRISM Form

The criteria for completion of Form Cremation 4 has been changed to be in line with those for the MCCD. It is expected that the signing GP had treated the patient during their last illness and:

- (a) Had seen the deceased (including video) within 28 days prior to death, **or**
- (b) Viewed the body after death in person (not by video), **or**
- (c) The death has been registered with an MCCD supported by Form 100A issued by the coroner.

Cremation Form 5 has been permanently removed.

The LLR LMC short guide has been updated, and the PRISM form will be revised with the changes soon.

An electronic MCCD is being developed and is likely to be available before the end of the year. In addition, the Medical Examiner service is likely to become compulsory by summer.

We have attached the updated guidance to the LMC website along with the LLR LMC short guide to MCCD cremation 4 form, so it can be referenced with ease - [LLR LMC: Completion of Medical Certificates of Cause of Death \(MCCD\) and Verification of Death \(VoD\)](#)

c. GP CONTRACT CHANGES GUIDANCE

Following the [announcement of the GP contract changes](#) for 2022/23, which will come into effect from 1 April, GPC 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.

The GPC executive will be delivering a series of listening and Q&A sessions for on the 22/23 contract changes:

- | | |
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| • Wednesday 6 th April at 12.00 | Click here to join the meeting |
| • Wednesday 6 th April at 16.00 | Click here to join the meeting |
| • Thursday 7 th April at 13.00 | Click here to join the meeting |
| • Thursday 7 th April at 17.00 | Click here to join the meeting |

No booking is required, so it will be a first come first served with a maximum of 300 people.

d. QOF IMMUNISATIONS AND VACCINATIONS

We are aware that locally, regionally and nationally practices have reported significant challenges in trying to reach the target to receive full payment for QOF imms and vaccs. Despite practices having put in a lot of effort into reaching the threshold, practices are penalised for reasons out of their control.

The LMC has raised this with both the regional NHSE team and GPC, and are working for national change – we will update practices accordingly.

e. 2022/23 FLU PROGRAMME: INELIGIBLE COHORTS

The LMC had raised concerns to CCG, NHSE and GPC following the guidance that included information on the ineligible cohorts, as this could have a considerable impact on practices. The GPC has shared the following update:

‘Following the recent publication of the [guidance for the 2022/23 flu programme](#), we are aware that some practices may have based their orders on last year’s expanded cohorts and be experiencing difficulties in amending them. We have raised this with NHS England who have assured us that they have received commitments from manufacturers to being flexible if the reimbursement letter impacted existing orders. If manufacturers are refusing to provide this flexibility, practices should contact the NHS England flu inbox (phco.fluops@nhs.net) with the specifics and they will assist’.

f. ACCESS TO RECORDS

Practices will not be required to provide prospective access to records by the 1st April 2022, which was the former deadline. We are awaiting specific guidance from the GPC but have been informed that there are no confirmed specific timeframes for this programme as it will all depend on mitigating the concerns and putting technical guidance and capabilities in place.

As soon as GPC has provided a formal statement, we will inform practices and keep you updated accordingly.

g. PRIVATE PROVIDER REQUESTS FOR INVESTIGATIONS UNDER THE NHS

This is an incredibly helpful document with regards to [practices dealing with requests from private providers](#), as well as a template letter that practices may wish to adopt.

h. NEW POLICY FOR APPLICATIONS TO THE PERFORMERS LISTS

NHSE/I has published a [new policy for applications to the Medical Performers List](#) (MPL), which introduces a number of changes including the removal of duplicated checks, introduction of more nuanced support tailored to the specific needs of the performer, and confirmation that performers are able to increase or decrease their scope of work whilst on the MPL.

It is hoped by NHSE/I and the BMA that the new policy will bring positive changes for GPs in England. It is anticipated that it will allow a quicker application process due to the reduced documentary evidence required, and that the majority of applicants will be able to be included on the list with an education and/or clinical support plan and a probationary flag. These applicants will not require consideration by a Performers List Decision Panel. Read more [here](#).

i. FIT NOTES

In July 2021, the Government outlined plans to deliver fit note improvements including:

- removing the requirement to sign fit notes in ink (from April 2022) and allowing a wider range of eligible professionals to sign fit notes in (planned for summer 2022).
- embedding electronic fit notes in hospital systems are planned from spring 2022 and encouraging hospital doctors to issue fit notes to patients in their care will also further reduce the burden on GPs.

We are expecting further detail of these changes from the DWP over the coming weeks to enable awareness of and preparation for them and will update members accordingly.

j. TRAVEL VACCINATIONS

A refresher to the guidance in relation to travel vaccinations and what is core and what is chargeable. The latest guidance from BMA, [Travel vaccinations \(bma.org.uk\)](https://www.bma.org.uk/travel-vaccinations)

k. REBUILD GENERAL PRACTICE CAMPAIGN LAUNCH

GPs and their teams faced an extremely challenging time during the COVID-19 pandemic. At the same time, general practice in England continues to face a worsening workforce crisis. BMA research published last year showed that the NHS has lost nearly 2,000 full-time equivalent GPs in England since 2015.

In response, working in partnership, the BMA and GPDF have launched the [Rebuild General Practice](#) campaign. To launch the campaign, Dr Kieran Sharrock, GPC England Deputy Chair, gave a [keynote speech](#) earlier this week at the King's Fund, where he was joined by Jeremy Hunt MP, to outline the impact on patients that the workforce crisis is having.

You can read more about the launch event on the [BMA website](#)

To coincide with the launch, the campaign [released the findings](#) of a survey of GPs in England, Wales, and Scotland, which showed that:

- nearly nine in 10 GPs fear patients aren't always safe at their surgeries
- 7 out of 10 GPs feel the risk to 'patient safety' is increasing
- staff shortages and too little time for appointments were main factors putting patients at risk

- 86% of GPs stated they didn't have enough time with patients
- 77% of GPs said GP shortages were putting patient safety at risk.

It is vital that we build as much support for the campaign as possible. You can find more information on the [campaign website >](#)

You can also follow and share content, news and updates on the campaign [Twitter account >](#)

I. INFECTION PREVENTION CONTROL IN HEALTH SETTINGS

Although the COVID restrictions have been lifted in England, the [Infection Prevention Control](#) (IPC) guidance for healthcare workers remain in place and still advises that face masks should continue be worn by staff and patients in health care settings.

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

m. RECRUITMENT

Do you have a vacancy within your practice which you would like help advertising? If so, we would be more than happy to advertise your vacancy on our website for free. Simply send us a copy of the advert and job description to enquiries@llrlmc.co.uk.