



# Update from the Consortium of Lancashire & Cumbria LMCs

Tuesday 30<sup>th</sup> January

## Help us grow our audience - LMC Distribution list

We would like to grow our LMC audience. If you know any GPs or PMs in your practice that don't receive this Brieflet and/or is not on our distribution list, please ask them to [get in touch with us!](#)

## Report: The Financial Challenge facing Practices in Lancashire & Cumbria

The LMC recently carried out a survey asking GP Partners and Practice Managers about the current financial challenges facing their practice. We provided a key for a financial RAG (Red Amber Green) rating and asked practices to anonymously rate themselves accordingly. This formed the basis of our 'Financial Barometer'. Due to its alarming findings, the report has been written and compiled with two goals in mind: to inform Members of Parliament, NHS Commissioners and other stakeholders while also functioning as an easily readable narrative for the public.

We achieved a great overall response rate, where over 84 percent of our member practices responded to the survey. The responses and results highlight several serious concerns about the issues facing general practice locally and there is definite cause for concern. The future of General Practice, collectively and individually, is at stake. If action and serious attention is not given to this pressing issue, there is a very real possibility of mass practice closures and patients finding that access to a GP will worsen significantly. In the report, we make a number of recommendations to address some of the most pressing issues.

[You can read the report here.](#) Thank you to everyone who contributed, we are very grateful for your input and support. A big thank you to our hardworking and dedicated General Practice colleagues who took the time to help us with completing the survey. Please share this report far and wide including any people of influence within your practices as well as forwarding a copy to your PPGs so that we can mobilise the general public and allow them to be fully informed of how dire the situation is in General Practice. If you have any comments or enquiries about the report and its contents, please email us at [enquiries@nwlmc.org](mailto:enquiries@nwlmc.org)

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

The BMA GPC are anticipating a final contract proposal for 2024/25 from the DHSC together with NHSE. They will be meeting this week to fully consider this offer. In line with LMC conference policy, they are preparing to hold a referendum which will enable colleagues to decide whether the offer sufficiently supports general practice for the forth coming financial year.

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](#).

Although 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 can then be shared with ministers, the DHSC and NHSE.

If you are a BMA member, make sure your details are up to date to ensure your vote counts. Update your member details on [www.bma.org.uk/my-bma](http://www.bma.org.uk/my-bma) or [join as a member](#)





## Update from the Consortium of Lancashire & Cumbria LMCs

### Medical Examiners' arrangements and changes in the Medical Certificate of Cause of Death

You may recall the 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 geographical 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, the BMA GPC 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.

The LMC is currently liaising with local ME units to test the system for reliability and administrative burden. We are also in the process of supporting the arrangement of training events which we will keep you updated on. The BMA GPC has written to the National Medical Examiner to highlight these continuing concerns.





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### EMIS and coding problems for QOF

The Joint GPIT committee (with representatives from the BMA GPC and RCGP) met recently. 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 get in touch](#) with the BMA GPC so they can collate concerns and share these with EMIS and resolve any further issues. The BMA GPC recognise this has had an impact on your QOF work in this critical time running up to April and they 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, please consult and engage with the ICO and 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.

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.

### General Practice Alert State (GPAS)

You can see the the last SitRep results below. Results can also be found [on our website](#).

The data helps us gather a true picture of the pressure's practices are under. When completing the GPAS form please ensure that you are inputting the correct numbers to avoid incorrect data.

[Please let us know](#) if you are a Practice Manager and do not receive the GPAS input emails.

### Genomics in Practice newsletter

See the most recent newsletter on [Genomics in Practice from the North West Genomic Medicine Service Alliance here](#).

