



Update from the Consortium of Lancashire & Cumbria LMCs

Tuesday 15th February 2022

Calls on Government to begin negotiations for revised fit-for-purpose GP contract

In an extraordinary meeting last Thursday, where GPC England discussed the 2022-23 proposals from NHS England for this year's GP contract changes, the committee called on the Government to commence negotiations for the next GP contract, and to provide support for practices in meeting the ongoing demands placed on them in the wake of the pandemic.

During 2018, the BMA negotiated a five-year contract deal for general practice in England, with an agreement reached with NHS England in January 2019. Since then, details on implementation and additional amendments to the agreement have been negotiated annually.

However, as the deal was reached long before the arrival of the COVID-19 pandemic and all the additional and unprecedented challenges it has brought for practices, the committee is calling on the Government to enter negotiations with GPCE for a refreshed, fit-for-purpose contract so that practices can ably take care of patients, and adequately respond to the needs of general practice going forward.

GPC also called for immediate support for practices in managing the record backlog in the communities, so as to safely care for our patients and laid out our intention to begin plans for a profession-wide consultation on the future of General Practice. Read the statement [here](#)

Vaccination as a condition of employment (VCOD) – what are your responsibilities now?

The Secretary of State for Health, Sajid Javid, [announced](#) two weeks ago that healthcare workers will not require COVID vaccination as a condition of deployment, which the [BMA has welcomed](#) due to the policy's potentially devastating impact on workforce numbers.

However, there is still a professional responsibility for health and social care staff to be vaccinated. It is also a requirement for employers to ensure that employees are protected from infection. Non-vaccinated people should therefore be identified, and their role should be risk assessed to identify whether or not they should be redeployed into a non-patient-facing role.

Each case will be different depending on the level of risk, the potential other mitigations, the reasons for not getting vaccinated, and the practice set-up. Read more in the BMA [guidance on risk assessments](#), in particular the sections 'After the risk assessment' and 'The approach in primary and secondary care'.

The [BMA Employers Advisory Service](#) will be able to advise practices as employers on an individual basis.

Infection prevention control and risk assessments

GPC England and the BMA's Occupational Medicine Committee have now published [guidance on risk assessments for practices](#) to advise that employers should carry out risk assessments and provide mitigations to reduce risk of contracting COVID.





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This follows the BMA's [abbreviated guidance for practices](#) on COVID-19 Infection Prevention and Control published in January, which includes a template letter to CCGs requesting support with getting RPE supply.

2019/20 Pensions Annual Allowance Charge Compensation policy

The application window for 2019/20 Pensions Annual Allowance Charge Compensation Policy applications is coming to an end and any GP with an annual allowance charge for 2019/20 needs to submit their employer sign off to [PCSE](#) by 11 February 2022 (albeit late applications will be processed if you have not received your information to submit this, or if your information changes post McCloud).

The Scheme Pays application needs to be in with NHSBSA by the hard deadline of 31 March 2022 (late applications will not be accepted, where you have still have not received your information we advise submitting an application with a nominal amount which can be amended at a later date, again another window will open for this if your AA position changes after McCloud).

Read more about the Pensions Annual Allowance Charge Compensation Policy on the [PCSE website](#).

The BMA's advice on annual allowance is available [here](#)

GPs of Polish heritage

The LMC consortium have been contacted by a colleague at East Lancashire Hospital Trust regarding increasing uptake of vaccinations among residents of Polish heritage. The colleague is in the process of drafting a flyer, to be translated into Polish, for distribution through churches and centres and would like to be able to quote colleagues in the medical profession in the flyer. If you are able to help with this request, please get in touch.

Identifying and responding to sexual assault – attached

See the attached letter as a reminder from NHSE around identifying and responding to sexual assault and abuse and our responsibilities – including how the NHS is addressing this.

Death certificates

From midnight on 24th March 2022

- All deaths will need to be registered in person as the provision to register deaths by telephone will no longer be in force.
- A funeral director will no longer be able to act as a qualified informant.
- A medical practitioner who has not been in medical attendance during the deceased's last illness will no-longer be able to certify the cause of death (to complete a medical certificate of cause of death (MCCD)).





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To assist reverting from the emergency to normal working arrangements there are some transitional arrangements around MCCDs which allow those issued on or before 24 March 2022 under the emergency provisions to still be accepted by registrars. Fuller details will follow in due course.

NEW ARRANGEMENTS FROM 25 MARCH 2022

It has not yet been possible to amend primary legislation, which is why there is a need to revert to face to face registration. Some secondary legislation has been put into place, through an Electronic Communications Act (ECA) Order and a change to regulations which will enable some new arrangements to take effect from 25 March 2022.

These are summarised as follows:

- To be able to issue an MCCD, the certifying medical practitioner will need to have been in attendance during the deceased's last illness and either seen the deceased within the 28 days prior to death (the extension to 28 days has been retained via a change to secondary legislation) or after death.
- The new arrangements will enable MCCDs to continue to be received electronically from medical practitioners but will additionally remove the need to subsequently receive a hard copy. As the e-copy will have the same legal status as the paper, this will mean they can also be electronically stored and the requirement for hardcopy MCCDs to be sent into GRO on a quarterly basis is also able to be removed. There is some ongoing work on how long the e-copies will need to be retained.

