



28th March 2022

Dear Colleague

Welcome to this week's edition of the LMC Express.

The local updates for this week include:

- Housebound Flu LES 21/22 - last opportunity to claim (first published CCG bulletin 24th March 2022)
- CQRS 6 month deadline for vaccs & imms claims to be reinstated
- Message from Dr Alistair Challiner, Lead Medical Examiner and Consultant in Anaesthetics & Intensive Care Medicine, Medway Medical Examiner Office
- Covid-19 System Staff Risk Assessment v4.1 24th March 2022
- PCQS

This week we also have the national update from the BMA and we draw your attention to the following important announcements therein:

- Rebuild General Practice Campaign launch
- Future of general practice - Health Select Committee evidence
- GP contract changes guidance
- Safe working guidance
- Health foundation report on access to general practice
- MCCD and death certification
- Friends and Family Test
- Emergency GMC registration to end in September
- Fit Notes
- GPC regional elections
- Sessionals GPs committee regional elections

Housebound Flu LES 21/22 - last opportunity to claim (first published CCG bulletin 24th March 2022)

The CCG has received very few claims for the £11 per patient available under the housebound flu LES. We are keen to make sure that practices who administered the flu vaccination to their care homes/housebound patients receive the funding they are due, and we are therefore offering this **final opportunity to claim**. If you have not yet claimed for flu vaccinations administered by the practice to your patients in care homes or otherwise classed as housebound, please contact us at kmccg.pchealthoutcomes@nhs.net **before 5pm on Monday, 28 March**.

We are currently planning for 22/23 and need to ensure there is sufficient funding budgeted for the next flu season, and we will soon be scoping to inform the future commissioning need. Thank you in advance for your attention to this.

CQRS 6 month deadline for vaccs & imms claims to be reinstated

All practices should have received the attached email from Public Health Immunisations Team but in case you missed it we felt it was worth attaching a copy as it details the reinstatement of the 6 month deadline for CQRS vaccs and imms claims that was paused during COVID. It also includes details of an amnesty until May for outstanding claims.

Message from Dr Alistair Challiner, Lead Medical Examiner and Consultant in Anaesthetics & Intensive Care Medicine, Medway Medical Examiner Office

You may be aware that Medical Examiner offices at acute trusts now provide independent scrutiny of non-coronial deaths occurring in acute hospitals. The role of these offices is now being extended to also cover deaths occurring in the community. Medway Medical Examiner Office are currently working to establish a formal 'one click' system enabling GP Practices to refer patients to the ME Office via the electronic referral service, but due to the number of parties involved, this is taking longer than expected to implement – currently we envisage a full roll out in mid-May to June 2022. In the interim, we wanted to take the opportunity to introduce ourselves and offer practical support around death certification.

We would like to offer all of our partner practices the opportunity to meet with us, either face to face or via Microsoft Teams, to enable you to ask any questions regarding the impact of the system and provide feedback on the process we have developed. To set up a meeting, please let us know your availability either by replying to this email or phoning Hayley on 01634 976571 (please leave a voicemail if you are unable to get through).

Whilst we wait for the roll-out, we still want to be available to you to offer support with the death certification process in the following ways:

We are very happy to support bereaved families in the initial aftermath of death – our MEOs are experienced at supporting relatives through the death registration process and are able to signpost them to additional support.

Our Medical Examiners have all completed specialist training around completion of MCCDs and can provide support regarding acceptable causes of death, wording and ordering of conditions. Following on from a discussion with the Senior Coroner, we would particularly encourage doctors to contact us if they are considering a coroner referral due to an unknown cause of death or if the patient had not been seen within 28 days of their death by the GP, as the ME Office may be able to liaise with other healthcare providers to enable an MCCD to be completed, preventing the need to refer to the coroner.

You can request advice and support either by email (medwayft.medicalexamineroffice@nhs.net) or by telephone on 01634 976809. We aim for a swift turnaround of enquiries, and will usually address any queries by the close of play on the following working day.

We look forward to hearing from you.

Covid-19 System Staff Risk Assessment v4.1 24th March 2022

Please find attached the updated version of the Covid-19 System Staff Risk Assessment, Version 4.1 for you to consider adoption.

Minor changes have been made in Section 4: Point 4 re: Staff who are non-vaccinated. The 10-day isolation requirement for non-vaccinated staff has been removed, in line with national guidance.

Please note the information on the risk assessment is subject to change if new guidance is published by end of March 2022.

Primary Care Quality Standards update

The LMC and CCG met on 23 March as part of the continuing discussions regarding phase 2 PCQS services. A particular focus of the meeting was the Spirometry specification. This has been negotiated now over many months. The CCG's latest proposal is for a PCN based diagnostic only service with a tariff of £49.89 per unit of activity, and the funding of the service would come from the Primary Care Commissioning (PCC) budget for an initial period of 3 years. We agreed to present this proposal to the full Committee meeting on 28 April 2022. However, we did make the CCG aware of our concerns. Firstly, PCNs are not legal entities and nor are they units of delivery and therefore they cannot sign contracts on behalf of their constituent practices, who will need to decide what they sign up to deliver and whether they will collaborate at either PCN or federation level to deliver any service. Secondly, the LMC felt that the proposed tariff was not reflective of the cost of delivering spirometry. Thirdly, the funding for spirometry should come from decommissioning of the service elsewhere rather than rely on subsidising this activity from the primary care budget. Finally, follow up spirometry remains part of NICE guidelines therefore any CCG commissioning must either be for a comprehensive service or specify a pathway for practices to use should they deem a patient requires it.

We would welcome hearing from practices regarding the CCG's proposed structure and funding for the spirometry service prior to our meeting on 28 April 2022. You can feedback by either speaking to your [LMC representative](#) or by contacting the office via Info@kentlmc.org.

We also discussed proposed shared care arrangements for DMARDS, ADHD (Children and Adults) and Denosumab, and MGUS. These are currently being held up by the financial prioritisation processes of the CCG.

The CCG and LMC also have begun tentative discussions regarding a gender dysphoria service. It is recognised that the needs of these patients are complicated and will probably require a more holistic service that goes beyond shared care prescribing that GPs may provide.

Kind regards
Kent Local Medical Committee