

COVID-19 COMMUNICATION – Monday 30th March 2020

In these unprecedented times the LMC recognises the significant stress that general practice is under and we continue to work to support you all.

Thank you to all practices who have raised issues and concerns over the past week. The LMC has been working hard liaising with CCGs, other LMCs, GPC, BMA and other organisations such as the Coroners Service to escalate these and try to get them resolved. We recognise that some of this information is already in circulation and would like to thank Berkshire, Buckinghamshire and Oxfordshire LMC; we have updated the information to ensure it is relevant for LLR constituents. Please note specifically the following advice:

SUBJECT ACCESS REQUESTS (SAR):

Unfortunately, GDPR has not been relaxed and practices have reported ongoing Subject Access Requests. We have raised this with the BMA who have advised that although the legislation has not been relaxed, practices who receive an SAR and are unable to complete it within the specified 30 days may reply to the data subject (within 30 days) to inform them that an extension of 60 days will be required due to the pandemic. This will extend the total time window to 90 days.¹

DEATH VERIFICATION:

We remind constituent GPs that there is nothing in English Law to require a death to be verified by a doctor, nor for the body of the deceased to be examined by a doctor, nor is there a contractual obligation to do these things. We advise against GPs verifying in person the death of patients who may be infected with coronavirus. Such deaths may be verified by other persons who are with the deceased at the time, by emergency services who are in attendance, or by the funeral director.

DEATH CERTIFICATION:

We are having dialogue with the Leicestershire Coroners. Understandably, the coronial service will be under unprecedented strain during this pandemic and for workload reasons, but also infection control reasons, post-mortems are being avoided unless absolutely necessary. The LMC advice is that wherever possible every effort should be made to give the most likely cause of death. The current legislation requires a registered medical practitioner to give their 'opinion' of the cause of death

You should not report COVID-19 deaths to the coroner, as despite being a notifiable disease, it is not a reportable disease. You should report the case to Public Health England in the usual way.

In addition to the above, the new Coronavirus Act 2020 ^{2, 3} has now passed into law, and the appropriate regulations have been triggered by the General Register Officer, which makes the following changes to the process:

- Any doctor may complete a medical certificate of cause of death so long as they are able to give a cause of death to the best of their knowledge
- Relaxation of the 14-day requirement so that the deceased need only be seen by any doctor (not just the certifying doctor) in the preceding 28 days
- If a doctor has seen the patient in the preceding 28 days by video link, the patient is considered to have been “seen” as if they had been seen face to face.

CREMATION FORMS:

All LMCs are trying to get definitive guidance from the BMA regarding the safe completion of cremation forms. Whilst the GRO guidance allows for video consultation before death, it states this is not acceptable for examination of the deceased after death for the purpose of signing the MCCD, which has been confused with extending this requirement to completing Form 4ⁱ. However, some medical referees have said this is, in fact acceptable. We would support examination via video link, and we would strongly advise against GPs examining the body of a deceased patient infected with coronavirus in person due to the obvious infection risk to the doctor and subsequently to their patients and staff or to do so with PPE.

We remind GPs that if they choose to complete a cremation Form 4, their only obligation is to ensure that all questions on the form are answered legibly.⁴ If you have not seen the patient after death, please make this clear on the form and the reason for it (e.g. infection risk). It is then up to the medical referee to decide whether to accept or reject it. To make the job of the medical referees as easy as possible we encourage GPs to complete the form as quickly as possible, as comprehensively as possible and legibly. We also ask GPs to bear in mind in these unprecedented times the medical referees may wish to discuss the case with you prior to signing off a cremation.

The Coronavirus Act 2020 has removed the need for a confirmatory (Form 5) medical certificate. Therefore, there is no need to find another doctor to complete a second confirmatory cremation form.

PRESCRIPTIONS:

The LMC has been advised of national shortages of various medicines due to panic excess demand. We have been asked to encourage GPs to stick to 28-day scripts wherever possible to mitigate national supplies. However, we are clear that GPs must exercise their individual clinical judgment and sometimes issuing of larger supplies may be appropriate, for example with vulnerable patient groups.

We are aware of the issues with dossett boxes locally and the LMC is actively having discussions with the CCGs in LLR. Though not directly under CCG authority, a solution is for social care staff to again prompt and control the taking of medication.

HOT SITES:

Various regions are approaching the pandemic in different ways and a common theme across the country are “hot sites” or “hot hubs.” The LMC has been working with commissioners closely to ensure such sites do not place constituent GPs’ safety at risk. It is vitally important that such hot sites are far removed from “cold” sites (e.g. they should not be in the same building).

With regard to staffing of these sites, the LMC wishes to make clear that GPs should absolutely not be consulting face to face any patient with suspected coronavirus unless all of the following criteria are met:

1. They have chosen to of their own free will – **GPs must not feel pressured, coerced or shamed into working in such sites. We encourage any GPs who do feel they are being pressured to work in an unsafe way to approach the LMC who will escalate it to the BMA. GPs who do volunteer must be risk assessed and not permitted to work in these environments if they are part of a vulnerable group as defined by the Government**

2. They are doing so as part of a separately commissioned COVID-19 service **in an appropriately equipped site separate to General Practice. They should not be seeing such patients in their own surgeries.**
3. They are equipped with appropriate PPE.

PPE:

The LMC continues to maintain that the standard of PPE supplied by NHS England to practices, should be adequate. This position has been supported by the BMA in the media.^{5,6} We reiterate our advice that, supported by the BMA, the following PPE should be used as a minimum in all face to face consultations:

- Fluid repellent face mask
- Eye visor or goggles (for certain examinations)
- Full length sleeved gown
- Gloves

For aerosol generating procedures (AGPs) an FFP3 mask should be used. There remains a lack of clarity or evidence base from the government with regard to what constitutes an AGP. Evidence from Oxford University Centre for Evidence Based Medicine (CBM) makes it clear that PPE must include the above.⁷

We continue to press centrally for appropriate PPE for all practices. In the meantime, in the absence of appropriate PPE, we support practices in adopting a NO PPE, NO SEE policy and not conducting any face to face consultations without appropriate PPE. We draw constituents' attention to recently published BMA Ethics guidance on PPE⁸ which makes it clear GPs are under no obligation to risk their own safety and says:

There are limits to the risks you can be expected to expose yourself to. You are not under a binding obligation to provide high-risk services where your employer does not provide appropriate safety and protection.

TRIAGE:

We strongly advise practices to employ a total telephone or video triage system and keep face to face consultations to an absolute minimum. An excellent resource for the triage of patients with suspected COVID-19 has been drawn up by Prof. Trish Greenhalgh of Oxford University and is published in the BMJ.⁹ We encourage constituents to refer to it.

GP REGISTRARS:

A FAQ has been developed which has been sent out to all trainers, we have attached [here](#) for our constituents.

SICK NOTES (MED3):

We have received several queries from practices regarding sick notes.

1. Patients with Covid-19 symptoms who self-isolate and those without symptoms in the same household who are social distancing for 14 days need to get isolation certificate from NHS 111 <https://111.nhs.uk/isolation-note/>
2. For vulnerable patients who have received a letter from NHSE to "shield", that letter can be used as evidence for employers

3. Patients who are at high risk but not within the vulnerable group; should be “socially isolating” and they need to discuss this with their employer.
4. For practice staff who have received a letter.
We have made contact with GPC who have said practices are not eligible for the job retention scheme so wouldn't be able to claim for staff that are furloughed. In the guidance it states, ‘The government expects that the scheme will not be used by many public sector organisations, as the majority of public sector employees are continuing to provide essential public services or contribute to the response to the coronavirus outbreak’. The argument that is being paid is the funding for these positions will remain. In relation to whether the practice pays SSP, full pay etc – this is something that would need to be agreed within practice or discussed with your HR provider.
5. Reimbursement for practice staff sickness – Practices can claim for reimbursement costs relating to the effects of Covid19 by updating the CCG survey monkey (it is advisable to keep all receipts and invoices). – please refer to daily sitrep.

UNRESOLVED ONGOING ISSUES:

The following issues remain ongoing and yet to be resolved. We continue to raise issues with the BMA as they occur. The below list is not exhaustive. If you feel something has been missed please let us know by emailing enquiries@llrlmc.co.uk

Issue	Status
Easter Bank Holiday Opening	Awaiting guidance
Death in service for locums	Taken up nationally by Sessional GP Committee
Referrals	Regional rather than national, awaiting national guidance
Home Visits including EoL care	Awaiting national guidance, some local systems in place
Testing of frontline staff	Awaiting guidance

FINAL CLOSING REMARKS:

The LMC reiterates our reassurance that we are here for practices and constituents to support you. Please make us aware of issues arising locally, or any queries you have. Our physical office remains closed, but all of our staff continue to work remotely to assist and support you.

Keep yourselves and your colleagues safe. Take no risks. Ask for help if you need it.

Best wishes and stay safe,
LLR LMC Board

References:

1. <https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/individual-rights/right-of-access/>
2. <http://www.legislation.gov.uk/ukpga/2020/7/contents/enacted>
3. <https://commonslibrary.parliament.uk/research-briefings/cbp-8860/>
4. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/853844/medical-practitioners-completing-forms-cremation-4-5-guidance.pdf
5. <http://www.pulsetoday.co.uk/clinical/clinical-specialties/respiratory-gps-and-hospital-doctors-will-die-without-proper-ppe-bma-warns/20040456.article>

6. <https://canvas.vuelio.co.uk/britishmedicalassociation/bma-in-the-news-thurs-26-march-2020/view/covid-19-bma-warns-of-ppe-shortages-coverage-round-up/item>
7. <https://www.cebm.net/covid-19/what-is-the-efficacy-of-standard-face-masks-compared-to-respirator-masks-in-preventing-covid-type-respiratory-illnesses-in-primary-care-staff/>
8. <https://beta.bma.org.uk/advice-and-support/covid-19/ethics/covid-19-faqs-about-ethics>
9. <https://www.bmj.com/content/368/bmj.m1182>

ⁱ <https://www.iccm-uk.com/iccm/wp-content/library/GROCircular-5-2020.pdf>