

# COVID-19 Update

Sheffield  
LMC



16 April 2020

**\*\*\*To All Represented Sheffield GPs & Practice Managers\*\*\***

Dear Colleagues

Thank you to all practices working tirelessly over the Bank Holiday weekend to support our patients and Out of Hours teams. A recent conversation with Greg Fell, Director of Public Health, would suggest that we are still a couple of weeks away from peak COVID activity in Sheffield, and this peak will last 2-3 weeks before easing. Pandemic modelling is not an exact science, but it helps us to continue planning.

Recent communication from Sheffield CCG and information from the Harrow Hot Hub, courtesy of Dr David Lloyd, reminds us there are 2 types of primary care patients with COVID who need admitting:

1. The obviously unwell patient with shortness of breath and low oxygen saturations.
2. Patients who present with symptoms of Coronavirus, they seem reasonably well and only slightly short of breath but have low oxygen saturations.

Please follow the current admission pathways updated regularly by Sheffield CCG.

## Care Quality Commission (CQC) Update

There have been a number of queries raised nationally about the need to inform CQC of deaths related to COVID19. Deaths caused directly by COVID19 do not need to be reported to CQC unless they occur during [regulated activity](#).

CQC have added a COVID mythbuster to explain this and registration of “Hot Hub” sites which can be found [here](#).

## Death verification, certification and Cremation Form 4 (Again)

This area continues to cause some confusion and we have had questions raised about all 3 main areas. Our current understanding of the legislation is:

1. *Verification that death has occurred.* The requirement in English Law is that verification of death does not need to be by a medical practitioner. This is also advice given on the CQC website [here](#). We have sought advice from the Senior Coroner for Sheffield who has stated:

*“The verification of death should be undertaken by a healthcare professional who has undertaken the appropriate training. In the majority of areas this is restricted to doctors, nurses and paramedics. There are specific, prescribed circumstances where police officers may verify life extinct. Police officers receive specific training in relation to this.*

*We do not consider that it is an acceptable position for untrained funeral directors or family members to verify life extinct. Indeed, this would be contrary to HM Government Guidance.”*

We will continue to challenge this assumption through National negotiations.

In the meantime, we consider GPs should concentrate on dealing with living patients requiring our services when it is clear others are competent at verifying death has occurred.

This does not preclude a GP visit for compassionate reasons.

2. Completion of the Medical Certificate of Cause of Death (MCCD). This does have to be performed by a medical practitioner as long as they fulfil the guidance from the [General Register Office](#), namely:

Signing of the MCCD

- Provision for any registered medical practitioner to issue a MCCD without having personally attended the deceased, provided they are sufficiently able, from the available information, to ascertain the cause of death.
- The declaration on MCCDs will be amended as necessary by certifying doctors. This will show whether or not they have been in medical attendance and if not whether another doctor has seen the deceased after death and / or within 28 days prior to death.

3. Completion of the Cremation Form 4. Ministry of Justice updated guidance can be found [here](#).

Again, this needs to be completed by a medical practitioner who:

- a. has seen the deceased in the 28 days prior to death; or
- b. has seen the body of the deceased after death; or
- c. knows of another medical practitioner who either saw the deceased in the 28 days prior to death or has seen the body after death.

Sheffield City Council also ask:

*“We would be most grateful if you would add your mobile phone number and bleep or surgery number to the Cremation Form 4 to avoid any delays to the funeral.”*

### **High Risk Patient Data Extraction**

This has been a short-term trial for us all and I understand patient lists for EMIS have been slower to materialise than for SystemOne. Whilst deadlines have been tight (almost impossible) it is important to try and complete the tasks as soon as possible so those patients genuinely at high risk requiring shielding can get the appropriate benefits. Further data extractions nationally are expected soon.

### **Shielding for Primary Care Staff**

A number of practices will have staff that fit the criteria for shielding and who have received a letter. Clearly it is for practices to establish whether these staff can do any work safely from home. Richard Vautrey, Chair, General Practitioners Committee (GPC) has noted:

*“As the practice will continue to receive its regular income they should pay the shielding member of staff as normal. If there is a need to take on an additional member of staff to cover their work, and that's not currently always the case as some practices are busier than others at present, that **could** be covered by the forthcoming Covid-19 funding arrangements (although this has yet to be signed off centrally).”*

**DR ALASTAIR BRADLEY**  
**Chair**