

COVID-19 Update

Sheffield
LMC



23 April 2020

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

Dear Colleagues

We continue to receive a significant number of queries on COVID related issues and, whilst we try to answer these expediently, this is still a rapidly evolving and complex environment. Please be assured that we continue to seek answers or clarification on issues already raised, as well as dealing with new enquiries.

Legal advice to practices

We have received an offer, through the General Practitioners Defence Fund (GPDF), for free legal guidance in relation to commercial, contractual and employment issues that LMCs and practices might be facing as a result of the pandemic. This is through their legal advisers, Penningtons Manches Cooper.

There is already a significant amount of advice addressing a number of common commercial and employment issues which are contained in their Coronavirus Resource Hub:

<https://www.penningtonslaw.com/covid-19>

If practices have problems that are not answered by the Resource Hub then please email the query to the LMC office via administrator@sheffieldlmc.org.uk. These can only be raised through the GPDF offer by LMCs. The non-sensitive / non-confidential questions received and the legal guidance in response will appear in the library section of the GPDF's website accessible to all LMCs. Sensitive / confidential replies will be sent directly to the requesting LMC and shared with the practice.

Self-identifying shielded patients

The deadline to review self-identifying shielded patients has been extended to 28 April 2020. This is because a number of practices had not received the list in time. Practices are asked to categorise this group into high / medium / low risk and send letters to the appropriate cohort.

Locum GP contract for temporary employment

LMCs and the General Practitioners Committee (GPC) have sought ways of ensuring locum GPs have access to schemes such as in-service death benefits during this pandemic. We are aware of concerns relating to face to face (F2F) contacts when the security of financial protection is unavailable. National guidance has been promised but is not forthcoming yet. The British Medical Association (BMA) has, therefore, developed their own flexible contract that practices may wish to adapt to their personal needs. This contract gives guidance rather than rigidity to discussions with locums, but does then provide access to a greater range of financial security for the locum. It is available to view [here](#).

Funding during COVID pandemic

We have received significant support and reassurances regarding funding streams from Sheffield Clinical Commissioning Group (CCG), particularly around Locally Commissioned Services (LCSs) and access to Primary Care Network (PCN) funds for managing the crisis. We are in the process of drawing up and populating a template to identify both local and national funding sources for practices. This will include usual funding streams and COVID related expenses, as well as potential financial losses related to loss of activity due to COVID. We will share this once available.

Completing the Medical Certificate of Cause of Death (MCCD) (again)

We have had issues raised by GPs, the Coroner's Office and the Registrar's office about completion of MCCDs and possible referral on to the coroner. We are all very busy at this time and need to ensure that we support and help each other to maintain smooth running of the system.

The current issue is around a doctor seeing the patient prior to death or after death.

I have highlighted the relevant section from the [General Register Office](#) letter of 27 March 2020:

MCCD for registration purposes

- *A medical certificate can be accepted from any medical practitioner so long as they are able to state to the best of their knowledge the cause of death.*
- *Registrars can accept MCCDs without referral to the coroner, provided it contains an acceptable cause of death, and indicates that a medical practitioner has seen the deceased either within the 28 days prior to death, or after death (this does not need to be the certifying medical practitioner).*
- *While these provisions are in force, if it is indicated that a patient was seen in the 28 days prior to death by video link (such as skype) this should be accepted as seen. This (video link) does not however meet the requirement for seen after death.*

A flow chart developed by the Royal College of Pathologists is available [here](#).

Whilst this remains current advice, the BMA has written to the Ministry of Justice to highlight 3 areas they consider could assist GPs and Registrars with their daily workload:

1. Including telephone calls as an acceptable form of "attending" the patient prior to death within the 28-day time limit.
2. Including senior members of the multi-disciplinary clinical team within the group defined as "attending" the patient.
3. Accepting video examination of the body after death where no one has attended the patient within 28 days.

We are working closely with Sheffield CCG to achieve these goals locally.

We await the outcome of any negotiations and will keep you informed of any updates.

BMA Toolkit for practices

This week the BMA published a toolkit for GPs and practices which should hopefully answer many of the questions they have been receiving on a large range of topics:

<https://www.bma.org.uk/advice-and-support/covid-19/practical-guidance/covid-19-toolkit-for-gps-and-gp-practices>

The toolkit, which will be updated regularly, covers:

- Service provision
- Home visits and care homes
- Redeploying staff, working in hubs and furlough
- Indemnity
- Annual leave
- Dispensing and medications
- Locum doctors
- Primary care networks
- Links to updated guidance on returning doctors, IT, homeworking and remote consultations.

Once again, we are all grateful for everyone pulling together to support our patients during these difficult times.

DR ALASTAIR BRADLEY

Chair