

Dear colleague,

I'm writing with some hopefully useful information at a time when advice and circumstances are changing rapidly.

Attached is the latest update from NHSE which practices should have received separately.

PPE - Despite repeated appeals, supplies of PPE coming into primary care have been inadequate in both quantity and fitness for purpose. Being asymptomatic does not mean not a risk. Official guidance appears to have been influenced by expediency. Hopefully provision and official guidance will change to reflect this.

The BMA advice is that the following should be worn in all f2f consultations:

- Fluid repellent face mask
- Eye visor or goggles
- Full length sleeved gown
- Gloves

For aerosol generating procedures an FFP3 mask should be used.

I don't think it is good enough to say that official guidance should be blindly followed, particularly when it is at variance with recommendations from WHO and other recognised authorities. Individual practitioners must try to balance their duty of care to patients to their responsibility to themselves and their families to stay safe. A 'no PPE no see' approach has been advocated and would seem to be supported by advice from the BMA Ethics Committee. These are very challenging times. You need to decide what, if any, compromises are acceptable for you and your staff. You (and they) cannot be compelled to *'provide high-risk services where your employer does not provide appropriate safety and protection'*.

TRIAGE - You should hopefully be triaging every appointment request and avoiding f2f consultations as much as possible. There is going to be an issue with 'external' direct bookings from 111 or the Coronavirus assessment service. Practices should decide how to deliver the appropriate care to each patient according to the record of the assessment already made and the local delivery model. You may decide to re-triage all external bookings.

It is important to stress that you retain the right to decide. You should not be seeing patients suspected of being Covid-19 +ve at the surgery - unless it has been specifically designated as a hot site. You will be asked to visit Covid +ve patients by the Coronavirus Management Service.

The following excellent advice, which we endorse, is taken from a newsletter produced by **Berkshire, Buckinghamshire and Oxfordshire LMCs**:

SUBJECT ACCESS REQUESTS (SAR):

Unfortunately, GDPR has not been relaxed and practices have reported ongoing Subject Access Requests. 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.

DEATH VERIFICATION:

There is nothing in English Law that requires 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.

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DEATH CERTIFICATION:

The coroner's 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. Wherever possible every effort should be made to give the *most likely* cause of death.

Also, you do not need to 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 PHE in the usual way.

In addition to the above, the new Coronavirus Act 2020 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
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- CREMATION FORMS:
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- Definitive guidance is awaited 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. 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.
- If GPs choose to complete a cremation form, their only obligation is to ensure that all questions on the form are answered legibly. 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.
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- 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.
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- PRESCRIPTIONS:
- There are 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.

A number of GPs who retired within the last three years have now been granted temporary registration and will be returning to NHS work. It appears that NHSE intends they be deployed in centralised triage and the Coronavirus assessment service but some may choose to work in practices.

Best wishes,

Ian