



14<sup>th</sup> March 2022

Dear Colleagues

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

The local updates for this week include:

- EKHUFT Covid Laptops
- Update - Verification of death, Medical Certification of Cause of Death (MCCD) and Cremation form 4 from 25<sup>th</sup> March 2022
- NHS Health Checks

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

- GP Contract Negotiations and the future of general practice
- Safe working in general practice
- BMA successfully challenges threatening letters from solicitors (re Covid Exemptions)
- NHSPS service charges dispute update - trial dates
- Guidance for 2022/23 seasonal flu vaccination programme (readers are asked to note changes to cohorts and consider the implications for the flu vaccine orders for the coming season)
- Mandatory vaccinations for healthcare staff to be revoked (VCOD)
- Pneumococcal vaccine claims
- Smoking Cessation service
- GPC regional elections (please note the current election for the Kent constituency)
- Sessional GPs committee regional elections
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### **EKHUFT Covid Laptops**

Currently the EKHUFT Covid laptops sit outside of the CSU agreement, but will form part of the new arrangements with the new CSU provider from the 1<sup>st</sup> April. If there are any problems in the meantime then these can be escalated to Darren Gilham, Primary Care Digital Project Manager at the CCG ([Darren.gilham@nhs.net](mailto:Darren.gilham@nhs.net)) 07776183132.

### **Update Verification of death, Medical Certification of Cause of Death (MCCD) and Cremation form 4 from 25<sup>th</sup> March 2022**

The Coronavirus Act 2020, which introduced easements to death certification processes and cremation forms, expires at midnight on 24 March 2022. Some changes have been retained on a permanent basis through other measures, and other processes revert to previous practice. Below is a reminder of existing processes and an update of the changes to come into effect. Reviewing of these processes has made it clear that there are historic practices that GPs may have followed which are time consuming and may be unnecessary.

#### **Verification of death (identifying a person has died)**

Verification tends to be performed by registered health care professionals informed by their code

of conduct (commonly District Nurses, Paramedics or GPs) GP's are not obliged to attend a scene a death has occurred. For expected deaths from apparently natural causes anyone may verify death (which would include funeral directors or family members) GPs may choose to assist families to do this remotely or in person.

### **Medical Certification of Cause of Death (MCCD)**

- Making permanent the attended period before death to 28 days (it was 14 days prior to the pandemic)
- Revert back to 'Certifying Medical Practitioner will need to have been in attendance during the deceased last illness' ( temporarily any Medical Practitioner under Coronavirus Act 2020)
- Continuation of electronic transfer of MCCD

### **What conditions enable a MCCD to be issued without coroners' permission?**

A medical practitioner with GMC registration who has attended the deceased for their last illness and can state the cause of death to the best of their knowledge if either of the below conditions are met

- Attended (in person or via video link but not telephone/audio) the deceased during their final illness up to 28 days before death  
OR
- Viewed the body in person after death, and can state the cause of death to the best of their knowledge and belief.

Please remember to submit the above information to your local [Medical Examiner](#) prior to issuing the MCCD in those practices that are enrolled into a ME process.

### **What if above conditions cannot be met?**

A MCCD can still be completed by the medical practitioner if they can state the cause of death to the best of their knowledge and belief, but this will require coroner notification at registration, or preferably by the medical practitioner beforehand to avoid distress to the bereaved. The coroner may then complete Form 100A and send this to the registrar to allow registration. If no medical practitioner can state the cause of death to the best of their knowledge and belief, the coroner will have to be notified. It would then be for the coroner to determine the cause of death.

The coroner must be notified for any death that is unexpected, unnatural, violent or of an unknown cause. An unexpected death is one that is: not anticipated or related to a known illness that has been previously identified or unnatural or unexplained.

### **Registration of MCCD**

- Electronic transfer is preferred - the MCCD is scanned or photographed and sent from a secure email account to registrars as an attachment.
- Where electronic transfer is not possible, a paper MCCD can still be issued to a qualified informant for them to deliver to the registrar. It must not be given to the family
- Next of kin/informant will need to register the death in person.

The legal requirement remains that a death must be registered within 5 days, unless there has been Coroner involvement.

It would be helpful if surgeries could forward contact details for the deceased's family when emailing the MCCD to the Register Office, so the family can be contacted asap to make an appointment for the registration.

### **Cremation forms revised guidance for medical practitioners**

- Making permanent the attended period before death to 28 days (it was 14 days prior to the pandemic)
- Electronic PDF Form 4 available, if submitted by nhs email of GP completing the form this acts as electronic signature
- Crem Form 5/ part 2 by second Doctor not to be re-introduced

### **Form 4 (Cremation Medical Certificate) replacing Form B**

This is the form GPs will be familiar with, the questions have not changed. The requirements for a medical practitioner to complete cremation form 4 are the same as for the MCCD

- Attended the deceased (including visual/video consultation) within 28 days before death OR
- Viewed the body in person after death
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[Cremation Form 4](#) is now an interactive PDF document and can be completed and saved before sending, or paper copies can be scanned/photographed and submitted electronically. An added electronic signature is not required if the form is sent from the secure (nhs.net) email account of the person completing the form.

### **Why does the above guidance (not new) suggest I do not have to see a body after death to complete a Crematorium Form 4?**

It is our understanding that there is no legal requirement to view the body after death to complete a Form 4 so for Qu 8 "Please state the date and time that you saw the body of the deceased and the examination that you made..." the Doctor can opt not to examine and answer 'N/A'. This process is helped if you enter the name of the professional who verified the death in Qu 9. However, it is ultimately for the crematorium referee (who is an appointed Doctor) to decide whether they accept this. We are aware this might be different to historic practice but in fact is not a change in the law or legislation. We are planning to work with Crematorium medical referees as clearly not having to see a body after death could save hours of GPs time.

### **Form5 (confirmatory Medical Certificate) part 2 (second Doctor component)**

It is the government's intention that it will not be re-introduced

Sources :

[Coronavirus Act expiry – Death certification and registration easements from 25<sup>th</sup> March 2022](#)

[The Cremation\(England and Wales\) \(Amendment\) Regulations 2022](#)

[GP mythbuster 13 :Verification and certification of death : CQC](#)

[The National medical examiner system NHS England](#)

## **NHS Health Check Programme**

Throughout the COVID-19 pandemic, GP participation in the Kent NHS Health Check programme reduced as GPs prioritised urgent care and vaccination efforts. With the new financial year approaching, Kent County Council would like to highlight the importance of once again being involved in the NHS Health Check programme.

The NHS Health Check is a proactive prevention programme where those aged 40-74, without a pre-existing condition, are invited for a focused 1:1 intervention to ascertain potential CVD risk.

- Benefits of the programme include:
- An opportunity to identify undetected health conditions early amongst your populations, resulting in better health outcomes. This will be of particular importance given the impact of COVID-19 and can support in recovery
- An opportunity to support the prevention agenda through the identification of early lifestyle risk factors that could lead to long term conditions for patients and refer/signpost patients to access services that could support them
- Your patients can become more knowledgeable around their own health and can manage their own health conditions better
- The opportunity to achieve QOF points where NHS Health Check activities overlap with indicators, both during the check and after
- Learning and development opportunities for practice staff
- Full support offered, including training, supply of an easy-to-use software system, and a named contact to ask any questions

Your level of involvement in the mandated NHS Health Checks programme may vary depending on your priorities, although the above benefits can still be achieved regardless. GPs can join the programme on a 'full delivery' contract, where you both invite your eligible population *and* perform the checks. Alternatively, GPs can join on an 'invite only' contract, where you invite your eligible population with the checks then carried out by KCHFT's core team.

For more information on stepping up the NHS Health programme in your practice, please contact KCHFT who manage the Kent programme. If you would no longer like your practice to provide NHS Health Checks, please inform KCHFT so that KCC and KCHFT can look at sourcing alternative provision for your patients.

KCHFT contact: [kimberleylloyd@nhs.net](mailto:kimberleylloyd@nhs.net)

Kind regards  
Kent Local Medical Committee