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Business Services Authority

Research playback

What we learned about the current process and user feedback on the future service design

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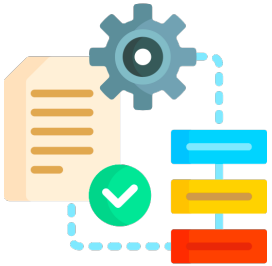
Playback aim

- To share insights collected in the most recent research relating to:
  - the current MCCD process
  - Feedback on the future MCCD process

- As there was overlap between 3 out of 4 research streams this sprint, we've aggregated these into this presentation

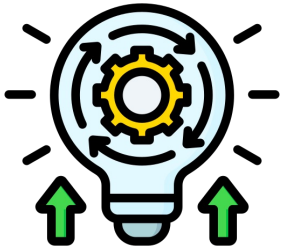
The research conducted



Research stream 1

Aim
To understand the role of **bereavement officers** within the MCCD journey

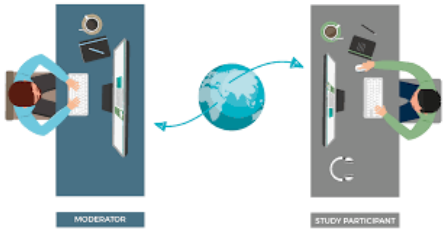
Method: Interviews



Research stream 2

Aim
To understand **to what extent the 'future' service design will meet users' needs**

Method: Concept testing



Research stream 3

Aim
To determine the acceptability and usability of the:

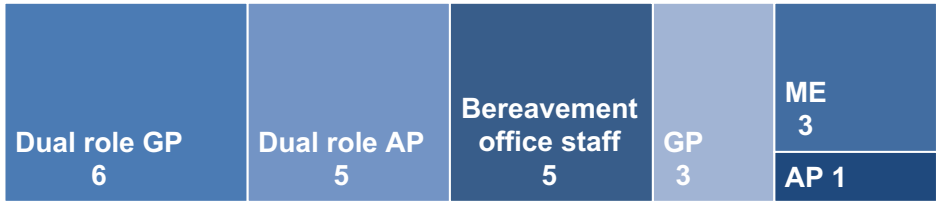
- **Registration process**
- **Dashboard designs**

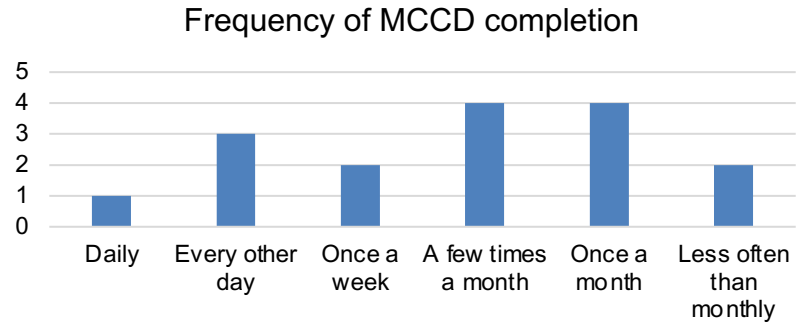
Method: Remote usability testing

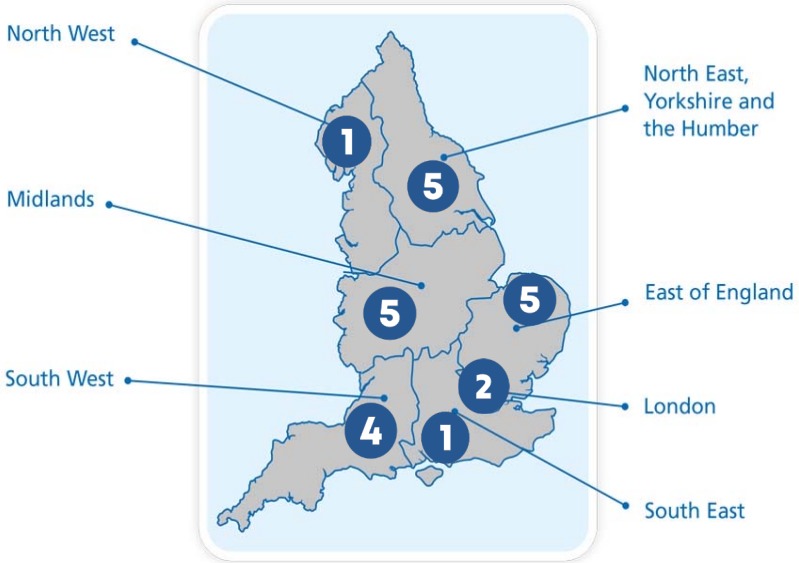
The sample

23 participants

Heterogenous sampling - role, location and frequency of MCCD completion (AP/GP)



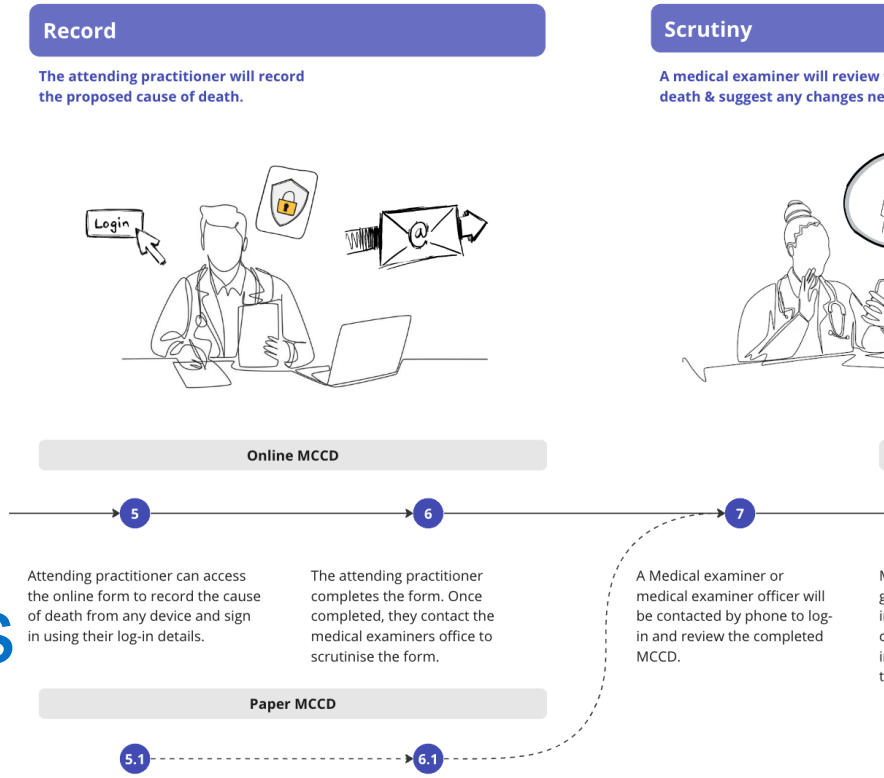




The research gave us a chance to test some of our assumptions.

Assumption 1:

Attending Practitioners complete the MCCD **before** the scrutiny.



Assumption 2:

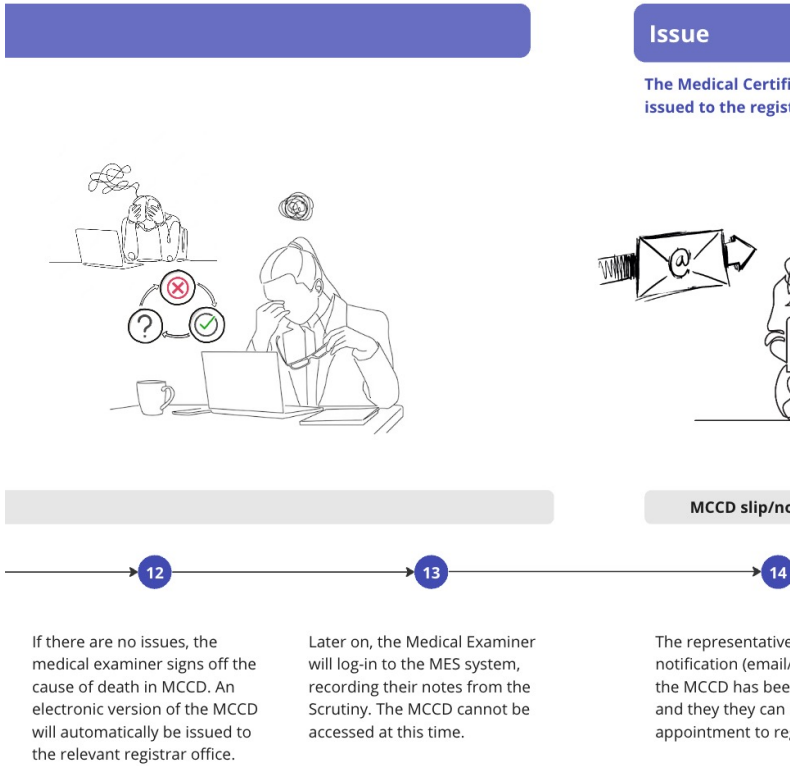
The new MCCD will need to allow for **amendments**.

Medical examiner system

9	10	11
Medical examiner officer will also log-in to a to the access the mccd form separately.	Medical examiner (in some cases the MEO) will escalate any concerns about the case to the regional medical examiner	If changes are needed to the MCCD, the medical examiner calls or emails the practitioner to make the changes. The MCCD will need to be edited or rewritten and reviewed again.

Assumption 3:

Medical Examiners will need to **sign off** the MCCD.



Assumption 4:

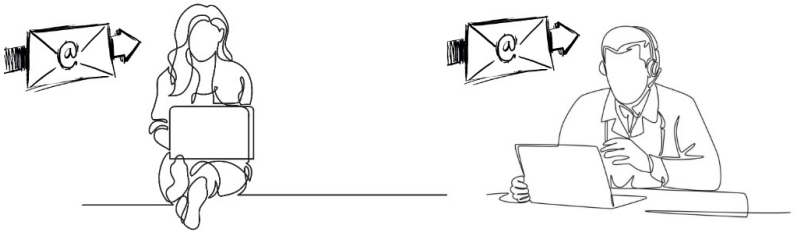
Attending Practitioners want to keep a record of completed MCCDs

Issue

The Medical Certificate Cause of Death is issued to the registrar office.

Notify

Other medical professionals are notified of the death.



MCCD slip/notification

14 The representative will receive a notification (email/phone) that the MCCD has been reviewed and they they can now book an appointment to register a death.

15 (Paper) The attending practitioner will scan and send a paper MCCD to the registrar Via email

16 The attending practitioner records the cause of death on multiple systems and notify the others involved in the patients care

Assumption 5:

Attending Practitioners and Medical Examiners are the only roles needing access to the new system.

Further insight on the current process

The administrative staff play a critical role throughout the MCCD process.

Probably somewhere in the region of about 60 to 70% of certificates that are written will either have something omitted from them ...and the team usually picks those up immediately, whilst the doctor is there.

[P2.3, Bereavement Lead]

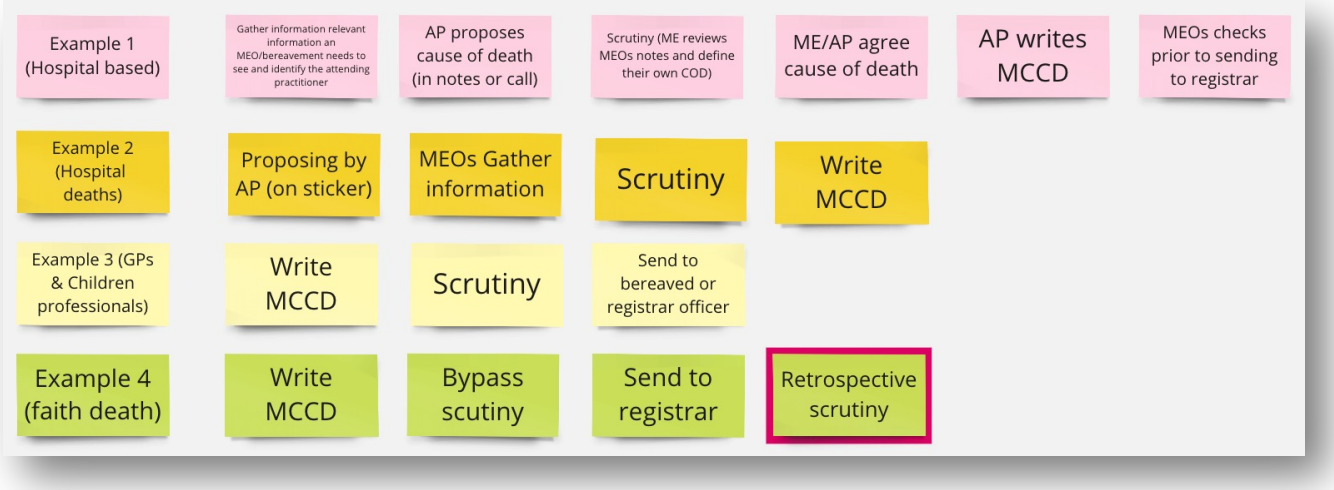
The MEO sort of signs off the case and says, you know, it's good to go. I'll check the cause of death is going to be acceptable to a registrar, that sort of thing - no spelling mistakes.

[P2.5, Bereavement Lead]

We're physically checking, you know, to make sure that the certificates not going to be bounced by a registrar for any reason. So, the MEO does that once the doctor's completed that paperwork

[P2.5, Bereavement Lead]

Every trust and practice completes the process slightly differently, and it can also be a flexible process within the trust.



Many trusts already have an internal digital system for scrutiny that works well.

Internal CORS system for capturing:

1. The deceased patient's details, inputted by the bereavement staff
2. Medical examiner's scrutiny of the case
3. The doctor's preliminary cause of death
4. Comments for any discussions the MEO has with the family, doctors, coroner's officers.
5. Outcome from the coroner
6. If it's a cremation or burial or if there was an urgent release required
7. Medical examiner can sign off to say they've done their declaration

[P2.4, MEO]

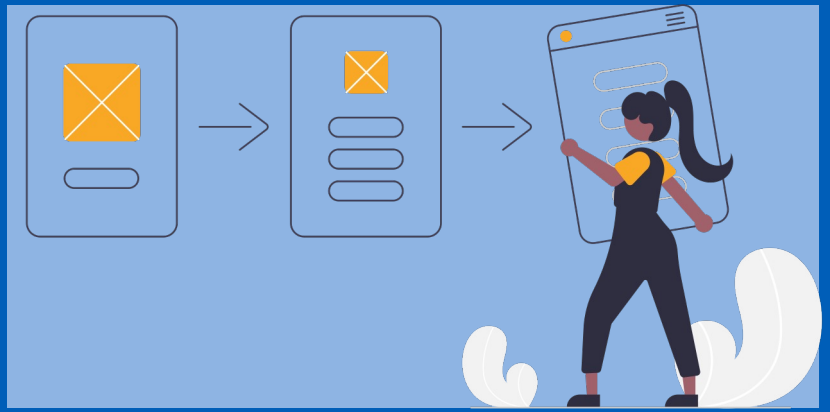
"Referrals to ME happens via "Prism" through a link in SystemOne - this form is filled in and automatically attach consultations and medication information. The system then outputs a letter that gets uploaded to an email to the ME"

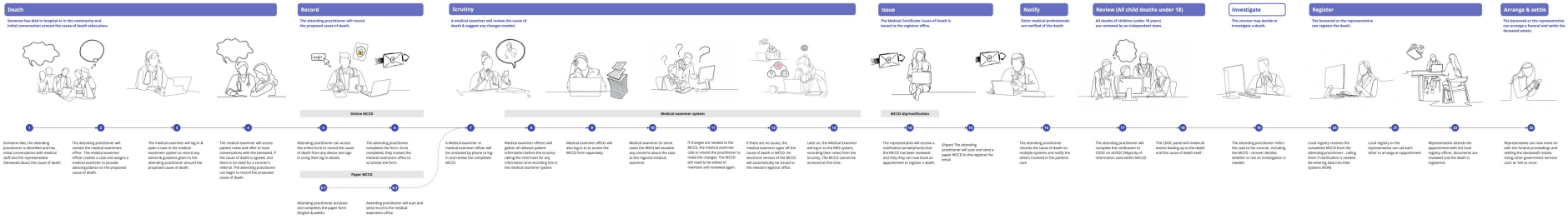
[P4.10, GP]

"Sharing access took a while to set up (6 month project) / Reflects on problems with Technology at NHS"

[P4.1, Dual Role GP]

User feedback on the ‘future’ process




Death
Someone has died in hospital or in the community and initial conversation around the cause of death takes place.
Record
The attending practitioner will record the proposed cause of death.
Online MCCD
Paper MCCD
Scrutiny
A medical examiner will review the cause of death & suggest any changes needed.
Medical examiner system
Issue
The Medical Certificate Cause of Death is issued to the registrar office.
MCCD eSig/notification
Notify
Other medical professionals are notified of the death.
Review (All child deaths under 18)
All deaths of children (under 18 years) are reviewed by an independent team.
Investigate
The coroner may decide to investigate a death.
Register
The bereaved or the representative can register the death.
Arrange & settle
The bereaved or the representative can arrange a funeral and settle the deceased estate.

Hopes and Expectations

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When considering a new system, we were told:

- A **remote** capability could have benefits, but these **would not necessarily help everyone** to the same extent
- The new system should act as a **single source of truth**
- It is expected to **leave more time** available for scrutiny
- It must be **better than the current process** (or at least equivalent)
- It should be a system that **users can trust**

Reactions to the ‘future’ process

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Logging into an online service is not the priority of APs in hospitals. MCCDs are completed after scrutiny.

We use an online system (…) It's called InPhase (…) initial data is entered on InPhase by an MEO (…) The medical practitioner [completing the MCCD] doesn't have any access to that (…) and the proposed cause of death is copied into InPhase by an MEO from the information provided by the treating team (…) and I then review the case and come to a view either agreeing the proposed cause of death or suggesting an alternative cause of death. Currently, the treating team are often either inefficient or don't bother to offer [a] cause of death anyway. So, I may be presented with a case for scrutiny where no cause of death is proposed, and I basically start from scratch on that and that is all dealt with in this system called InPhase.

P3.4

Concerns the new system will be worse than existing ones and overburdening doctors.

I think in the current climate asking medical teams to do more than they're currently doing is going to be challenging and so much of this process is driven by the ME (…) I I'd be interested in- whether they feel this is entirely workable (…) I suppose if the Medical Examiner Office did not exist, I would be concerned that death certificates would never get written (…) because doctors just do not see it as an important thing to do after a patient has died. And I know it sounds crazy, but the last thing they want to do is do anything further when they've got loads of other patients to treat.

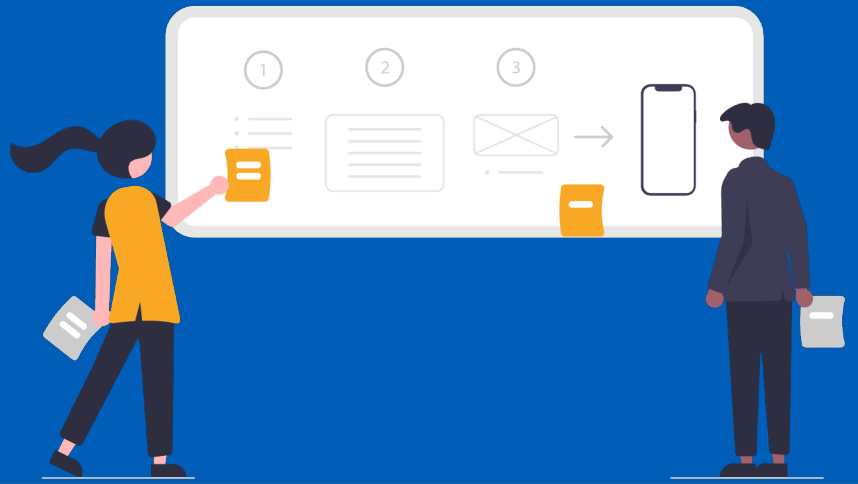
P3.3

The ability to deal with Doctors' absences is welcomed even though it may pose some risks

From a GP point of view you have to remember that most GPs work part-time. They do full time hours, but they're doing it over long day so that so most GPs are not there or every day so (…) it's much more common in GP than in hospital medicine to work part-time (…) So at the moment most GPs will write MCCD whilst doing the ME referral in parallel because they know that they're not going to be there for the next couple of days so.(…) So if there was a way on the online form, I guess of sort of [having]a conversation with the attending physician that would be a useful addition (…) if there's a way of having a almost like an online chat.

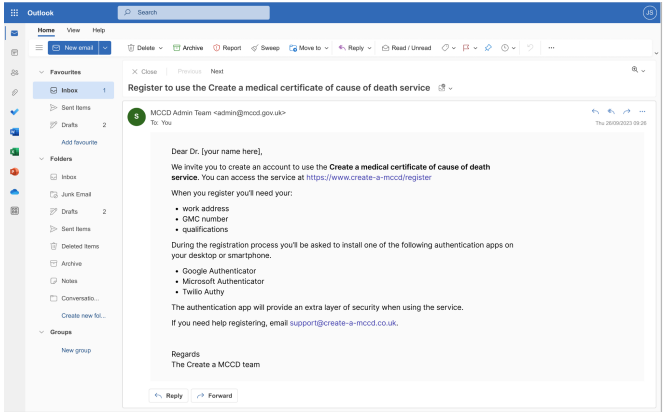
P3.5

Insights from usability testing



Relevant designs

1



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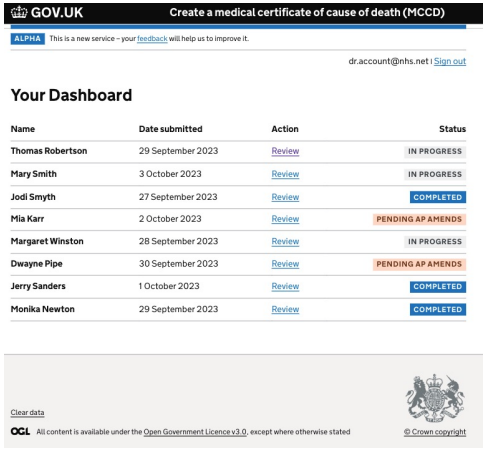

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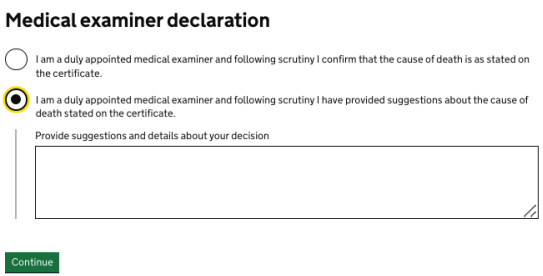


Users expect communication/service endorsement via established and trusted channels

If this came unsolicited, I'd be suspicious –I'd expect a preliminary email to explain that this would be coming next [P4.4, Dual role GP]

I'd expect to be alerted by either the national authority that oversees us or someone in their office [P4.9, ME]

I'd expect it to be part of the Trust induction saying you need to register for this - Instead of individual accounts, its the trust account [P4.6, ME]

Depending on approach, authentication could be present a barrier for some

Main barriers identified:

- IT restrictions
- Lack of understanding of what authentication apps involve
- Desire to maintain boundaries
- Lower digital confidence

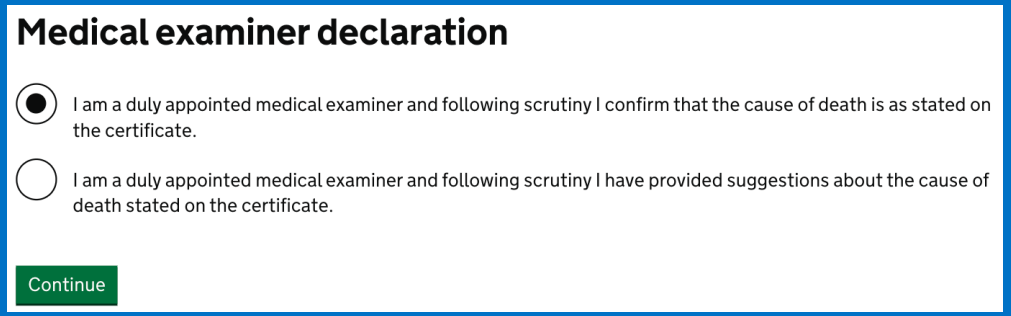
My immediate thought, 'oh dear, it's not going to work' [P4.2, ME]

Hmm, slightly concerned. I may not be able to download the app based on IT permissions. [P4.3, AP]

I wouldn't use my smartphone. I want boundaries [P4.5, GP]

Installing apps is not comfortable – I'd need help [P4.1 Dual role GP]

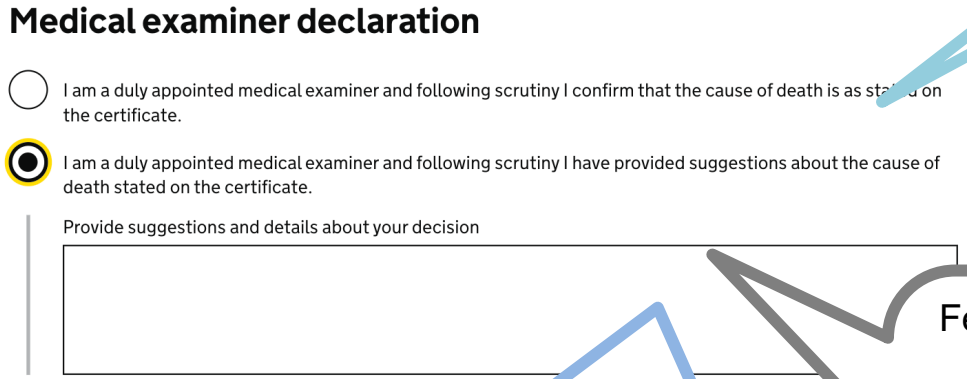
The ME Declaration was confusing and was felt to duplicate pre-existing scrutiny processes



- The second statement confused several participants in terms of both:
  - the **wording**
  - its **purpose**
- Checking that MCCD reflects the COD agreed in scrutiny was expected to be performed by the MEO

ME Declaration

Examples of participant responses



I think in reality you might want to tick both [laughs] you might say I agree with the cause of death, and I provided suggestions [P4.1, Dual Role GP]

Declaration - that's odd, they're not supposed to write the medical certificate until after its been scrutinised [P4.6, ME]

Feels like it would be a bit of a waste of time of the hospital doctors, whereas if this is how they're making a referral to an me from the hospital, from the GP, then this is the this is the conversation essentially. Whereas in the hospital we've had that conversation, and it just feels like it would be duplicating work to make them summarise that conversation again.. [P4.10, Dual role GP]

Well, I don't know what happens on the next. I would want to understand this all better before I pressed continue. I don't know whether I'm there for the last person to write or whether and who submits this to the registrar, so I don't really know where I am in this at the moment [P3.9, ME]

For GP produced MCCDs, the final MCCD content may not be checked against the agreed COD

I don't know if the MEO sends something to the registry office. In the hospital its different because what we say goes on the system and the general office looks over their shoulder to make sure that's what they put. But I don't know, good question [P4.4, Dual role GP]

You don't know if the GPs are putting down what you've asked them to put down [P4.10, ME]

I don't see the certificates once advice has been provided - I have to trust that the amends suggested have been done [P4.9, ME]

Any questions?

How might we?

How might we….

- develop a flexible service that allows the completion of MCCD digitally, without duplicating work for users?
- avoid placing unnecessary administrative burden on users?
- develop a service that accounts for out of hours and work pattern conflicts to avoid MCCD delays?
- introduce the service in a way that enables optimal uptake and usage of the digital MCCD?

Carry on the conversation:

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