



Business Services Authority

Research playback

What we learned about the **prototype version 9 design**

Rachel Gage, Erika Osti

Playback aim

- To share insights collected in the most recent research relating to the usability testing of v9 of the prototype
- Get answers to questions that will allow us to move forward



The sample

11 participants

Heterogenous sampling - role, location and setting.

Role

5x ME (dual role)

2x Consultant

1x GP

2x Junior Doctor

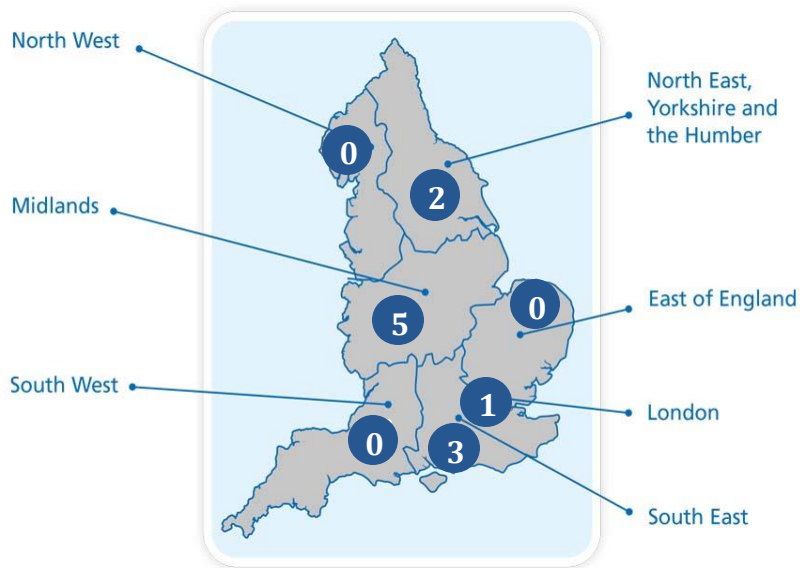
Setting (numbers show individuals working across multiple)

7x NHS Hospital

3x Hospice

4x NHS Community

1x Private Hospital



Key findings

More than 1 person needs access to an MCCD

Previous round of UR

The ability to deal with Doctor's 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 days so that so most GPs are not there 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 almost like an online chat.

P3.5

NHS Business Services Authority, a catalyst for better health

Due to shift patterns, MEs and GPs often work as a team on a single MCCD.

It is common for sign off to be done by a different ME to the one that scrutinised the cause of death. This is why a shared email inbox is currently used.



Business Services Authority

if I'm on annual leave and I'm not there for the next three weeks and, it's not going to wait for me to come back, we would want another medical examiner to look at it.

P1, ME

Because even though someone might have done the MCCD when it comes to amending it the next day they might not be available, but probably someone from the practise is. Just making sure that something doesn't sit in somebody's inbox for two weeks

P4, ME

This coming back to an individual person relies on that person actually checking their emails that day, if they're not at their desk.

P5, GP

Because we work in teams in a practise, and sometimes doctors have other commitments, I believe that process probably needs a shared inbox.

P7, AP

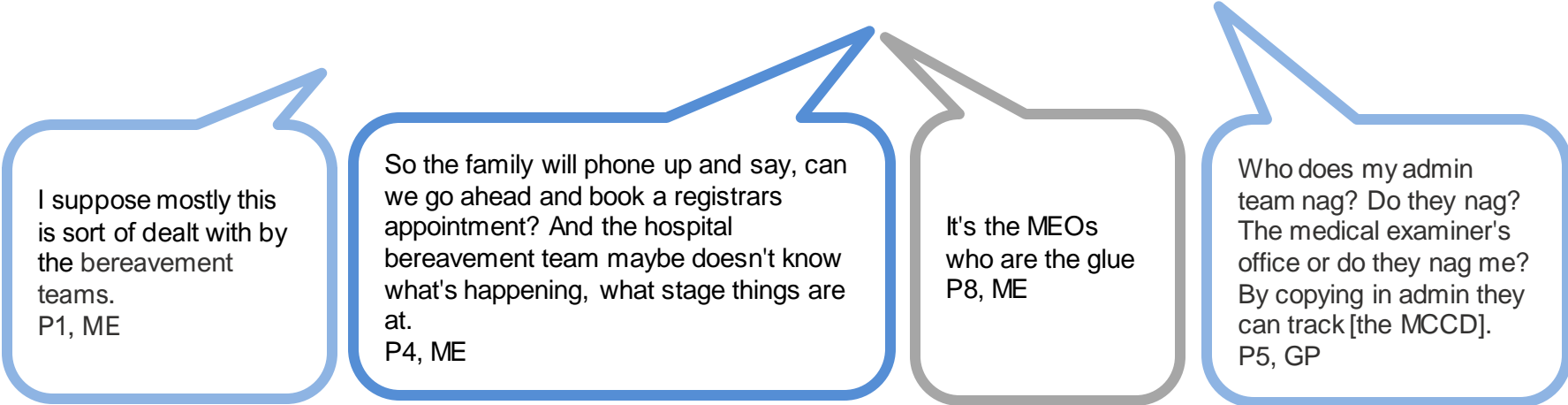
More than 1 person needs access to an MCCD

MEOs and admin staff need access to the MCCD

Previous round of UR



Since admin staff, MEOs and bereavement officers manage the transfers of the MCCD, they need to be able to see what stage it is at.



I suppose mostly this is sort of dealt with by the bereavement teams.
P1, ME

So the family will phone up and say, can we go ahead and book a registrars appointment? And the hospital bereavement team maybe doesn't know what's happening, what stage things are at.
P4, ME

It's the MEOs who are the glue
P8, ME

Who does my admin team nag? Do they nag? The medical examiner's office or do they nag me? By copying in admin they can track [the MCCD].
P5, GP

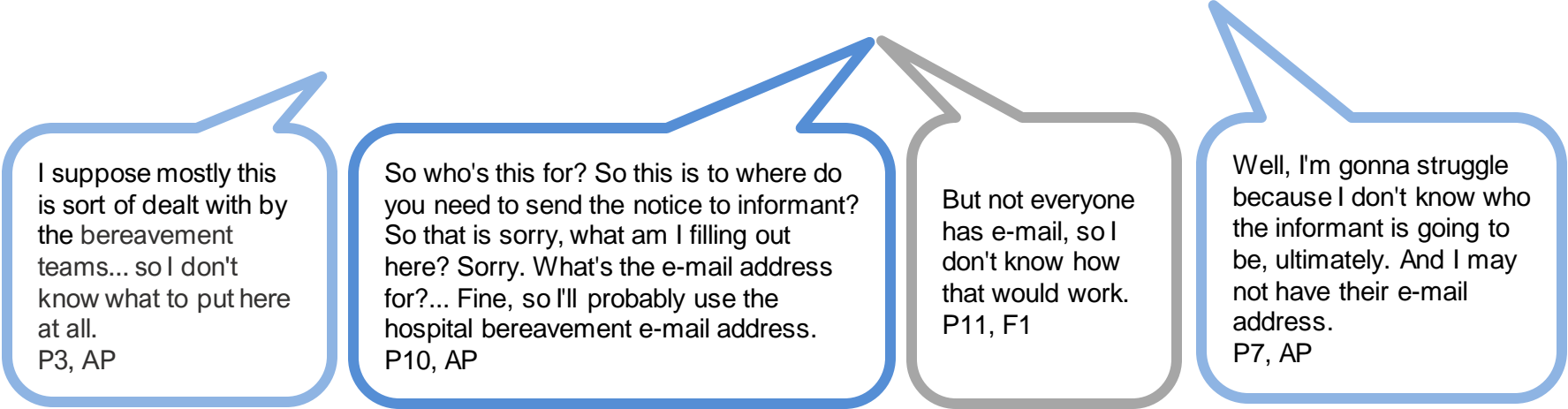
MEOs and admin staff need access to the MCCD

Providing the information within the "notice to informant" is not currently the AP's responsibility

This was evident because they did not know what it was or what to do with it.

There was also the concern that email is not a common way of communicating with the next of kin.





I suppose mostly this is sort of dealt with by the bereavement teams... so I don't know what to put here at all.
P3, AP

So who's this for? So this is to where do you need to send the notice to informant? So that is sorry, what am I filling out here? Sorry. What's the e-mail address for?... Fine, so I'll probably use the hospital bereavement e-mail address.
P10, AP

But not everyone has e-mail, so I don't know how that would work.
P11, F1

Well, I'm gonna struggle because I don't know who the informant is going to be, ultimately. And I may not have their e-mail address.
P7, AP

Providing the information within the "notice to informant" is not currently the AP's responsibility

Video clip removed to comply with NHSBSA
distribution policies and participant consent.

The "time between onset and death" question is rarely completed and is not always knowable

Previous round of UR

Form fields

Fields that are rarely used:
onset of illness

The interval section is a pain to complete and difficult to figure out.
-P18, ME

but...

Not many people fill in length of illness as it isn't going to be used on the DC.
-P21, GP

"This is sometimes useful to show timescales for example, a historic road traffic collision with traumatic injuries/ paraplegia, which then led to perhaps a related issue e.g. aspiration pneumonia due to the historic physical injuries."
-P9, MEO

These particulars not to be entered in death register
Approximate interval between onset and death

NHS
Business Services Authority

When they've been in the community and they were seen by the out of hours last week and you haven't got access to [their] notes, and then they were seen by one of your specialist nurses, four days ago, and they don't examine. When did the pneumonia start? You just don't know. But you know that it's killed them
P2, AP [24.22]

we've been told don't worry about that...And certainly within the hospice, I've been there seven years and we've never filled that bit in. 'Cause often it's very difficult to work out really.
P9, AP

Very rarely do people fill out time between onset and death. And [I don't know] whether they're necessary or not?
P6, ME

So I just couldn't fill it in if I wanted to...[explains no access]... So no, I've never. I've never completed the time between onset and death.
P3, AP [25.57]

This is new.
P7, GP

"time between onset and death"

MEs do not think they can be accountable for implants as they may not have access to this information

Feedback was mixed so we are checking with the ME working group to see if this assumption is correct.

MEs

No, I think it's slightly more complicated. I think we'd have to contact the electrophysiological service and they would have to get information on that implant because it may not necessarily have been put in this trust.

P1, ME

But that's not always very clearly identified within the electronic record. So it might be a patient whose pacemaker has been recorded, but sometimes we have to chase around a bit if it's got nothing to do with why they died

P9, ME

APs

you generally know their history and you know what they've had done to them and you will probably in life examine them and can feel the **pacemaker** or see the scar down their hip for the **fixion nail**....And if you haven't taken it out, it's still in situ.

P2, AP

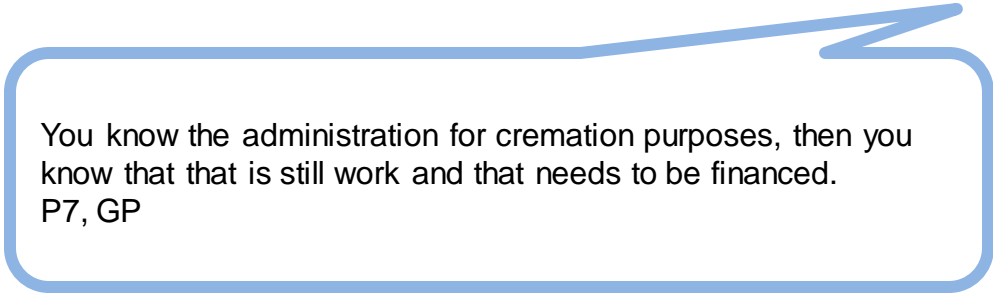
Depends a little bit on **what is defined as an implant**. 'Cause you know things like **stents or grafts** could be considered an implant.. But in terms of access to the **information of minor implants** that might be dealt with by GP practise **[contraceptive devices]**, no, I probably wouldn't have access to that. Things more like **pacemakers** or **joint replacements** or other **metal work** or **cochlear implants** or **brain stimulators**, I would have access to pretty easily.

P3, AP

MEs do not think they can be accountable for implants as they may not have access to this information

Also....

Is everyone aware of the controversy of adding the implants question may cause with GPs?



You know the administration for cremation purposes, then you know that that is still work and that needs to be financed.
P7, GP

"Was the death in a hospital?" will cause issues for hospices due to their definition



Now this is unique to hospices. We are an institutional bedded unit with doctors and nurses. Are we a hospital? No, we're a Hospice. But we look like a hospital...so this will cause hospices a problem.
P2, AP

GOV.UK Create a medical certificate of cause of death (MCCD)

ALPHA This is a new service – your [feedback](#) will help us to improve it.

dr.account@nhs.net | [Sign out](#)

< [Back](#)

Deceased person's details

Was the death in a hospital?

☒ Yes

Enter the name of the consultant responsible for care

☐ No

[Save and continue](#)

"Was the death in a hospital?" will cause issues for hospices due to their definition

Should all deaths where employment was a factor be referred to a coroner?

I'm surprised that when I press yes, it didn't give me a prompt to say "Are you sure you can complete this certificate or do you have to refer to the coroner?"...You shouldn't let us proceed.
P2, AP

If someone's death was caused by their employment, I'm referring to coroner. I've always found it totally redundant box to be ticking because...if I'm going to be doing that the patients usually gone for an inquest anyway and we're not doing an MCCD.
P8, AP

GOV.UK Create a medical certificate of cause of death (MCCD)

ALPHA This is a new service – your feedback will help us to improve it.

dr.account@nhs.net | [Sign out](#)

< [Back](#)

Cause of death

Could the deceased person's job have caused or contributed to their death?

This could be a job they had at any point in their life.

☐ Yes

☐ No

[Save and continue](#)

Should all deaths where employment was a factor be referred to a coroner? (both)

APs and MEs would like to keep a copy of the full MCCD with their records

Assumption 4:
Attending Practitioners
want to keep a record of
completed MCCDs

Previous round of UR

Dashboard

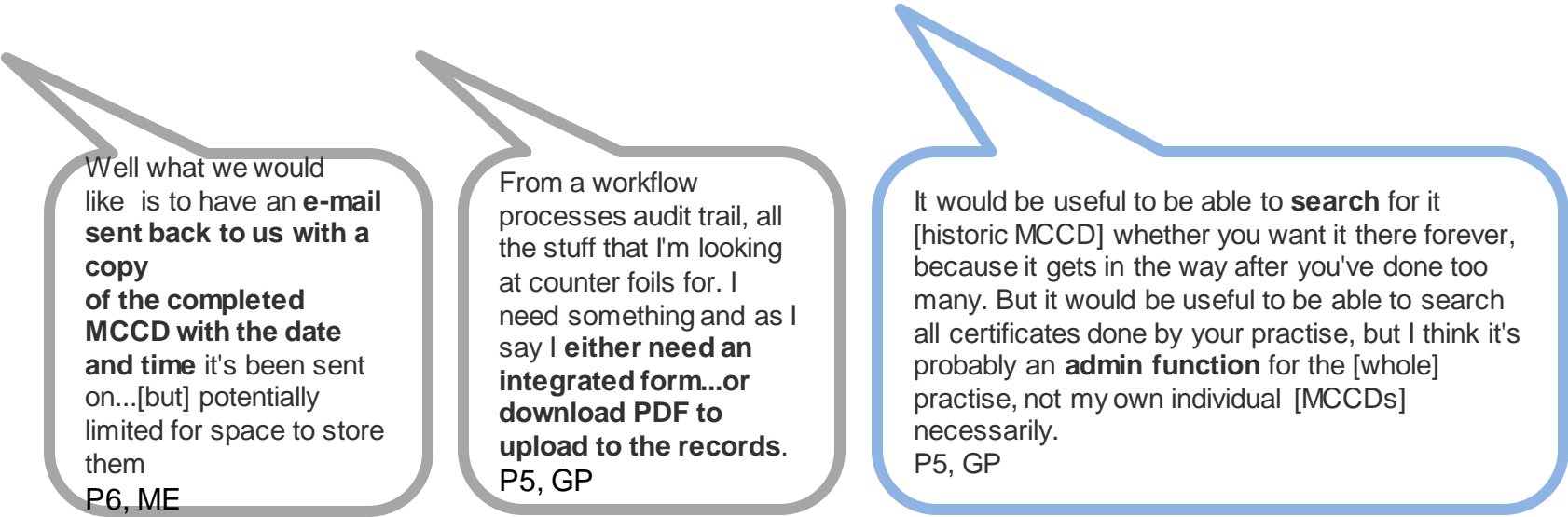
- Mixed views on whether seeing 'completed' is helpful or possibly harmful

helpful to see the ones you've completed - you might need to refer back to them; having it helps with completing Crem form or other paperwork (in the same way as you'd refer to the counterfoil)[P4.7 GP]

It's kind of slightly alien to think we'd have a list coming up of all the MCCDS I've ever done, in my life and that's that can be quite emotive actually [P4.4 Dual Role GP]

- Expectation for administrative staff to have visibility

Name	Date of death	Action	Status
Thomas Robinson	28 September 2023	View	IN PROGRESS
May Smith	1 October 2023	View	PENDING
Jack Smith	27 September 2023	View	COMPLETED
Mike Lee	2 October 2023	View	IN PROGRESS
Margaret Wilson	28 September 2023	View	IN PROGRESS
Deborah Pyle	20 September 2023	View	IN PROGRESS
John Smith	1 October 2023	View	COMPLETED
Michael Roberts	28 September 2023	View	COMPLETED



Well what we would like is to have an **e-mail sent back to us with a copy of the completed MCCD with the date and time** it's been sent on...[but] potentially limited for space to store them
P6, ME

From a workflow processes audit trail, all the stuff that I'm looking at counter foils for. I need something and as I say I **either need an integrated form...or download PDF to upload to the records.**
P5, GP

It would be useful to be able to **search** for it [historic MCCD] whether you want it there forever, because it gets in the way after you've done too many. But it would be useful to be able to search all certificates done by your practise, but I think it's probably an **admin function** for the [whole] practise, not my own individual [MCCDs] necessarily.
P5, GP

Continued: APs and MEs would like to keep a copy of the full MCCD with their records

Continued: APs and MEs look back at records of MCCDs for information about:

a couple of coroner's cases that have come up we've had to go back to find historic information on the MCCD
P6, ME

So to look at **the wording used** and to check whether it's gone through before.
P9, AP

Occasionally I would have looked at it maybe just to find out **who did the MCCD**.
P4, ME

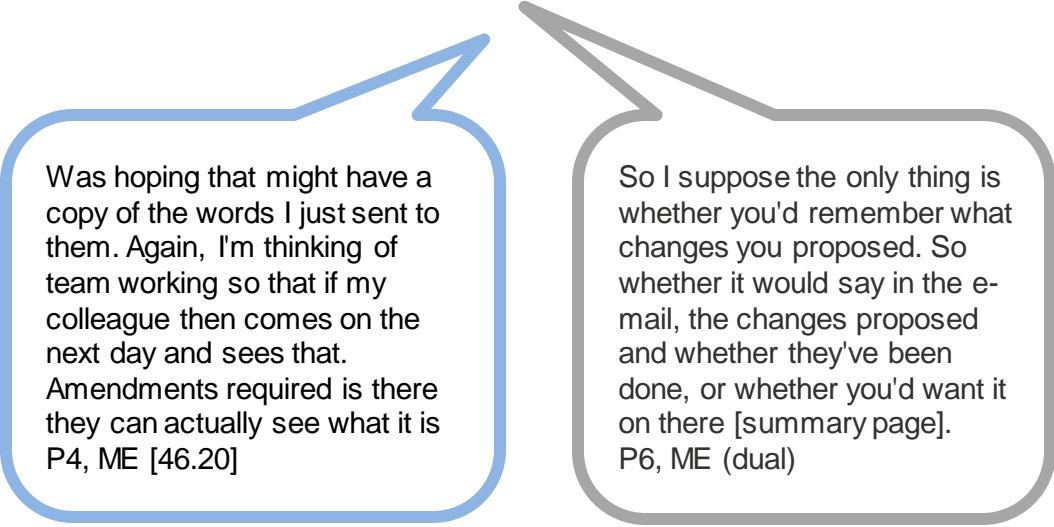
So it is something we actually look at quite a lot as a practise, in particular to understand A number of different things. One is what's **the gap between the person dying and us producing certificates**. So we don't really want it to be too long. And if all the certificates are being produced at 5 days, there's some issues with the way that it's working and it could be that the digital is the solution. We also look to see **which member of staff is completing it**...and what we often find is that actually there are two or three people who seem to do a lot of palliative care....Looking at **have people [patients] been recognised as palliative?**
P5, GP

MEs want to see the reason for rejection when they are viewing a previously scrutinised MCCD

Assumption 2:

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





Was hoping that might have a copy of the words I just sent to them. Again, I'm thinking of team working so that if my colleague then comes on the next day and sees that. Amendments required is there they can actually see what it is P4, ME [46.20]

So I suppose the only thing is whether you'd remember what changes you proposed. So whether it would say in the e-mail, the changes proposed and whether they've been done, or whether you'd want it on there [summary page]. P6, ME (dual)

MEs want to see the reason for rejection when they are viewing a previously scrutinised MCCD

Any questions?



Carry on the conversation:

Rachel Gage: racga@nhsbsa.nhs.uk



Business Services Authority