



**Healthcare
Improvement
Scotland**

DEATH CERTIFICATION REVIEW PROGRAMME

Scottish Grief and Bereavement Hub Network Day
02 October 2013

SUPPORTING SAFE CLINICAL PRACTICE

- controlled drugs
- medical revalidation
- death certification review programme

BACKGROUND

- Senior medical reviewer
- Medical reviewers
- Randomised reviews
- Targeted reviews
- Interested person reviews
- Repatriation



Certification of Death (Scotland) Act 2011 2011 asp 11

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Referral of medical certificates of cause of death for review

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6 Request for review not to stay registration

7 Medical reviewer to determine whether review to stay registration

Review of medical certificates of cause of death

8 Review of medical certificates of cause of death

9 Action following satisfactory review

10 Action following unsatisfactory review: medical reviewer

11 Action following unsatisfactory review: senior medical reviewer

12 Action where relevant medical practitioner is unavailable or incapacitated

13 Duty to inform following review

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14 Power to require documents

15 Documents: offences

Duty to report suspicions of criminality

16 Involvement of procurator fiscal

Deaths outwith Scotland

17 Verification of foreign death certificates

18 Medical reviewers to authorise cremation

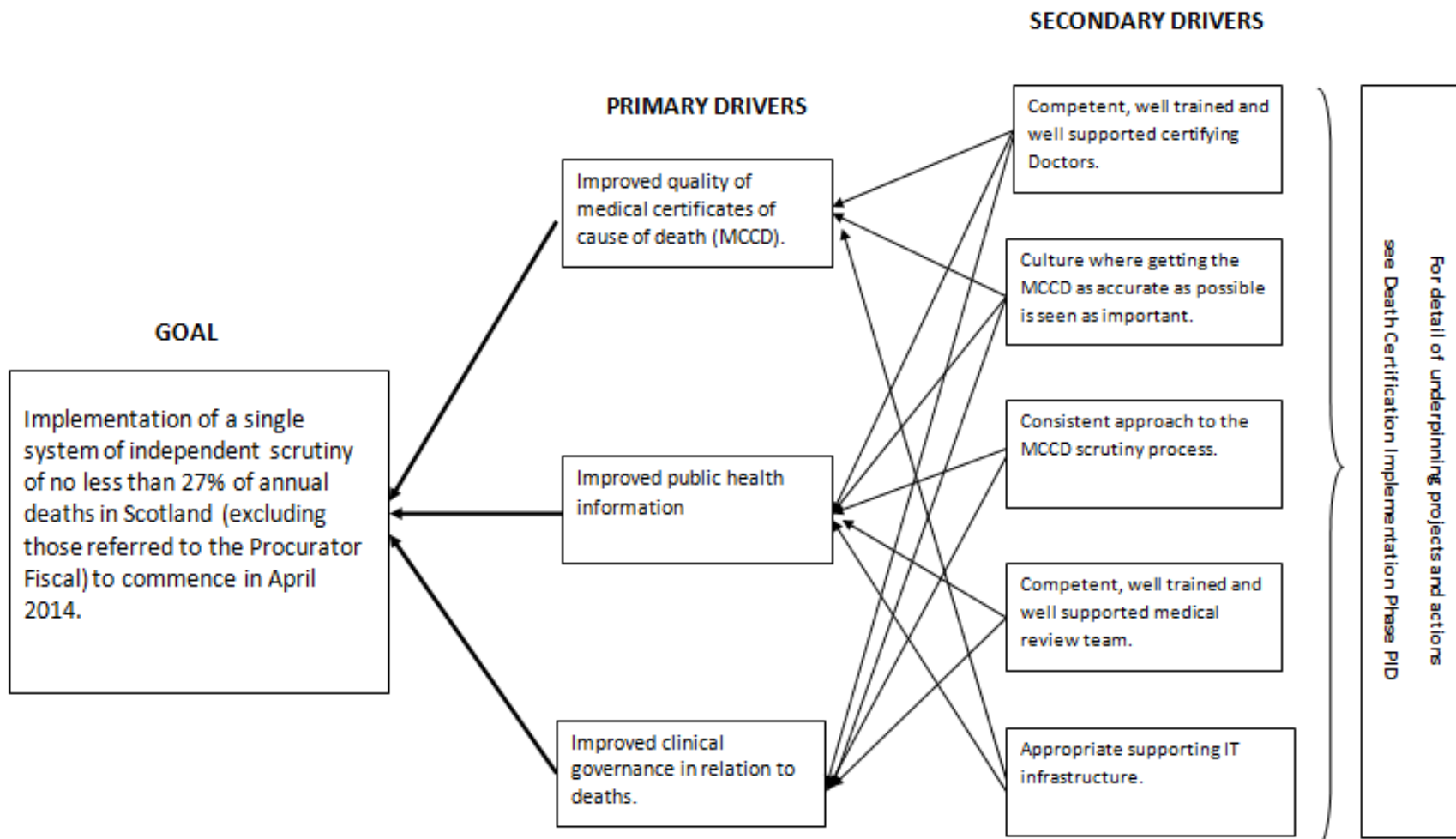
19 Post-mortem examination of person who died outwith United Kingdom

Other functions of medical reviewers

20 Training and information functions

21 Duty to co-operate

BACKGROUND



WHY?

- Improve the quality and accuracy of the MCCD

Medical certificate of cause of death
(Section 24(1) of the Registration of Births, Deaths, and Marriages (Scotland) Act 1965)

The completed certificate is to be taken to the Registrar of Births, Deaths and Marriages

Form 11
F(11) 984066

For registration office use
Date: 2.1.13
RD number: 10004
Entry number: 286

CHECKED WITH CLINICIAN (Signature)

Name of deceased: [Redacted]

Date of death: Day: 14, Month: 04, Year: 2013

Time of death: Hour: 2, Minute: 45
Fill in an approximate time if you do not know the exact time (Please use the 24-hour clock)

Place of death: [Redacted]

Cause of death

I hereby certify that to the best of my knowledge and belief, the cause of death was as stated below:

I. Disease or condition directly leading to death*
Antecedent causes: Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last

(a) Severe Heart Failure - Coroner's report
(b) Ischaemic Heart Disease - M. Infarction
(c) Elevated Blood Pressure - Hypertension
(d) NIDDM, Cardiac arrest

Approximate interval between onset and death

II. Other significant conditions contributing to the death, but not related to the disease or condition causing it

* This does not mean mode of dying, such as heart or respiratory failure, it means the disease, injury or condition that caused death

Please tick the relevant box

Post mortem
PM1 ☐ Post mortem has been done and information is included above
PM2 ☐ Post mortem information may be available later or
PM3 ☒ No post mortem is being done

Antecedents on deceased
A1 ☒ I was in attendance upon the deceased during last illness
A2 ☐ I was not in attendance upon the deceased during last illness: the doctor who was is unable to provide the certificate
A3 ☐ No doctor was in attendance on the deceased

Procurator fiscal
PF ☐ This death has been reported to the procurator fiscal

Maternal deaths
M1 ☐ Death during pregnancy or within 42 days of the pregnancy ending
M2 ☐ Death between 43 days and 12 months after the end of pregnancy

Extra information for statistical purposes
X ☐ I may later be able to supply the Registrar General with additional information

Signature: [Signature] Date: 15/4/13

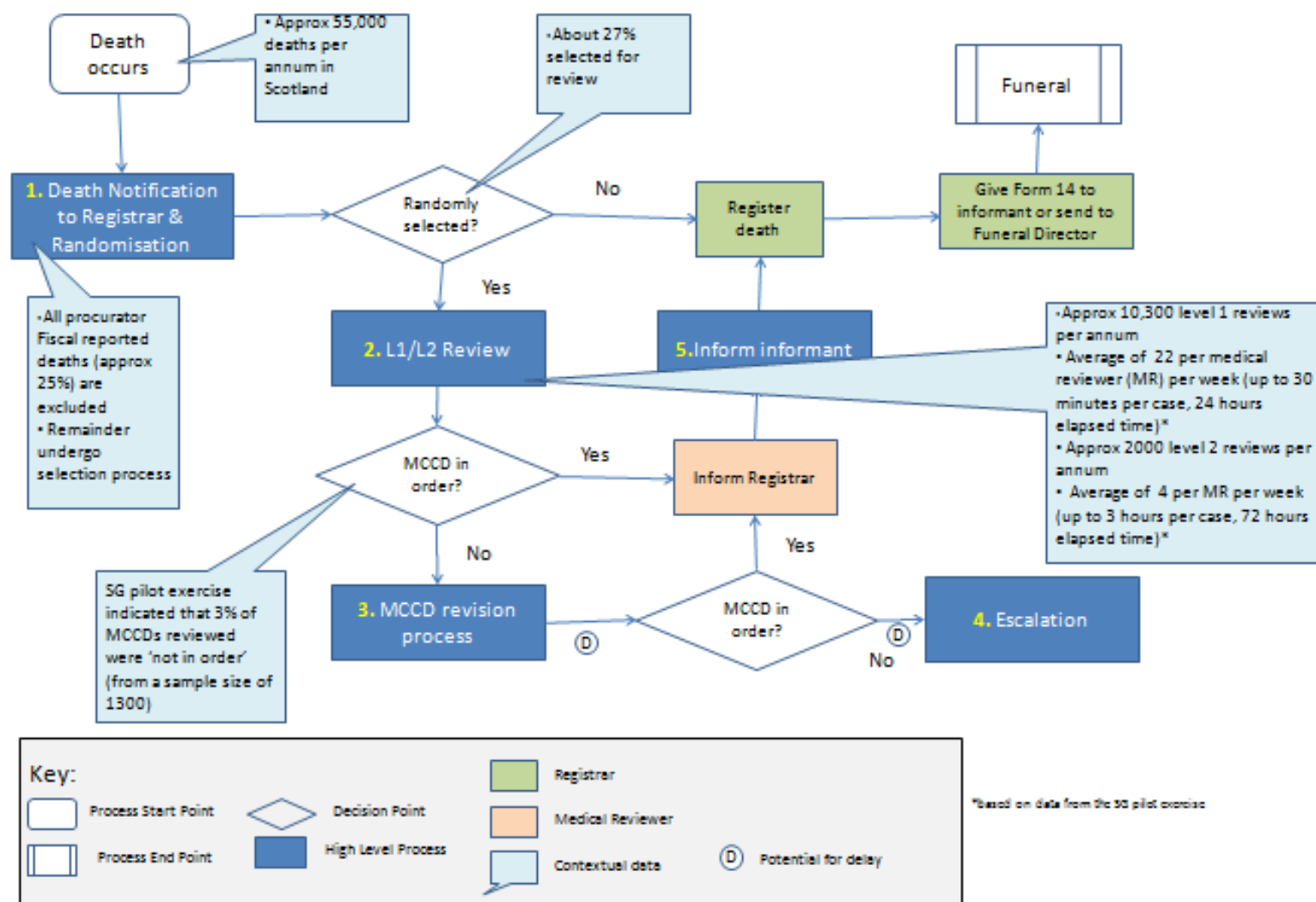
Name in BLOCK CAPITALS: [Redacted]
Official address: [Redacted]

Registered medical qualifications
For a death in hospital
Name of the consultant responsible for deceased as a patient: [Redacted]

WHY?

- Provide improved public health information and strengthened clinical governance in relation to deaths.

KEY FACTS AND FIGURES



IMPACT ON PEOPLE WHO ARE BEREAVED

- a fairer system regardless of whether cremation or burial - free to the bereaved
- quality assurance of MCCD completion
- certifying Dr education programme – potential to improve the bereavement experience

IMPACT ON PEOPLE WHO ARE BEREAVED

- potential to be selected for review
 - Level 1 – 24 hours
 - Level 2 – 72 hours
- registration of the death cannot take place prior to completion of review
- the content of the MCCD might change as a result of the review process

- helpful information provision up front (NHS and registrars)
- KPIs attached to each stage of the review process - monitoring
- functionality for expedited review
- access to the medical review team

NOT JUST HIS

- Scottish Government – overall programme management and communications
- Jointly with National Records Scotland and local authorities (Registrars)
- NES – education for certifying Drs
- ISD – national reporting

PROGRESS

- Business case for delivery of the new system
 - Process mapping
 - NSS Information Technology – technical partner
 - Agreement to co-locate with NHS 24
 - SMR appointed – start date Dec 2013
 - MR recruitment underway
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CHALLENGES

Implementation phase

- Start date – April 2014
- Interdependencies
- Communication

THE TEAM



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